

OFFICE OF THE CITY TREASURER Milwaukee, Wisconsin

June 25, 2021

Spencer Coggs City Treasurer

James F. Klajbor **Deputy City Treasurer**

Margarita M. Gutierrez Special Deputy City Treasurer

Robyn L. Malone Special Deputy City Treasurer

Lo.

Milwaukee Common Council

City Hall, Room 205

Erika Martinez

Tax Collection and Enforcement Coordinator

Re:

Request for Vacation of Inrem Judgment

Tax Key No.: 3281663000

Address: 4519 4521 W CENTER ST Owner Name: FREDDY'S TACOS LLC

Applicant/Requester: FREDDY'S TACOS LLC C/O JOSE

AGUILAR RUIZ 2020-2 Inrem File

Parcel: 342

Delinquent Tax Years: 2018-2020

Case: 20-CV-007046

Attached is a completed application for Vacation of Inrem Judgment and documentation of payment of costs.

The City of Milwaukee acquired this property on 03/24/2021.

JFK/em





OFFICE OF THE CITY TREASURER TAX ENFORCEMENT DIVISION

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202 TELEPHONE: (414) 286-2260 • FAX: (414) 286-3186 • TDD: (414) 286-2025

FORMER OWNER'S REQUEST TO VACATE IN REM TAX FORECLOSURE JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

Type or print firmly with a black ballpoint pen.

(Documentating must be attached.)

NO

YES

2. Use separate form for each property.

APPLICANT INFORMATION:

- Refer to the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance may be submitted for consideration to the Common Council where more than 90 days has elapsed from the date of entry of the in rem tax foreclosure judgment to the date of receipt of the request by the City Clerk.
 - Administrative costs totaling \$1,370 must be paid by Cashier's Check or cash to the City Treasurer prior to acceptance of this application.
- 5. Complete boxes A, B, C, and D, sign, date the application, and include a copy of government issued photo ID.
- 6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

A. PROPERTY ADDRESS: 4519 W. Center Stree-	ł
TAX KEY NUMBER: 328166,3000	
NAME OF APPLICANT: COJOSE Aguilar Ruiz D.C.	D.B 2/23/77
MAILING ADDRESS: 26194 W. Grass Lake Rd	office and described my bo
Antioch IL 60002-7122 (602) 3	86-7298
CITY STATE ZIP CODE TELEPHONE NUI	MBER
EMAIL ADDRESS: UTICALAY & 2500 9Mail. COM	
B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? YES	NO DIE IN SALER
IS THE PROPERTY LISTED IN "A" ABOVE CURRENTLY OCCUPIED? YES	_ NO
C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH YOU HAVINTEREST (If not applicable, write NONE.): BUY LEIGH SHILWAUKEE WALLER WALL	VE AN OWNERSHIP I 53206 ZIP CODE
2657 N. 39th Street Milwayker WI	53210
ADDRESS	ZIP CODE
ADDRESS	Z P CODE
(Use reverse side, if additional space is reeded.)	

Applicant warrants and represents that all of the information provided herein is true and correct and agrees that if title to the property is restored to the former owner applicant will indemnify and hold the City harmless from and against any cost or expense, which may be asserted against the City as a result of its being in the chain of title to the property. Applicant understands that if this request is withdrawn or denied the City shall retain all of the administrative costs applicant paid. There are no refunds.

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE?

APPLICANT'S SIGNATURE: Joel a ayunt	lin	DATE	6/16/2021
Ref: K:\TAX ENFORCEMENT DIVISION\TAX ENFORCEMENT FOLE (FES REV.\Master)	1-11-11 11	

Failure to execute a power of attorney for health care document under chapter 155 of the Wisconsin Statutes creates no presumption about the intent of any individual with regard to his or her health care decisions.

This power of attorney for health care is executed as provided in chapter 155 of the Wisconsin Statutes.

ANATOMICAL GIFTS (optional)

Upon my de	eath:		
	☐ I wish to donate only the follow	ring organs or parts: (specify the organ	s or parts).
			
l wish t	o donate any needed organ or part.		
☐ I wish t	o donate my body for anatomical study	if needed.	
☐ I refuse	to make an anatomical gift. (If this revo	okes a prior commitment that I have n	nade to make an
anatomical g	gift to a designated donee, I will attempt	t to notify the donee to which or to wh	nom I agreed to donate.)
Failing t	o check any of the lines immediately ab	pove creates no presumption about my	desire to make or refus
	anatomical gift.		
Signature		Date	

Office of the City Treasurer - Milwaukee, Wisconsin Administration Division Cash Deposit of Delinquent Tax Collection

Cashier <u>Category</u>	Cashier <u>Payclass</u>		Dollar <u>Amount</u>
1910		Delinquent Tax Collection	
	1911	City Treasurer Costs	220.00
	1912	DCD Costs	450.00
	1913	City Clerk Costs	200.00
	1914	City Attorney Costs	500.00
		Grand Total	1,370.00

Date 6/25/2021

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number:

2020 - 2

WholeTaxkey:

328-1663-000-

Property Address: 4519 4521 W CENTER ST

Owner Name

FREDDY'S TACOS LLC

Applicant:

FREDDY'S TACOS LLC C/O JOSE AGUILAR

RUIZ

Parcel No.

342

CaseNumber:

20-CV-007046