




Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

July 21, 2016

To: Milwaukee Common Council
City Hall, Room 205

From:  James F. Klajbor
Deputy City Treasurer

Re: Request for Vacation of Inrem Judgment
Tax Key No.: 282-1534-000-9
Address: 3222 N 3RD ST
Owner Name: MAURICE HAMPTON
Applicant/Requester: MAURICE HAMPTON
2016-2 Inrem File
Parcel: 76
Delinquent Tax Years: 2013-2015
Case: 16cv2331

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

The City of Milwaukee acquired this property on 7/11/2016.

JFK/se



City Hall, Room 103 • 200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240 • FAX: (414) 286-3186 • TDD: (414) 286-2025
E-Mail: ctreas@milwaukee.gov • Web Page: <http://www.milwaukee.gov/treasurer>



OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 288-2260 • FAX: (414) 288-3186 • TDD: (414) 288-2025

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

FOLLOW THE INSTRUCTIONS LISTED BELOW:

1. Type or print firmly with a black ball point pen.
2. Use separate form for each property.
3. 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.
4. Administrative costs totaling \$1,370 must be paid by Cashier's Check or cash to the Office of the City Treasurer prior to acceptance of this application.
5. Complete boxes a, b, c, and d and sign and date application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 3222 N 3rd St
 TAX KEY NUMBER: 282-1534-9
 NAME OF APPLICANT: Maurice Hampton
 MAILING ADDRESS: 3222 N 3rd St
Milwaukee WI 53212 (414) 265-0772
 CITY STATE ZIP CODE TELEPHONE NUMBER

B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? YES NO
 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 HAVE AN OWNERSHIP INTEREST (If not applicable, write NONE.):

ADDRESS	ZIP CODE
ADDRESS	ZIP CODE
ADDRESS	ZIP CODE

(Use reverse side, if additional space is needed.)

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached.)
 YES NO

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.

APPLICANT'S SIGNATURE: Maurice A. Hampton DATE: 7/19/16

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

<u>Cashier Category</u>	<u>Cashier Payclass</u>	<u>Dollar 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 7/19/2016

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2016 - 2
WholeTaxkey: 282-1534-000-9
Property Address: 3222 3222 N 3RD ST
Owner Name MAURICE HAMPTON

Applicant: MAURICE HAMPTON
Parcel No. 76
CaseNumber: 16cv2331

IN THE MATTER OF

Loretta Hampton
Decedent

Transfer by Affidavit
(\$50,000 and under)

Register of deeds recording area

Name and return address

✓ MAURICE A HAMPTON
3222 N 3RD
MILWAUKEE, WI 53212

✓ 282-153-4000
parcel identification number

Note: Use black ink only.

UNDER OATH, I STATE:

1. The decedent, with date of birth 4/23/1928 and date of death 3/15/2010
was domiciled in MILWAUKEE County, State of WISCONSIN, with a mailing
address of 3222 N. 3RD 53212

2. I am: an heir, having the following relationship to the decedent: SON
 the person who was guardian of the decedent at the time of the decedent's death.
 trustee of a revocable trust created by the decedent.

3. The total gross value of the decedent's property subject to administration in Wisconsin on the date of decedent's death was \$ 31,000 (not to exceed \$50,000).

4. The decedent:
MA did did not receive Medical Assistance/Medicaid.
 did did not receive Family Care and/or Partnership benefits (through a Managed Care Organization - MCO/CMO).
 did did not receive benefits from the Community Options Program (COP).
 did did not receive benefits from the Wisconsin Chronic Disease Program.
 was was not patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain: _____
 The affiant lacks information to complete this section.

5. If the decedent was ever married, complete the following: (If more than one spouse, see attached.)
Name of spouse (living or deceased): WILLIE L. HAMPTON
 Married to decedent Divorced from decedent at time of decedent's death.
The spouse did did not receive benefits from the Community Options Program (COP).
The spouse did did not receive benefits from the Wisconsin Chronic Disease Program.
 The affiant lacks information to complete this section.

6. I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

DESCRIPTION OF ASSETS TO BE TRANSFERRED (If real estate, list legal description and tax parcel number. If personal property (including digital property as defined under §711.03(10), Wis. Stats.), specifically describe property including name of financial institutions and account numbers, if any.)	GROSS VALUE
PIERCE'S Addition IN SE 1/4 SEC 8-7-22 Block 2 N 37 1/2' Lot 8	31,700

7. By accepting the decedent's property under this section, I assume a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25, Wisconsin Statutes, and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, Wisconsin Statutes, or if there is no governing instrument, according to the rules of intestate succession under ch. 852, Wisconsin Statutes.
8. If a decedent or decedent's spouse has received any of the benefits that are listed on page 1 of this affidavit or if unknown, a duplicate affidavit must be sent by certified mail with return receipt requested to the Estate Recovery Program for the State of Wisconsin, Department of Health Services prior to submission of this affidavit for recording. The proof of prior mailed notice should accompany the affidavit for recording, with the delivery date on the mail receipt being at least 10 days prior.

State of WISCONSIN
 County of MILWAUKEE
 Subscribed and sworn to before me on 7/18/2016

Maurice A. Hampton
 Signature

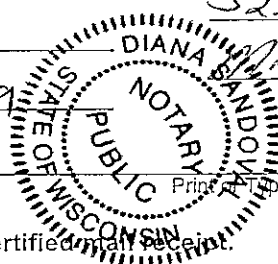
MAURICE A. HAMPTON
 Name Printed or Typed

3222 N 30th ST.
 Address

Milwaukee WI 53212

Diana Sandoval
 Notary Public/Court Official
 Name Printed or Typed

My commission/term expires: 7/1/2019



This document was drafted by: _____
 Print or Type Name

Register of Deeds Office viewed the certified copy and receipt.

ONLY if this affidavit describes an interest in or lien on real estate, then a certified copy or duplicate original of this affidavit must be recorded with the register of deeds in each county in Wisconsin where the real estate is located.

TRANSFER BY AFFIDAVIT (§867.03, Wisconsin Statutes)

(1c) **DEFINITION.** In this section, "guardian" has the meaning given in §54.01(10) or 880.01(3), 2003 statutes.

(1g) **GENERALLY.** When a decedent leaves property subject to administration in this state which does not exceed \$50,000 in value, any heir of the decedent, trustee of a revocable trust created by the decedent or person who was guardian of the decedent at the time of the decedent's death may collect any money due the decedent, receive the property of the decedent and have any evidence of interest, obligation to or right of the decedent transferred to the affiant if the heir, trustee or guardian provides to the person owing the money, having custody of the property or acting as registrar or transfer agent of the evidences of interest, obligation to or right, or, if the property is an interest in or lien on real property, provides to the register of deeds preliminary to the recording required under sub. (2m), proof of prior mailed notice under sub. (1m) if applicable and an affidavit in duplicate showing all of the following:

(a) A description of and the value of the property to be transferred.

(b) The total value of the decedent's property subject to administration in this state at the date of decedent's death.

(c) Whether the decedent or the decedent's spouse ever received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685.

(1m) **NOTICE OF AFFIDAVIT.** (a) Whenever an heir, trustee or person who was guardian of the decedent at the time of the decedent's death intends to transfer a decedent's property by affidavit under sub. (1g) and the decedent or the decedent's spouse ever received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685, the heir, trustee or person who was guardian of the decedent at the time of the decedent's death shall give notice to the department of health services of his or her intent. The notice shall include the information in the affidavit under sub. (1g) and the heir, trustee or person who was guardian of the decedent at the time of the decedent's death shall give the notice by certified mail, return receipt requested.

(b) An heir, trustee or person who was guardian of the decedent at the time of the decedent's death who files an affidavit under sub. (1g) that states that the decedent or the decedent's spouse received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685 shall attach to the affidavit the proof of mail delivery of the notice required under par. (a) showing delivery date that is not less than 10 days before the day on which the heir, trustee or person who was guardian of the decedent at the time of the decedent's death files the affidavit.

(2) **RELEASE OF LIABILITY OF TRANSFEROR.** Upon the transfer to the heir, trustee or person who was guardian of the decedent at the time of the decedent's death furnishing the affidavit with an attached proof of mail delivery if required under sub. (1m) (b), the transferor is released to the same extent as if the transfer had been made to the personal representative of the estate of the decedent.

(2g) **OBLIGATION OF AFFIANT.** By accepting the decedent's property under this section the heir, trustee, or guardian assumes a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25 and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, of the decedent or if there is no governing instrument, according to the rules of intestate succession under ch. 852. An heir or guardian may publish a notice to creditors in the same manner and with the same effect as a trustee under §701.065. This subsection does not prohibit any appropriate person from requesting administration of the decedent's estate under §856.07 or ch. 865.

(2m) **RECORDING OF AFFIDAVIT.** (a) If an affidavit under sub. (1g) describes an interest in or lien on real property a certified copy or duplicate original of the affidavit shall be recorded in the office of the register of deeds in each county in this state in which the real property is located.

(b) For purposes of a transfer under this section of an interest in or lien on real property, the recording of the affidavit copy or duplicate original constitutes the transfer to the affiant under sub. (1g) of the evidence of the interest in or lien on real property.

(3) **APPLICABILITY.** This section is additional to §109.03(3) for payment of decedent's wages by an employer directly to the decedent's dependents.

Address for: Department of Health Services
Estate Recovery Program
P. O. Box 309
Madison, WI 53701-0309

NOTE: If you are providing a copy of this affidavit to the Estate Recovery Program or a financial institution, include decedent's social security number on a separate document.

RECEPTION RECEIPT

Date: JUL 20 2016

Time: 1:55 p
By: cmH

JOHN LA FAVE
Register of Deeds
901 N. 9th Street, Room 103
Milwaukee, WI 53233

Received From: Maurice Hampton

Cash Amt \$ 2800
Check(s) Amt \$

Phone # (414) 265-0772

Quantity	Document Type
1	TRANS. by AG

Copies
1st pg / Reg / CC
1st pg / Reg / CC
1st pg / Reg / CC
1st pg / Reg / CC

Recordation Issue: RETURN TO

____ Name/address on Doc / Check

____ Other _____

Fee \$30 x 1 = 3000 + Copy Fee(s) _____ + T.Fee(s) _____ = 3000 TOTAL

Fee/Document(s) Recordable per WI Stats
 Follow instructions on letter enclosed
 See other side for further instructions

____ Folder/Courier drop off & Pick up
____ Receipt Requested (PPD ENV)

Copies/Receipts: _____ Fwd to C. Court _____ Mail _____ Pick-up _____ ROD Box # ()

Recording information will be available as soon as the document is recorded. You may call (414) 278-4001 at a later date to confirm recording information.