



Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

Margarita M. Gutierrez
Special Deputy City Treasurer

Robyn L. Malone
Special Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

May 14, 2019

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.: 3100164100
Address: 3027 N 23RD ST
Owner Name: ALLIE G PARISH
Applicant/Requester: ALLIE G PARISH C/O PATRICK PARISH
2018-3 Inrem File
Parcel: 120
Delinquent Tax Years: 2014-2018
Case: 18-CV-008737

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

The City of Milwaukee acquired this property on 2/21/2019.

JFK/em





OFFICE OF THE CITY TREASURER
TAX ENFORCEMENT DIVISION

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 286-2280 • FAX: (414) 286-3186 • TDD: (414) 286-2025

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

FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 1. Type or print firmly with a black ballpoint pen.
2. Use separate form for each property.
3. Refer to the copy of the attached ordinance for guidelines and eligibility.
4. 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, and date the application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 3027 N 23rd ST
TAX KEY NUMBER: 3100164100
NAME OF APPLICANT: Allie Parish / Patrick Parish
MAILING ADDRESS: 3027 N 23rd ST
MILWAUKEE WI 53206 321-917-7809

B. WAS THE PROPERTY LISTED IN "A" ABOVE YOUR PRIMARY RESIDENCE? YES [checked] NO []
IS THE PROPERTY LISTED IN "A" ABOVE CURRENTLY OCCUPIED? YES [checked] 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 [checked] 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: Patrick Parish DATE: 5-13-19

IN THE MATTER OF

Amended

ALLIE PARISH

Name

Petition for
 Temporary
 Permanent
**Guardianship
 Due to Incompetency**

PROBATE DIVISION
 MILWAUKEE COUNTY
 OCT 21 2016
 JOHN BARRETT
 Clerk of Circuit Court/
 Register in Probate

4/1/1938

Date of Birth

Case No.

16 GN 532

FOR TEMPORARY AND/OR PERMANENT GUARDIANSHIPS (Complete #1 through #11)

- I am interested as
 - a relative. I am related to the individual as _____
 - a public official. My authority to act as petitioner is _____
 - Other: AURORA FAMILY SERVICE
- This petition is filed in the county in which the individual
 - resides.
 - is physically present.
 - Other: _____
- The individual lives in Milwaukee County, State of Wisconsin, and the individual's mailing address is [Street, City, State, Zip] 3027 North 23rd Street, Milwaukee, WI 53206
- The name and mailing address of the person or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:
 Name Patrick Parish Phone Number 414-442-1310
 Mailing Address [Street, City, State, Zip] 3027 North 23rd Street, Milwaukee, Wisconsin 53206
 This petition for guardianship is filed with a petition for protective placement prior to transfer of the individual directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wis. Stats.
- The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows: See attached

Name	Relationship	Mailing Address [Street, City, State, Zip]
Aurora Family Service	Petitioner / Care Agency	c/o Ellie Mantes 3200 West Highland Blvd Milwaukee, Wisconsin 53208
Attorney Dewey B. Martin	Assist. Corporation Counsel	Milwaukee County Courthouse Office of Corporation Counsel 901 N. 9th Street Milwaukee, Wisconsin 53233
Ouida Parish	Proposed guardian Daughter	808 North 24 th Street #210 Milwaukee, Wisconsin 53206
Cedrick Parish	Preoposed Standby Guardian	9075 North Alpine Lane Brown Deer, Wisconsin 53223

Jerome Hill	Son	1108 Hindon Court Austin, TX 78748
Patrick Parish	Son	3027 North 23 rd Street Milwaukee, Wisconsin 53206
Gilda Parish	Daughter	3015 Larkspur Street Titusville, FL 32796

6. The individual is married and has children who are not children of the current spouse.

7. The individual

does does not have a current, valid financial durable power of attorney activated.

Name, mailing address [Street, City, State, Zip] and phone: _____

does does not have a current, valid power of attorney for health care activated.

Name, mailing address [Street, City, State, Zip] and phone: _____

does does not have other advance planning to avoid guardianship.

If the above-named powers of attorney or advanced planning exist, guardianship is still necessary because _____ See attached

8. I am not aware aware of a guardianship or conservatorship or related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, conservatorship, or related proceedings of which I am aware are as follows: See attached

guardian(s) or conservator(s) appointed in Wisconsin [Name and county where appointed] _____

guardian(s) or conservator(s) appointed out-of-state [Name and state where appointed] _____

9. The following person is nominated as guardian:

See attached

Type of Guardian		Name & Mailing Address [Street, City, State, Zip]	Phone
Guardian of the	Person	Ouida Parish 808 North 24 th Street, #210 Milwaukee, WI 53206	(414) 745-2581
Guardian of the	Estate		
Temporary Guardian of the	Person		
Temporary Guardian of the	Estate		
Standby Guardian of the	Person	Cedrick Parish 9075 North Alpine Lane Brown Deer, Wisconsin 53223	414-803-3351
Standby Guardian of the	Estate		

10. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve

accompanies this petition.

will be filed at least 96 hours before the hearing.

will be provided, if required by the court for temporary guardianship.

11. A. The approximate value of the individual's property is: See attached

General Description	Amounts	General Description	Amounts
Cash/Bank Accounts:	\$ (nominal)	Other Liquid Assets:	\$0
Real Estate:	\$ 0	Other Assets:	\$0

B. The assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are none See attached

C. The individual receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits. No Yes, type and amount _____

D. Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled is none. as follows: See attached

General Description	Amounts (monthly)	General Description	Amounts (monthly)
Social Security	\$ 900.00	Investment Income	\$0
Pension	\$0	Other: Pension	\$153.00
Disability	\$0	Other:	\$0

FOR PERMANENT GUARDIANSHIP (Complete #12 through #17)

12. A. A report of examination by a physician or psychologist is filed with this petition. will be filed with the court and provided by the petitioner to the guardian ad litem and the attorney for the proposed ward or ward at least 96 hours before the time of the hearing.

B. A Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this petition.

13. A. The individual is alleged to be incompetent as a result of the following impairment

- a developmental disability.
- serious and persistent mental illness.
- degenerative brain disorder.
- other like incapacities.

B. A guardian is requested to be appointed for the individual based upon the following standards:

- (1) The individual will be at least 17 years and 9 months of age as of the date of the hearing.
- (2) The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.
- (3) (For appointment of guardian of the person) The individual, because of impairment, is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.
- (4) (For appointment of guardian of the estate) The individual, because of an impairment, is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:
 - (a) The individual has property that will be dissipated in whole or in part; or
 - (b) The individual is unable to provide for the individual's support; or
 - (c) The individual is unable to prevent financial exploitation.

14. The specific nature of the individual's alleged incapacity is as follows: See attached

Allie Parish is diagnosed with dementia. She cannot make informed health care or financial decisions. She is not able to make or communicate decisions related to the management of property and financial affairs. She is not able to provide for her support and would be unable to prevent financial exploitation. She will require ongoing supervision and support in the home. She will continue to reside with her son Patrick who provides for all of her daily needs with the assistance of Family Care along with other family members.

15. GUARDIAN OF THE PERSON

I request the appointment of a guardian of the person. If granted, I understand that this may result in a prohibition of the individual's ability to possess firearms pursuant to §54.10(3)(f), Wis. Stats

A. Rights to be removed in full. If removed, these rights may not be exercised by any person.

I request that the court declare the individual has incapacity to exercise the following rights:

- (1) execute a will.
- (2) serve on a jury.
- (3) register to vote or to vote in an election.

B. Rights to be removed in full or exercised by individual only with consent of Guardian of Person.

I request that the court declare the individual has incapacity to exercise the following rights:	Ward may not exercise this right. Remove right in full.	Ward may exercise only with the consent of the Guardian of the Person.
(1) consent to marriage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) apply for an operator's/driver's license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) apply for a fishing license.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) apply for a license under Ch. 29, Wis. Stats., other than fishing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) apply for a credential under §440.01(2), Wis. Stats.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) consent to sterilization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) consent to organ, tissue, or bone marrow donation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. Powers to be transferred to Guardian of the Person in full or in part.

I request that the court transfer to the guardian of the person:

- 1.A. The power to give an informed consent to the voluntary receipt by the ward of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the ward's best interest, if the guardian has first made a good-faith attempt to discuss with the ward the voluntary receipt of the examination, medication, or treatment and if the ward does not protest.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 1.B. The power to give informed consent, if in the ward's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the ward's best interest.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 2. The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 3. The power to authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 4. The power to consent to experimental treatment in the individual's best interests.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 5. The power to give informed consent to receipt by individual of social and supported living services.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 6. The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 7. The power to make decisions related to mobility and travel.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 8. The power to choose providers of medical, social, and supported living services.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 9. The power to make decisions regarding educational and vocational placement and support services or employment.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 10. The power to make decisions regarding initiating a petition for termination of marriage

- Full Transfer. Partial Transfer. The individual retains the power to: _____
- 11. The power to receive all notices on behalf of individual.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 12. The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 13. The power to apply for protective placement or for commitment.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 14. The power to have custody of the individual.
 - Full Transfer. Partial Transfer. The individual retains the power to: _____
- 15. Other: _____

See attached

16. **GUARDIAN OF THE ESTATE**

I request that the court:

- A. Appoint a guardian of the estate to perform duties and exercise powers under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as retained by the individual as follows: **(Choose one)**
 - (1) The individual retains all rights, except for the following right(s) which will be transferred to the guardian: _____
 - (2) All rights will be transferred to the guardian, except for the following right(s): _____
 - (3) All rights are transferred to guardian.
- B. Authorize the guardian of the estate to perform the following additional powers (other than to make gifts) that require court approval under §54.20(2), Wis. Stats.: _____ See attached
- C. Direct that the guardian of the estate deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the ward, payable only upon further order of the court, and waive bond for the guardian of the estate.

17. **ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

I request the court dispense with the appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows: that any financial institution holding nominal bank accounts, safety deposit box, insurance policies or personal or business assets belonging to the individual ward shall immediately release and transfer these assets to the appointed guardian of the person to be used for the ward's benefit, including social security and other income; a guardian of the estate is not necessary and will not be appointed since the individual's funds constitute a small estate.

See attached

FOR TEMPORARY GUARDIANSHIPS (Complete #18 through #23)

- 18. A report or testimony from a physician or psychologist that indicates that there is a reasonable likelihood that the proposed ward is incompetent will be provided at the hearing.
- 19. There was no temporary guardianship of the individual in effect **within the last 90 days**.
- 20. The individual's particular situation, including the needs of the individual's dependents, if any, requires immediate appointment of a temporary guardian for the following specific reasons: See attached

- 21. I petition the court for the appointment of a temporary guardian with authority limited to those acts that are reasonably related to the reasons for appointment. The authority requested for the temporary guardian is as follows: See attached

22. A petition for appointment of a permanent guardian of the person or estate

is being filed with this Petition.

is NOT being filed with this Petition for the following reasons:

See attached

23. Additional requests:

See attached

I REQUEST THE COURT:

- 1. Order a hearing on this petition.
- 2. Make appropriate findings and appointments as requested above.
- 3. Award appropriate fees and costs.

State of Wisconsin

County of Milwaukee

Subscribed and sworn to before me on 7/31

Notary Public/Court Official

DENNIS SCHLIKO

Name Printed or Typed

My commission/term expires: on July 26, 2020.

STELLIE MIRMES

Petitioner

AURORA FAMILY SERVICE

Name Printed or Typed

3200 W. Highland Boulevard, Milwaukee, WI 53208

Address

Date

(SEAL)

Name of Attorney/Petitioner

ROBERT B. RONDINI

Address

400 N. Broadway, Suite 100
Milwaukee, Wisconsin 53202

Telephone Number

(414) 271-2718

Bar Number

01017672

15. GUARDIAN OF THE PERSON (Con't)

C. Powers to be transferred to the Guardian of the Person in full or in part.

15. Other:

- x The power to admit the individual to a nursing home or a community-based residential facility or any other such appropriate facility less than 16 beds for any purpose including purposes other than recuperative care or rested care.
x Full Transfer
 Partial Transfer: The individual retains the power to: _____
- x The power to prevent the individual from leaving or being removed from the facility against medical advice.
x Full Transfer
 Partial Transfer: The individual retains the power to: _____
- x The power to consent to the withholding of non-orally ingested nutrition or hydration including, but not limited to, intravenous feeding:
x Full Transfer
 Partial Transfer: The individual retains the power to: _____
- x The power to consent to the withholding of orally ingested nutrition or hydration providing the nutrition or hydration is medically contraindicated:
x Full Transfer
 Partial Transfer: The individual retains the power to: _____
- x The power to request, review and receive any information, verbal or written, regarding the individual's physical or mental health, including medical and hospital records and to execute on the individual's behalf any documents that may be required in order to obtain this information and to consent to the disclosure of this information.
x Full Transfer
 Partial Transfer: The individual retains the power to: _____
- x The power to execute on the individual's behalf any documents titled or purporting to be a "consent or refusal to permit treatment" and to execute any waivers or releases from liability that may be required by a hospital or physician.
x Full Transfer
 Partial Transfer: The individual retains the power to: _____

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 5/14/2019

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2018 - 3

WholeTaxkey: 310-0164-100-

Property Address: 3027 N 23RD ST

Owner Name ALLIE G PARISH

Applicant: ALLIE G PARISH C/O PATRICK PARISH

Parcel No. 120

CaseNumber: 18-CV-008737