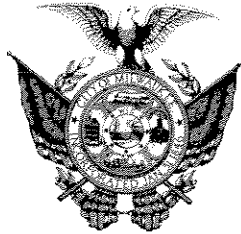



WAYNE F. WHITTOW  
CITY TREASURER



OFFICE OF THE CITY TREASURER  
MILWAUKEE, WISCONSIN

September 1, 2005

To: Milwaukee Common Council  
City Hall, Room 205

From: Wayne F. Whittow   
City Treasurer

Re: Request for Vacation of Inrem Judgment  
Tax Key No.: 328-1613-000-9  
Address: 2617 2619 N 44TH ST  
Applicant/Requester: CHATELAH D BROWN  
2005-01 Inrem File  
Parcel: 404  
Case: 05CV002643

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

The City of Milwaukee acquired this property on 7/25/05.

WFW/ku

MILWAUKEE CITY TREASURER  
RECEIVED ON

2005 SEP -1 A 1: 24

August 29, 2005

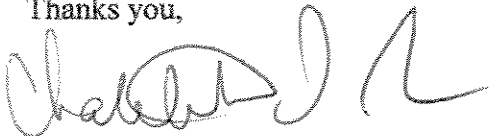
City of Milwaukee  
City Treasurer  
200 East Wells Street  
Room 103  
Milwaukee, WI 53202

Dear City of Milwaukee,

I am no longer residing in Milwaukee, Wisconsin so therefore, I would be unable to attend the meeting with the City Council regarding the "Request For Vacation Of In Rem Judgment" for the property at 2617-19 North 44<sup>th</sup> Street, Milwaukee, WI 53210 (taxkey number 328161300).

I am requesting that Airel L. Mitcham or a representative from Alm Realty attend the City Council meeting in my place as a representative of mine. I am giving Airel L. Mitcham power of authority to make decision on my behalf. If you have any questions regarding letter, please contact me at (404) 808-0287.

Thanks you,



Chatelah D. Brown

### REQUEST FOR VACATION OF IN REM JUDGMENT

**FOLLOW THE INSTRUCTIONS LISTED BELOW:**

1. Type or print firmly with ball point pen.
2. Use separate form for each property.
3. Check 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 45 days has elapsed from the date of entry of the in rem judgment to the date of receipt of the request by the City Clerk.
4. **Administrative costs totaling \$1,370.00, must be paid by Cashiers Check or cash to the City Treasurer's Office prior to acceptance of this application.**
5. Complete boxes a, b c, d, and e.
6. Forward completed application to City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

**APPLICANT INFORMATION:**

A. PROPERTY ADDRESS 2617-19 N. 44<sup>th</sup> Street 53210  
 TAXKEY NUMBER 328161300  
 NAME OF APPLICANT Chatelah D. Brown  
 MAILING ADDRESS P.O. Box 0157  
Milwaukee WI 53201 404-808-0287  
 CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES  NO

If no, describe interest in this property \_\_\_\_\_

C. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE THAT THE FORMER OWNER HAS AN OWNERSHIP INTEREST IN (If not applicable, write NONE).

NONE

(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

E. DEPT OF NEIGHBORHOOD SERVICES FILING:

Have applications to record the subject property and any other unrecorded properties in which the former owner has an ownership interest been filed with the Department of Neighborhood Services per s. 200-51.5.

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 City harmless from and against any cost or expense which may be asserted against 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.**

APPLICANT'S SIGNATURE Chatelah D. Brown DATE 8/26/05

MILWAUKEE CITY TREASURER RECEIVED 2005 SEP - 1 A 6 23

THIS DOCUMENT CONTAINS SECURITY FEATURES - THE FACE HAS A COLORED BACKGROUND ON WHITE PAPER.



VA MEDICAL CENTER ★ RNDOM RD#1  
5000 WISCONSIN DRIVE  
MILWAUKEE, WI 53245  
TEL: (414) 383-4802 ★ FAX: (414) 383-7363

68364  
2750  
8264

DATE AUG 31, 2005

VOID AFTER 90 DAYS

PAY ONE THOUSAND THREE HUNDRED SEVENTY & 00/100\*\*\*\*\*

TO THE ORDER OF  
AIRELL MITCHAM OR  
CITY OF MILWAUKEE

PAY THIS AMOUNT  
\$\*\*\*\*\*1,370.00

*[Signature]*  
AUTHORIZED SIGNATURE

⑈000068364⑈ ⑆275082646⑆ 0100150002⑈

WARNING: ORIGINAL DOCUMENT HAS A LINE MARK IN THE PAPER THAT CHANGES FROM LIGHT TO DARK IN REFLECTED TO TRANSMITTED LIGHT.