




Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

September 30, 2015

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.: 286-0737-000-3
Address: 3228 - 3230 N 30TH ST
Owner Name: VIOLA MARTIN NKA VIOLA WADE
Applicant/Requester: KARLA WADE
2015-3 Inrem File
Parcel: 116
Case: 15CV-4524

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

The City of Milwaukee acquired this property on 9/14/2015.

JFK/em





OFFICE OF THE CITY TREASURER

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

INTERESTED PARTY'S REQUEST TO VACATE AN 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, sign, and date the application, providing the required supporting documentation.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 3228 - 3230 N 30 th St

TAX KEY NUMBER: 286-0737-3

NAME OF FORMER OWNER: Viola Wade

NAME OF APPLICANT: Karla Wade

MAILING ADDRESS: 4521 N 24 St

<u>Milwaukee</u>	<u>WI</u>	<u>53209</u>	<u>(414) 499-9045</u>
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

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

<u>4521 N 24th St</u>	<u>Milwaukee, WI</u>	<u>53209</u>
ADDRESS		ZIP CODE
_____ ADDRESS		ZIP CODE
_____ ADDRESS		ZIP CODE
_____ ADDRESS		ZIP CODE

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

C. HAS WRITTEN CONSENT BEEN GIVEN TO THE APPLICANT BY THE FORMER OWNER TO REQUEST VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

YES Attach documentation. Go to Section G.

NO You must complete Sections D, E, and F.

D. WHAT EFFORTS WERE UNDERTAKEN BY THE APPLICANT TO SECURE THE WRITTEN CONSENT OF THE FORMER OWNER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

NA

E. WHY WAS THE APPLICANT UNABLE TO SECURE THE REQUIRED WRITTEN CONSENT OF THE FORMER OWNER PRIOR TO APPLYING FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

Former owner is deceased

F. WHY IS IT IN THE BEST INTEREST OF THE CITY TO WAIVE THE REQUIREMENT THAT THE WRITTEN CONSENT OF THE FORMER OWNER BE ACQUIRED BY THE APPLICANT IN ORDER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT? IN RESPONDING TO THIS QUESTION, PLEASE EXPLAIN YOUR PLANS FOR THE PROPERTY, INCLUDING YOUR PLANS FOR ITS MAINTENANCE, REUSE, OR DISPOSITION.

NA

G. IS THE PROPERTY LISTED IN SECTION "A" CURRENTLY VACANT? YES NO

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

I. IS THE APPLICATION COMPLETE AND HAS THE REQUIRED SUPPORTING DOCUMENTATION BEEN PROVIDED?
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: *Karla Wade* DATE: 9/30/15

APPLICANT'S NAME: *Karla Wade*

APPLICANT'S TITLE: _____

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 9/30/2015

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 3
Taxkey: 286-0737-000-3
Property Address: 3228 3230 N 30TH ST
Owner Name VIOLA MARTIN
NKA VIOLA WADE
Applicant: KARLA WADE

Parcel No. 116
CaseNumber: 15CV-4524



STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILE DATE
3699
Viola

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

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STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

1. DECEDENT'S NAME: **Viola** Full Middle
 LAST: **WADE**
 2. SEX: M F
 3. DECEDENT'S SOCIAL SECURITY NO.: **393-52-8621**
 4a. DATE PRONOUNCED DEAD (Month, Day, Year): **October 22, 2009**
 4b. HOUR PRONOUNCED DEAD (24 hour time): **0730**
 5. BODY FOUND (24 or more hours after death): Yes No
 6. DEATH OCCURRED inside City, Village or Township of **Milwaukee**
 7. DATE OF BIRTH (Month, Day, Year): **November 02, 1945**
 8a. COUNTY OF DEATH: **Milwaukee**
 8b. COUNTY OF BIRTH: **Milwaukee**
 9. DEATH AT HOSPITAL: Inpatient Outpatient
 10. OTHER PLACE: M.H. Res. of Decedent Other Facility-Based Hospice

11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS: **Wheaton Franciscan-St. Joseph's**
 11b. N.H. LIC. NO.:
 12. MARITAL STATUS: Married Never Married Divorced/Annul. Widowed
 13a. RESIDENCE PLACE inside City, Village or Township of **Milwaukee**
 13b. RESIDENCE STATE (Country, if not in U.S.): **Wisconsin**
 13c. RESIDENCE COUNTY: **Milwaukee**
 14. NUMBER AND STREET: **4521 North 24th Street**
 14b. ZIP CODE: **53209**
 15. STATE OF BIRTH (Country, if not in U.S.): **Arkansas**
 16. FATHER'S NAME: **Ruth Tatum** Birth Last Name
 17. MOTHER'S NAME: **Carlton O. Wade** Birth Last Name
 18. SURVIVING SPOUSE: **Carlton O. Wade** Birth Last Name
 19a. INFORMANT'S NAME: **Mr. Carlton O. Wade**
 19b. INFORMANT'S MAILING ADDRESS (Number, Street, City, State, ZIP): **4521 North 24th Street Milwaukee, Wisconsin 53209**
 20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of family member, if applicable): **Krause Funeral Home 9000 W. Capitol Dr., Milwaukee, WI 53222**
 20b. WI F.D. LIC. NO.: **5208**
 20c. SIGNATURE - FUNERAL SERVICE LICENSEE (Of person acting as such): *John K. Stranburg*
 20d. DATE SIGNED (Month, Day, Year): **October 27, 2009**

21. MANNER OF DEATH: Natural Homicide Accident Unk. Suicide Pending
 22. MEDICAL CERTIFICATION (Check one): Items 21-28 and 38, 39, 50, 51 Items 40-48 Coronary/M.E. only
 23. Certifying Physician: To the best of my knowledge, death was pronounced and occurred at (time and date(s) stated); the manner of death was Natural; and death was due to the causes stated: **Metastatic ovarian cancer**
 24. Coroner/M.E.: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated:
 25. ACTUAL OR ESTIMATED DATE OF DEATH (if different from date in 4a): **16798**
 26. PHYSICIAN LICENSE NO.: **16798**
 27. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Of Country, if not in U.S.): **Milwaukee, Wisconsin**
 28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year): **10-28-09**
 29. SIGNATURE - LOCAL REGISTRAR: *[Signature]*
 30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): **OCT 30 2009**

31. USUAL OCCUPATION (Do not enter "Retired;"): **Radiologist**
 32. KIND OF BUSINESS/INDUSTRY: **Hospital**
 33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve): Yes No Unk.
 34. DECEDENT WAS TRIBAL MEMBER (Not Required): If "Yes," item 4b should include American Indian. Check "Unk." if the decedent was American Indian but member status is unknown.
 35. PLACE OF DISPOSITION: **Krause Funeral Home**
 36. METHOD OF DISPOSITION: Entomb. Burial Cremation Donation

37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Of Country, if not in U.S.): **Milwaukee, Wisconsin**
 38. PLACE OF DISPOSITION: **Krause Funeral Home**
 39. METHOD OF DISPOSITION: Entomb. Burial Cremation Donation
 40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED:
 41. DATE OF INJURY (Month, Day, Yr.):
 42. HOUR OF INJURY (Month, Day, Yr.):
 43. PLACE OF INJURY (Specify Home, Street, Farm, etc.):
 44. INJURY AT WORK: Yes No
 45. LOCATION OF INJURY (Street or RFD, City, Village, and State):
 46. COUNTY OF INJURY (State or Country, if not in Wis.):
 47. OTHER SIGNIFICANT CONDITIONS (Not Required): If "Yes," item 4b should include leading to the underlying cause given in Part I.
 48. INTERVAL BETWEEN ONSET AND DEATH: **MONTHS**

Type or Print
Permanent
BLACK Ink,
No Whitening
or Erasures.



John LaFave
JOHN LAFAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

DEC 4 2009

8584104 Date Issued:

