

WRITTEN NOTICE OF DAMAGE, CIRCUMSTANCES OF CLAIM AND CLAIM FOR MONEY DAMAGES PURSUANT TO SECTION 893.80, WI STATS.

TO: City Clerk
City of Milwaukee
Attn: Claims
200 East Wells Street
Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
08 OCT -3 PM 1: 14
RONALD D. LEONHARDT
CITY CLERK

NAME AND ADDRESS OF CLAIMANT:

Debra J. Cerniglia
7210 West Eden Place
Milwaukee, WI 53220-1106
(414) 545-8380 Home Phone
(414) 405-8380 Cell Phone
(414) 543-2867 Work Phone

DATE AND TIME OF EVENT GIVING RISE TO CLAIM:

June 7, 2008/June 8, 2008
Approximately 6:00PM - 2:00AM

LOCATION OF EVENT GIVING RISE TO CLAIM:

7210 West Eden Place
Milwaukee, WI 53220-1106

CITY OF MILWAUKEE
RECEIVED
2008 OCT -3 PM 3: 38
OFFICE OF
CITY ATTORNEY

CIRCUMSTANCES OF EVENTS GIVING RISE TO CLAIM:

Enclosed you will find documents, etc. that support my claim filed for damages that occurred at my property located at 7210 West Eden Place, Milwaukee, WI 53220 on Saturday, June 7, 2008 during the heavy rains. My basement was heavily damaged due to a back-up from the Sewers due to the large amount of rains received. I believe this damage to my property was due to the city's negligence in the operation of the storm sewer system during the flooding. The gates connecting sewers (combined sanitary and storm) to the tunnels were closed per the instructions of the Milwaukee Metropolitan Sewerage District.

Now I am left with damages to my property in excess of \$40,000 (see paperwork from State Farm Insurance) not including all the personal property that I lost also during this flooding. I am a single mother with two children, working part-time and am also a part-time student. I am now in a situation where I am left with an unfinished basement and the value of my home has dropped dramatically due to this damage. I do not have the means of income or savings to replace or bring my home back to the same standards it was at before the flooding. I had insurance for a back-up situation in the amount of \$10,000 in which the damages were in excess of that. I also applied and received some assistance from FEMA in the amount of \$7,759.00. Therefore the total monies I received for damages to my property were \$18,259.00 from State Farm Insurance and FEMA. The costs alone to replace the furnace (approx \$3,350), hot water heater (\$550) and washer & dryer + pedestals (\$2,734) = \$6,634.00. (See actual bills and bid)

My house is located where Eden Place & Georgia Avenue intersect in the City of Milwaukee. When it was raining on Saturday, June 7th, 2008 you could see that the water was just flowing very heavy down Georgia Avenue and going in and over the sewer grate. I checked my basement on various occasions to make sure that the sump pump was running and at approximately 6:00pm I noticed that water was starting to come into my basement from the floor drain. The water proceeded into my basement for hours and hours and arose to approximately 2 feet deep. My furnace, gas hot water heater, washer and dryer, chest freezer, and small refrigerator were some of the items that were partially submerged in water. My neighbors on both sides received water in their basements due to the backups but nothing as severe as mine was. They lost furniture, appliances, carpeting, etc. Other neighbors on the North side of Eden Place also were flooded out as I could see by the amounts of items that were disposing of outside after the flooding.

The relief that I am looking for would be in the amount of \$35,000.00. I think that this is a fair and equitable amount due to the damages etc. that I suffered during this flood.

Sincerely,

A handwritten signature in cursive script that reads "Debra J. Cerniglia". The signature is written in black ink and is positioned above the printed name.

Debra J. Cerniglia

Enclosures

Structural Damage Claim Policy

When you have a covered structural damage claim to your real property, you should know:

- We want you to receive quality repair work to restore the damages to your property.
- We will provide you with a detailed estimate of the scope of the damage and costs of repairs. Should the contractor you select have questions concerning our estimate, they should contact your claim representative directly.
- Depending upon the complexity of your repair, our estimate may or may not include an allowance for general contractor's overhead and profit. If you have questions regarding general contractor's overhead and profit or whether general contractor services are appropriate for your loss, please contact your claim representative before proceeding with repairs.
- If you select a contractor whose estimate is the same as or lower than our estimate, based on the same scope of damages, we will pay based upon their estimate. If your contractor's estimate is higher than ours, you should contact your claim representative prior to beginning repairs.
- State Farm cannot authorize any contractor to proceed with work on your property. Repairs should proceed only with your authorization.
- State Farm does not guarantee the quality of the workmanship of any contractor or guarantee that the work will be accomplished within any specific time frame.
- It is understood that the contractor is hired by you, our insured, and that they work for you - not State Farm.

If you have any questions or need additional information regarding your claim please contact your claim representative immediately.

**State Farm Insurance
Centralized Catastrophe Services
P.O Box 44083
Jacksonville, FL 32231-4083
Ph: 877-783-1200 Fax: 877-732-6556
7/21/2008**

Estimate: 49-Y100-455
Insured: CERNIGLIA, DEBRA
Home: 7210 West Eden Pl.
MILWAUKEE, WI 53220-4667
WI
Home: (414) 545-8380

Claim Number: 49-Y100-455
Policy Number: 49-CU-2029-4
Type of Loss: Backup of Sewer or Drain
Deductible: \$1,188.00
Price List: WIMW7F8B2
Restoration/Service/Remodel
F = Factored In, D = Do Not Apply
Date of Loss: 6/7/2008
Date Inspected: 6/18/2008

Summary for Dwelling

Line Item Total				34,481.74
Material Sales Tax	@	5.600% x	18,447.29	1,033.05
Subtotal				35,514.79
General Contractor Overhead	@	10.0% x	34,792.81	3,479.28
General Contractor Profit	@	10.0% x	34,792.81	3,479.28
Replacement Cost Value (Including General Contractor Overhead and Profit)				42,473.35
Less Depreciation (Including Taxes)				(2,938.18)
Less General Contractor Overhead and Profit on Depreciation				(587.64)
Less Deductible				(1,188.00)
Net Actual Cash Value Payment				\$37,759.53

Maximum Additional Amounts Available If Incurred:

Total Line Item Depreciation (Including Taxes)			2,938.18
General Contractor Overhead and Profit on Recoverable Depreciation			587.64
Total Maximum Additional Amount Available If Incurred			3,525.82
Total Amount of Claim If Incurred			\$41,285.35



Mosteller, Ellen
(866) 787-8676x15211

ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.

State Farm's® insurance policies, applications, estimates, and required notices are written in English. With the exception of any applicable policy language, this document may have been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.

Please be advised any legal action regarding this claim must be started within 1 year from the date of loss.



Explanation of Building Replacement Cost Benefits Homeowner's Policy

7/21/2008
[Barcode Only]

To: Name: CERNIGLIA, DEBRA
Address:
City:
State/Zip: WI

Insured: CERNIGLIA, DEBRA
Date of Loss: 6/7/2008

Claim Number: 49-Y100-455
Cause of Loss: DRAIN BCK

Your insurance policy provides replacement cost coverage for some or all of the loss or damage to your dwelling or structures. Replacement cost coverage pays the actual cost of repair or replacement, without a deduction for depreciation, subject to your policy's limit of liability. To receive replacement cost benefits you must:

1. Complete the actual repair or replacement of the damaged part of the property within two years of the date of loss; and
2. Notify us within 30 days after the work has been completed.
3. Confirm completion of repair or replacement, by submitting invoices, receipts or other documentation to your agent or claim office.

Until these requirements have been satisfied, our payment(s) to you will be for the actual cash value of the damaged part of the property, which may include a deduction for depreciation.

Without waiving the above requirements, we will consider paying replacement cost benefits prior to actual repair or replacement if we determine repair or replacement costs will be incurred because repairs are substantially under way or you present a signed contract acceptable to us.

The estimate to repair or replace your damaged property is \$42473.35. The enclosed claim payment to you of \$37759.53 is for the actual cash value of the damaged part of property at the time of loss, less any deductible that may apply. We determined the actual cash value by deducting depreciation from the estimated repair or replacement cost. Our estimate details the depreciation applied to your loss. Based on our estimate, the additional amount available to you for replacement cost benefits (recoverable depreciation) is \$3525.82.

If you cannot have the repairs completed for the repair/replacement cost estimated, please contact your claim representative prior to beginning repairs.

All policy provisions apply to your claim.

Claim Representative: Mosteller, Ellen

Date: 7/21/2008

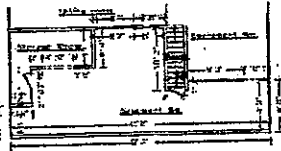
State Farm Insurance

7/21/2008

CERNIGLIA, DEBRA

49-Y100-455

Main Level



Room: Basement_Rm	Ceiling Height: 8'
829.56 SF Walls	454.28 SF Ceiling
1,283.84 SF Walls & Ceiling	454.28 SF Floor
120.00 LF Ceil. Perimeter	101.33 LF Floor Perimeter

Missing Wall:	1 -	2'10" X 6'8"	Opens into Equipment_Rm	Goes to Floor
Missing Wall:	1 -	2'6" X 6'8"	Opens into Stairs	Goes to Floor
Missing Wall:	1 -	6'0" X 6'8"	Opens into Utility_room	Goes to Floor
Missing Wall:	1 -	2'6" X 6'8"	Opens into Utility_room	Goes to Floor
Missing Wall:	1 -	4'10" X 6'8"	Opens into Storage_Room	Goes to Floor
Missing Wall:	1 -	2'6" X 6'8"	Opens into Storage_Room	Goes to Floor
Missing Wall:	1 -	3'0" X 2'0"	Opens into Exterior	Goes to neither Floor/Ceiling

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
MITIGATION					
Water extraction from floor - Category 3 water	454.28 SF	0.88	399.77		399.77
Clean more than the floor with pressure steam	1,283.84 SF	0.60	770.30		770.30
Content Manipulation charge - per hour	3.00 HR	31.75 D	95.25		95.25
R&R Cabinetry - full height unit	2.00 LF	242.95	485.90		485.90
Add for frosted/etched or beveled glass, per cabinet door	3.00 EA	45.09	135.27	27.05	108.22
R&R Custom cabinets - base units	7.00 LF	202.54	1,417.78		1,417.78
R&R Countertop - Flat laid plastic laminate	7.42 LF	39.77	295.10		295.10
Above 2 line items are for custom built bar in main basement room, removed per Kelmann Corporation.					
Clean fireplace hearth	8.00 SF	0.75	6.00		6.00
Hand painted mural	57.00 SF	53.78	3,065.46	1,226.18	1,839.28
R&R Cabinetry - laminate lower (base) units - Standard grade	7.00 LF	81.15	568.05	107.00	461.05

State Farm Insurance

7/21/2008

CERNIGLIA, DEBRA

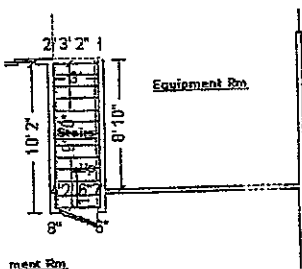
CONTINUED - Basement_Rm

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
R&R Cabinetry - laminate lower (base) units - Standard grade	6.00 LF	81.15	486.90	91.72	395.18
Apply anti-microbial agent	1,283.84 SF	0.17	218.25		218.25
FLOORING					
WALL COVERINGS					
Seal block with masonry sealer	414.78 SF	0.50	207.39	41.48	165.91
R&R Paneling	829.56 SF	1.90	1,576.17	283.71	1,292.46
DOORS & TRIMS					
R&R Baseboard - 2 1/4"	101.33 LF	2.14	216.85		216.85
Paint baseboard - two coats	101.33 LF	0.74	74.98	15.00	59.98
Paint door or window opening - Large - 2 coats (per side)	1.00 EA	27.62	27.62	5.52	22.10
APPLIANCES					
Air mover axial fan (per 24 hour period) - No monitoring	27.00 EA	29.78	804.06		804.06
Per Kelman Corporation Invoice 9 units placed 06/19/2008, returned 06/23/2008. Rental capped at 3 days each. Line Item allows for fans placed in all rooms throughout basement.					
Dehumidifier (per 24 hour period) - XLarge - No monitoring	1.00 EA	114.72	114.72		114.72
Per Kelman Corporation Invoice, 2 units placed 06/19/2008, returned 06/23/2008, rental capped at 3 days each.					
R&R Acoustic ceiling tile	454.28 SF	2.63	1,194.76	306.64	888.12
Block and pad furniture in room - Large amount	1.00 EA	35.95	35.95		35.95
Equipment setup, take down, and monitoring (hourly charge)	1.00 HR	34.55 D	34.55		34.55
Water Extraction & Remediation Technician - per hour	4.00 HR	34.55 D	138.20		138.20

CERNIGLIA, DEBRA

CONTINUED - Basement_Rm

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Line item allows for labor to remove 84 linear feet of bottom plate from affected stud walls, per Kelmann Corporation Invoice.					
Dumpster load - Approx. 12 yards, 1-3 ton of debris	1.00 EA	285.50 D	285.50		285.50
R&R Visqueen vapor barrier	622.17 SF	0.30	186.65		186.65
Remove Bypass (sliding) door set - lauan/mahogany	2.00 EA	9.42	18.84		18.84
Bypass (sliding) door set - lauan/mahogany	2.00 EA	138.65	277.30		277.30
Stain & finish door slab only (per side)	8.00 EA	30.46	243.68	48.74	194.94
Tear out wet non-salv. gluedn. cpt, cut/bag - Cat 3 water	454.28 SF	0.72	327.08		327.08
Carpet - Premium grade	558.92 SF	18.11 *	10,122.04		10,122.04
Room Totals: Basement_Rm			23,830.37	2,153.04	21,677.33



Room: Stairs

Ceiling Height: Sloped

210.77 SF Walls	41.49 SF Ceiling
252.27 SF Walls & Ceiling	58.65 SF Floor
30.66 LF Ceil. Perimeter	27.02 LF Floor Perimeter

Missing Wall:	1 -	3'0" X 8'0"	Opens into Equipment_Rm	Goes to Floor/Ceiling
Missing Wall:	1 -	2'6" X 6'8"	Opens into Basement_Rm	Goes to Floor

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
MITIGATION					
Water extraction from floor - Category 3 water	58.65 SF	0.88	51.61		51.61
Clean part of the walls - Heavy	52.69 SF	0.24	12.65		12.65

State Farm Insurance

CERNIGLIA, DEBRA

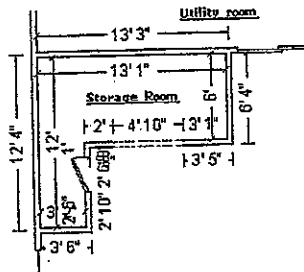
7/21/2008

CONTINUED - Stairs

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Clean stair riser - per side - per LF	10.00 LF	0.29	2.90		2.90
Clean stair tread - per side - per LF	10.00 LF	0.35	3.50	0.70	2.80
R&R Stair stringer	24.00 LF	4.22	101.28		101.28
R&R Stair riser	3.00 EA	12.51	37.53		37.53
R&R Stair tread	3.00 EA	14.80	44.40		44.40
Apply anti-microbial agent	111.35 SF	0.17	18.93		18.93
FLOORING					
WALL COVERINGS					
Detach & Reset Handrail - wall mounted	8.00 LF	3.62	28.96		28.96
Seal then paint part of the walls (2 coats)	105.39 SF	0.52	54.80	10.96	43.84
DOORS & TRIMS					
R&R Baseboard - 2 1/4"	27.02 LF	2.14	57.83		57.83
Paint baseboard - two coats	27.02 LF	0.74	19.99	4.00	15.99
R&R Interior door - lauan/mahogany - pre-hung unit	1.00 EA	133.73	133.73		133.73
Detach & Reset Door knob - interior	1.00 EA	17.90	17.90		17.90
Paint door slab only - 2 coats (per side)	2.00 EA	16.46	32.92		32.92
Paint door or window opening - 2 coats (per side)	2.00 EA	16.42	32.84		32.84
APPLIANCES					
Tear out wet non-salv. gluedn. cpt, cut/bag - Cat 3 water	58.65 SF	0.72	42.23		42.23
Step charge for "waterfall" carpet installation	13.00 EA	4.90	63.70		63.70

CONTINUED - Stairs

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Stain & finish stair stringer	24.00 LF	2.59	62.16	12.43	49.73
Stain & finish stair tread - per side - per LF	6.00 LF	3.23	19.38	3.88	15.50
Stain & finish stair riser - per side - per LF	6.00 LF	2.16	12.96	2.59	10.37
Tear out wet non-salv. gluedn. cpt, cut/bag - Cat 3 water	58.65 SF	0.72	42.23		42.23
Room Totals: Stairs			894.43	34.56	859.87



Room: Storage_Room

Ceiling Height: 8'

352.44 SF Walls	97.50 SF Ceiling
449.94 SF Walls & Ceiling	97.50 SF Floor
50.17 LF Ceil. Perimeter	42.83 LF Floor Perimeter

- Missing Wall: 1 - 2'6" X 6'8" Opens into Basement_Rm Goes to Floor
- Missing Wall: 1 - 4'10" X 6'8" Opens into Basement_Rm Goes to Floor

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Paint door slab only - 2 coats (per side)	2.00 EA	16.46	32.92	6.58	26.34
Paint door or window opening - 2 coats (per side)	2.00 EA	16.42	32.84	6.57	26.27
R&R Paneling	352.44 SF	1.90	669.63		669.63
Detach & Reset Door knob - interior	1.00 EA	17.90	17.90		17.90
R&R Baseboard - 2 1/4"	42.83 LF	2.14	91.66		91.66
R&R Interior door - lauan/mahogany - pre-hung unit	1.00 EA	133.73	133.73		133.73
Apply anti-microbial agent	449.94 SF	0.17	76.49		76.49

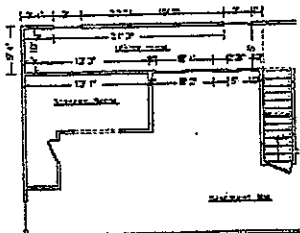
State Farm Insurance

7/21/2008

CERNIGLIA, DEBRA

CONTINUED - Equipment_Rm

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Line Item allows for replacement cost submitted by insured. Amount of \$550.00 includes tax. Contractor company is Goggins Heating. Insured has replaced damaged water heater.					
Seal then paint part of the walls (2 coats)	412.67 SF	0.52	214.59	42.92	171.67
Apply anti-microbial agent	514.83 SF	0.17	87.52		87.52
Content Manipulation charge - per hour	2.00 HR	31.75 D	63.50		63.50
Water extraction from floor - Category 3 water	197.08 SF	0.88	173.43		173.43
Clean more than the floor with pressure steam	514.83 SF	0.60	308.90		308.90
R&R Cabinetry - lower (base) units - utility (unfinished)	8.00 LF	61.90	495.20		495.20
Seal & paint cabinetry - lower - faces only	8.00 LF	11.29	90.32	18.06	72.26
Clean stud wall	105.92 SF	0.42	44.49		44.49
Seal stud wall for odor control	105.92 SF	0.45	47.66	9.53	38.13
Room Totals: Equipment_Rm			3,958.06	623.40	3,334.66



Room: Utility_room

Ceiling Height: 8'

386.10 SF Walls	122.08 SF Ceiling
508.18 SF Walls & Ceiling	122.08 SF Floor
55.35 LF Ceil. Perimeter	46.85 LF Floor Perimeter

Missing Wall:	1 - 6'0" X 6'8"	Opens into Basement_Rm	Goes to Floor
Missing Wall:	1 - 2'6" X 6'8"	Opens into Basement_Rm	Goes to Floor
Missing Wall:	1 - 5'0" X 8'0"	Opens into Equipment_Rm	Goes to Floor/Ceiling

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
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State Farm Insurance

7/21/2008

CERNIGLIA, DEBRA

CONTINUED - Utility_room

DESCRIPTION	QUANTITY	UNIT COST	RCV	DEPREC.	ACV
Seal then paint part of the walls (2 coats)	193.05 SF	0.52	100.39	20.08	80.31
Apply anti-microbial agent	315.13 SF	0.17	53.57		53.57
Content Manipulation charge - per hour	2.00 HR	31.75 D	63.50		63.50
Water extraction from floor - Category 3 water	122.08 SF	0.88	107.43		107.43
Clean more than the floor with pressure steam	315.13 SF	0.60	189.08		189.08
Clean stud wall	96.52 SF	0.42	40.54		40.54
Seal stud wall for odor control	96.52 SF	0.45	43.43	8.69	34.74
Clean sink - double and faucet	1.00 EA	13.56	13.56		13.56
Room Totals: Utility_room			611.50	28.77	582.73
Area Totals: Main Level					
2,202.55 SF Walls	912.44 SF Ceiling		3,114.99 SF Walls and Ceiling		
929.60 SF Floor	973.67 Total Area		270.51 LF Floor Perimeter		
929.60 Floor Area	130.67 Exterior Perimeter of Walls		311.49 LF Ceil. Perimeter		
1,039.33 Exterior Wall Area			1,774.45 Interior Wall Area		
Area Items Total: Main Level			33,166.20	2,890.98	30,275.22
Line Item Subtotals: 49-Y100-455			33,166.20	2,890.98	30,275.22

State Farm Insurance

CERNIGLIA, DEBRA

7/21/2008

Adjustments for Base Service Charges	Adjustment		
Carpenter - Finish, Trim/Cabinet	107.64		
Carpenter - General Frammer	97.14		
Cleaning Technician	50.10		
Cleaning Remediation Technician	69.10		
Drywall Installer/Finisher	227.72		
Flooring Installer	122.12		
Hardware Installer	107.02		
Heating / A.C. Mechanic	172.94		
Insulation Installer	106.48		
Plumber	171.98		
Painter	83.30		
Total Adjustments for Base Service Charges:		1,315.54	
Line Item Totals: 49-Y100-455	34,481.74	2,890.98	31,590.76

Grand Total Areas:

2,202.55 SF Walls	912.44 SF Ceiling	3,114.99 SF Walls and Ceiling
929.60 SF Floor		270.51 LF Floor Perimeter
		311.49 LF Ceil. Perimeter
929.60 Floor Area	973.67 Total Area	1,774.45 Interior Wall Area
1,039.33 Exterior Wall Area	130.67 Exterior Perimeter of Walls	

STATEMENT OF LOSS

Claim Number 49-Y100-455

Insured Debra J Cerniglia

COVERAGE A - BUILDING

Limit of Liability \$ \$10,000.00

Description		Amount \$
IF Estimate of Damages-dated 07-21-08	=\$42,473.35	
Amount in Excess of Applicable Policy Limit	=\$32,473.35	
Policy Limit for Sewer/Drain Back-up Endorsement	=\$10,000.00	10,000.00
% of Policy Limit (\$10,000.00) for Debris Removal (Incurred)	=\$500.00	500.00

Policy deductible of \$1,188.00 has been absorbed due to excess loss above applicable policy limits.

Total amount payable =\$10,500.00 Total A \$ 10,500.00

COVERAGE B - CONTENTS

Limit of Liability \$ 0.00

Description		Amount \$
Submitted Personal Property Inventory Form is "open" due to item cost not included. Amount available for these items is	=\$0.00	0.00
Policy limit has been exceeded under Coverage A-Building.		

Total B \$ 0.00

COVERAGE C - LOSS OF USE

Limit of Liability \$ 578.79

Description		Amount \$
Hotel Expenses-Country Inn and Suites	=\$539.49	539.49
Cost Incurred for food expenses away from home	=\$139.30	
Normal cost incurred for food expenses	=\$100.00	
Additional cost incurred for food expenses away from home	=\$39.30	39.30

Total C \$ 578.79

Comments/Supplements:

Total A + B + C 11,078.79

Plus Special Coverage

Total Loss 11,078.79

Less Depreciation - Cov. A

Less Depreciation - Cov. B

Subtotal 11,078.79

Less Deductible

Less Prior Payments

Total Payable \$11,078.79

Ellen F Mosteller
Name

07-21-08
Date



Additional Living Expense Worksheet

CLAIM INFORMATION				
Insured: Debra J Cerniglia		Insured Phone: 414 545 8380		Claim Number: 49-Y100-455
Date of Loss: 06/07/2008	Time Period: From: 06/09/2008 To: 06/12/2008		Claim Representative: Ellen F Mosteller QZVC	
HOUSING	Cost Incurred	Amount Normally Spent	Additional Cost Incurred	Reduction in Normal Expense
Apartment				
Motel or Hotel	\$539.49	\$0.00	\$539.49	
Temporary Housing				
Furniture Rental				
Moving Expense				
Realtor Fee				
Other				
UTILITIES				
Cable TV/Satellite				
Electricity				
Gas				
Heating Oil				
Internet Service				
Sewer				
Telephone				
Water				
Other				
MEALS				
Away from Home	\$139.30	\$100.00	\$39.30	
Prepared at Home				
TRANSPORTATION				
Automobile Additional Miles				
Taxicabs, Buses, etc.				
Other				
MISCELLANEOUS				
Dry Cleaning				
Laundry				
Connect/Disconnect Fees				
Other				
Subtotal			\$578.79	\$0.00
			Amount Owed	\$578.79



FEMA

R. David Paulison
Administrator
Federal Emergency Management Agency

National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
1-800-621-FEMA (3362)
Fax No.: 1-800-827-8112

Date: 08/18/2008

FEMA Application No.410024636

Disaster No. 1768

MS DEBRA J CERNIGLIA
7210 W EDEN PL
MILWAUKEE, WI 53220-1106

Dear MS DEBRA J CERNIGLIA:

You recently appealed one of FEMA's decisions regarding your application for disaster assistance.

We have thoroughly reviewed your case including all of the new information and documents you provided. Our decision(s) about your appeal is listed below:

<u>CATEGORIES</u>	<u>DETERMINATION</u>
Home Repair	\$4,181.84
<hr/>	
Total Grant Amount:	\$4,181.84

Appeal EHR - Eligible - Home Repairs

If you have a change of address - temporary or permanent

Please contact FEMA and the U.S. Postal Service to update your current address each time you move. Remember, in order to have your mail forwarded, you need to submit a Postal Service Change of Address request. If you need to contact the Postal Service, you may go to www.usps.gov on the web, or call 1-800-ASK-USPS, or pick up a Change of Address form at any Post Office.

In addition, please also notify FEMA of any change to your contact information such as your phone number(s).

Other important information

- This letter is about your request for help from FEMA only.
- Any money you receive from FEMA will be sent through an Electronic Funds Transfer (EFT) to your bank or a U.S. Treasury check to the current mailing address you provided.
- FEMA's disaster assistance programs may not cover all of your losses or all damage to your property (home, personal property, household goods).



FEMA

R. David Paulison
Administrator
Federal Emergency Management Agency

National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-7055
1-800-621-FEMA (3362)
Fax No.: 1-800-827-8112

Date: 08/18/2008

FEMA Application No.410024636

Disaster No.1768

MS DEBRA J CERNIGLIA
7210 W EDEN PL
MILWAUKEE, WI 53220-1106

Dear MS DEBRA J CERNIGLIA:

We recognize how difficult a time this is for you and your family and we understand that many people need help following a disaster. We are committed to providing you any help we can, including important information to begin your recovery.

The Federal Emergency Management Agency (FEMA) and State of Wisconsin have carefully considered all available information regarding your request for assistance. Our decision(s) about your request is listed below:

<u>CATEGORIES</u>	<u>DETERMINATION</u>
Personal Property	\$1,573.45
Rental Assistance	\$2,004.00
<hr/>	
Total Grant Amount:	\$3,577.45

ER - Eligible - Rental Assistance

You have been approved to receive rental assistance from FEMA. We are providing you this assistance so that you and members of your pre-disaster household can temporarily rent a place to live. **We expect all families who receive FEMA temporary rental assistance to return to their damaged home when it is repaired or to locate and occupy affordable housing without FEMA rental assistance at the earliest possible time.**

The monthly amount of rental assistance we provided you is based on rental rates determined by FEMA and the U.S. Department of Housing and Urban Development (HUD). If you are unsure what specific days are covered by this assistance, please contact the FEMA Helpline at 1-800-621-FEMA (3362). TTY is available for persons who are hearing or speech impaired, please call 1-800-462-7585.

If you think we have not paid you the appropriate amount of rental assistance for your area, you have the right to appeal. Please send us a statement that describes the number of bedrooms occupied in your home at the time of the disaster. It is also very important that you include your current address and contact information.

Invoice


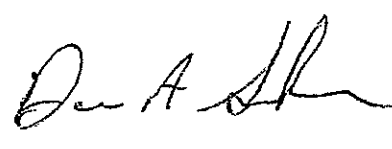
Goggins Heating & A/C

554 N. 107th Street
Wauwatosa, WI 53226

Date	Invoice #
7/1/2008	60561

Bill To
Cerniglia Debra 7210 W. Eden Pl. Milwaukee, WI. 53220

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
	Installation of a A.O. Smith water heater.	550.00	550.00
	10 year tank warranty. Milwaukee & Stadium Sales Tax	5.60%	0.00
 			
Total			\$550.00



6531 W. Layton Ave.
Greenfield, WI 53220
Phone: (414) 281-4700
Fax: (414) 281-7009

W188 N10707 Maple Rd.
Germantown, WI 53022
Phone: (262) 253-4999
Fax: (262) 253-4977

17045 W. Capitol Dr.
Brookfield, WI 53005
Phone: (262) 790-5577
Fax: (262) 790-5529

DATE
07-20-08

15:38 328145

INVOICE NUMBER
BF 328145-0

BILL TO: DEBRA CERNIGLIA
7210 W EDEN PL
MILWAUKEE, WI 53220

SHIP TO: DEBRA CERNIGLIA
7210 W EDEN PL
MILWAUKEE, WI 53220

4145458380

ACCOUNT NUMBER	PURCHASE ORDER NUMBER	DATE SHIPPED	TERMS
		07-24-08	

DD
(INVOICE RECAP)
Warranty Claims and Returned Goods
Must Be Accompanied By this Receipt.

FCITIF BPH: 4145458380 WPH:
116 KRISTA ERNST

SALESPERSON NUMBER: NAME: SALESPERSON NUMBER: NAME:

ITEM NUMBER	DESCRIPTION	UNIT	QTY ORDERED	QTY SHIPPED	UNIT PRICE	AMOUNT
WFW9400SW	WHI WASHER 4.0 CU FT, 14 CEA SERIAL#	EA	1	0	1019.00	1019.00
WGD9400SW	WHI 7.0 CAPACITY, 10 CYC, 5EA SERIAL#	EA	1	0	909.00	909.00
GASLINE	MIS GAS LINE	EA	1	0	12.00	12.00
DELIVERY	MIS DELIVERY	EA	1	0	39.95	39.95
WHP1500SQ	WHI 15.5" PEDESTAL WITH DREA	EA	1	0	170.00	170.00
WHP1500SQ	WHI 15.5" PEDESTAL WITH DREA	EA	1	0	170.00	170.00
GU2700XTSB	WHI SLATE INT, POWER SCOUR	EA	1	0	549.00	549.00
RECYCLE	MIS RECYCLE	EA	1	0	10.00	10.00
WG03H60MC	NSI 3 PC P&L 5 YR + 10 YR SERIAL# **WARRANTY**	EA	1	0	269.00	269.00

THANK YOU FOR SHOPPING AT APPLIANCE WORLD

COMMENTS:
PRICNG PER SEARS
DELIVER EVERYTHING BUT D/W
CALL 1/2 HR PRIOR 414-405-8380
H-414-545-8380

CASH	.00	SALES AMOUNT	3147.95
CR. CARD	.00	SALES TAX	176.29
CHARGE	.00	FREIGHT	.00
OTHER	.00		
DEPOSIT APPL		TOTAL	3324.24
DEPOSIT LEFT			

NIMMER



Heating & Air Conditioning, Inc.

6530 West Forest Home Avenue • Milwaukee, Wisconsin 53220

Office: 414-543-3626 • Fax: 414-543-3873

"Honesty & Integrity You Can Count On!"

Date: 9/11/08

Submit To:

Debra Cerniglia

7210 W Eden Place

Milwaukee, WI 53220

545-8380

Proposal

Install complete, 1 Bryant, high efficiency gas furnace model #350AAV036060 as follows:

- Unit to be installed by our own **Factory Authorized** technicians.
- Unit to be over **93%** efficient.
- Unit to have multi-speed motor.
- Custom build new sheet metal to connect to existing ductwork.
- Make all gas and PVC vent pipe connections.
- Make all drain and low voltage wiring connections.
- *Clean old conditioner A-Cond. no charge.*

Install complete, 1 Bryant high efficiency media air cleaner, model #16x25.

Amount: \$3,175.00 + \$155 Extended warranty = \$3,330

TOTAL: \$ _____

All Permits and taxes are included.

Payment: 20% down payment of \$ _____, ck# _____

Balance of \$ _____, due upon completion.

Customers Signature: _____ Date: _____

Accepted: _____ Date: _____

LD PANEL.



CONSUMER AGREEMENT

LANDOLT SERVICE INC.



10906 W. National Avenue
West Allis, Wisconsin 53227
1-414-321-7000 • Fax 1-414-321-7500

REFERRAL: MARYLEN HANGAS

INSTALLATION DATE: _____

Customer's Name <u>DEBI CERNEGLIA</u>	Customer's Phone <u>545-8380</u>	Date <u>9.22.08</u>
Street <u>7210 W. EDEN PLACE</u>	Sales Representative <u>GEORGE LANDOLT</u>	
City/Village <u>MILWAUKEE, WI,</u>	Address	
ZIP <u>53228</u>		

We propose to furnish the following materials, services and labor, subject to the conditions contained herein, for the sum of \$ 2400.00, payable as follows: FULL ON COMPLETION

<u>HEATING INSTALLATION</u>	
<u>1-BRYANT PLUS 90 FURNACE (USED) 2006 MODEL</u>	
<u>MODEL: 350AAV036060</u>	<u>7 1/2 VR PARTS</u>
<u>1-APRILAIR HIGH EFF. AIR CLEANER LABOR WTY.</u>	
<u>MODEL: 4200</u>	
<u>INCLUDES: THERMOSTAT, PIPING,</u>	
<u>SHEETMETAL & ELECTRICAL TO PANEL.</u>	
<u>SERVICE A/C & CLEAN COIL.</u>	
<u>OR</u>	
<u>1-BRYANT PLUS 90 FURNACE</u>	<u>3,200</u>
<u>MODEL: 350AAV036060</u>	
<u>1-APRILAIR HIGH EF AIR CLEANER</u>	<u>400</u>
<u>+ PERMITS</u>	<u>100</u>
	<u>3,700</u>

MAINTENANCE AGREEMENT YES/NO TERM _____ EXPIRES _____
THIS PROPOSAL CONSTITUTES AN OFFER TO SELL ON THE TERMS SET FORTH HEREIN, AND ACCEPTANCE IS EXPRESSLY LIMITED TO THE TERMS OF THE OFFER. NO ADDITIONS OR MODIFICATIONS WILL BE BINDING ON US UNLESS EXPRESSLY AGREED TO IN WRITING.

THIS OFFER SHALL EXPIRE IF NOT ACCEPTED BEFORE:
10-7-08

LANDOLT SERVICE INC.
By: [Signature]
Title: _____

Permits, if any, are required & will be obtained by either Landolt Service Inc. or/Owner (CIRCLE ONE) EXTRA
Customer has three day Right of Recision.
ACCEPTANCE OF PROPOSAL - The prices, specifications and conditions herein (both this and the reverse side) are satisfactory and are hereby accepted.
You are authorized to do the work as specified.
Payment will be made as outlined above.
Date of Acceptance _____ Signature _____
Signature _____

Andersen Plumbing, Inc.

9745 W. Schlinger Ave
West Allis, WI 53214

Estimate # 1266

Proposal Submitted To

Debra Cemiglia
7210 W. Eden Pl.
Milwaukee, WI. 53220

<u>Description</u>	<u>Qty</u>	<u>Cost</u>
<u>-Job Description: Residential service</u>		
<u>-Job Location: Cemiglia residence 7210 W. Eden Pl., Milwaukee</u>		
-Plumbing material and labor to complete the following: (1)		1,700.00
Replace the bathtub and near surrounding tile with modular tub/shower remodeling type with dry wall above and on the sides and repair floor to rough wood state.		
-(2) Replace the three handled tub shower faucet with a Moen posi-temp single handle tub shower faucet.		480.00
-(3) Install one new 50cfm bathroom exhaust fan.		780.00
-(4) Replace the toilet with a 1.5 gal flush Mansfield.		440.00
-(5) Replace the double compartment laundry tub with a single compartment with new faucet .		580.00
-(6) Replace the old failing water pipe with new CPVC. in basement to the riser to the first floor.		2,200.00
-(7) Replace water damaged furnace with 90Plus efficient Payne 3060 furnace.		2,600.00
-(8) Install one new Total-Line 16X25 Gold Series air filter.		780.00
		<u>3,380</u>

We hereby propose to furnish the materials and perform the labor necessary for the completion of the above work in accordance with the drawings and specifications submitted for above work in a workmanlike manner for the sum of

Payments to be made as follows 50% down, 50% upon completion

Any alterations or deviations from above specifications will be executed involving extra costs and will become an extra charge over and above the estimate. All agreements hereof are contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance upon above work. Notice of lien rights and terms and conditions on the reverse side are made a part hereof.

Authorized Signature _____ Date of proposal 9/29/2008

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____ Date of Acceptance _____