



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

February 21, 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.: 2300211100
Address: 4709 N 28TH ST
Owner Name: DOROTHY M GUTHRIE NKA DOROTHY M
KING
Applicant/Requester: TIFFANY GUTHRIE
2018-2 Inrem File
Parcel: 73
Delinquent Tax Years: 2015-2018
Case: 18-CV-007366

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

The City of Milwaukee acquired this property on 1/15/2019.

JFK/em



..Number:

..Version

ORIGINAL

..Sponsor

THE CHAIR

..Title

Resolution authorizing the return of real estate located at 4709 N. 28th Street, in the 1st Aldermanic District, to former owner Dorothy Guthrie (application made by Tiffany Guthrie).

..Drafter

City Treasurer

Erika Martinez

01/23/19



OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 288-2280 • FAX: (414) 288-3189 • 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: 4709 N. 28th Street

TAX KEY NUMBER: 2300211100

NAME OF APPLICANT: Tiffany Lawson Guthrie

MAILING ADDRESS: 5517 N. 56th Street

Milwaukee CITY WI STATE 53218 ZIP CODE (414) 722-7502 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.):

0

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: Tiffany Guthrie DATE: 1-17-19

2



8 0 5 0 8 5 8 1
Tx: 40330944

STATE OF WISCONSIN, MILWAUKEE COUNTY

IN THE MATTER OF

Dorothy King
Decedent

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

DOC. # 10839222

RECORDED:
01/03/2019 11:40 AM
JOHN LA FAVE
REGISTER OF DEEDS
MILWAUKEE COUNTY, WI
AMOUNT: 30.00
FEE EXEMPT #: 77.25 (11)
TRANSFER TAX:

Register of deeds recording area

Name and return address

TIFFANY Cuthrie
5517 N 56th
Milwaukee, WI 53218

2300211100

parcel identification number

Note: Use black ink only.

UNDER OATH, I STATE:

1. The decedent, with date of birth MARCH 15/45 and date of death OCT 11/17,
was domiciled in Milwaukee County, State of WI, with a mailing
address of 5517 N 56th 53218.

2. I am: an heir, having the following relationship to the decedent: Daughter
 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.
 a person named in the will to act as personal representative.

3. The total gross value of the decedent's property subject to administration in Wisconsin on the date of decedent's death was \$ 45,000 (not to exceed \$50,000).

4. The decedent:
 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.

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) Ronald Cuthrie, Cynthia King
 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.

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

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

DESCRIPTION OF ASSETS TO BE TRANSFERRED	GROSS VALUE
<p><small>If real estate, list legal description and tax parcel number. (Exception: A person named in the will to act as personal representative may not receive any real property of the decedent.)</small></p> <p><small>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.</small></p> <p><small>The person who holds the assets may not transfer any money, property, or interest in an asset to a person named in the will to act as personal representative until 30 days after the day on which the affidavit is received. If during the 30-day period, the person who received the affidavit receives an affidavit for the same decedent from another person, the person who received the affidavits may not transfer any money due the decedent, the property of the decedent, or any evidence of interest, obligation to, or right of the decedent unless ordered to do so by a court.</small></p> <p>NORTH MILW. TOWNSITE CO'S ADDN NO 2 IN NE 1/4 SEC 1-7-21 BLOCK 17 LOT 20. and N 15' LOT 21</p>	<p>45,600</p>

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, Wis. Stats., and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, Wis. Stats., or if there is no governing instrument, according to the rules of intestate succession under ch. 852, Wis. Stats.

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 Waukesha
Subscribed and sworn to before me on 9/12/19



Notary Public / Notary Public
Mike Imbler
Name Printed or Typed
9/18/21
My Commission/Term Expires:

TIFFANY Cuthrie
Tiffany Cuthrie
Signature
TIFFANY Cuthrie
Name Printed or Typed
5517 N 5th St
Address
Milwaukee, WI 53218

This document was drafted by: TIFFANY Cuthrie
Print or Type Name

Register of Deeds Office viewed the certified mail 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.

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 1/17/2019

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2018 - 2
WholeTaxkey: 230-0211-100-
Property Address: 4709 N 28TH ST
Owner Name DOROTHY M GUTHRIE NKA
DOROTHY M KING
Applicant: TIFFANY GUTHRIE
Parcel No. 73
CaseNumber: 18-CV-007366