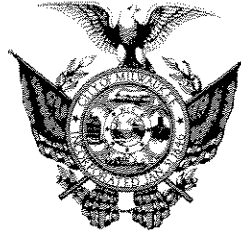



WAYNE F. WHITTOW  
CITY TREASURER



OFFICE OF THE CITY TREASURER  
MILWAUKEE, WISCONSIN

February 23, 2004

To: Milwaukee Common Council  
City Hall, Room 205

From: Wayne F. Whittow   
City Treasurer

Re: Request for Vacation of Inrem Judgment  
Tax Key No.: 322-0418-000-7  
Address: 2614 2616 N PALMER ST  
Applicant/Requester: DORIS & VERSER THOMAS  
2003-02 Inrem File  
Parcel: 132  
Case: 03CV008330

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

The City of Milwaukee acquired this property on 1/12/04.

WFW/ku

# 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 \$1370 must be paid by Cashiers Check 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 2614-2616 N. Palmer St.  
TAX KEY NUMBER 322-0418-7  
NAME OF APPLICANT Doris & Verser Thomas  
MAILING ADDRESS 2614 N. Palmer St.  
Milwaukee WI 53212 4143724569  
CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES  NO

If no, describe interest in this property Mother/mother in law owned house she died.

We tried to get house in our name, However we lived here for the last 9 1/2 years

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. DEPARTMENT OF BUILDING INSPECTION 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 Building Inspection 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 Doris Thomas

DATE 2-20-04  
I:\COMMON\TAXENFOR\VACATE.APP

Verser & Dolis Thomas  
2614 N. Palmer St.  
Milwaukee, WI 53212  
322-0418-0007  
parcel identification number

REEL 5696  
IMAGE 2614

IN THE MATTER OF THE ESTATE OF

Transfer by Affidavit  
(\$20,000 and under)

Bella Thomas  
430702953  
Social Security Number

Note: Use for deaths occurring on May 9, 2000 or after. Use black ink only.

Under oath, I state that:

1. The decedent, whose date of birth was March 1, 1942, and date of death was Jan. 9, 2003, died domiciled in Milwaukee County, State of WI, with a post office address of: 2900 W. 19th St. Milwaukee, WI 53216

2. I am:  the person who was guardian of the decedent at the time of the decedent's death.  
 an heir, being a son / daughter-in-law of the decedent.

3. The total value of the decedent's solely owned property in Wisconsin on the date of death was \$ 10,000 and did not exceed \$20,000.

4. The total value of the decedent's property in Wisconsin at the date of decedent's death was \$ 10,000.

5. The decedent:  
 did  did not receive medical assistance.  
 did  did not receive family care benefits.  
 did  did not receive long-term community support services (C.O.P.).  
 did  did not receive benefits of 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. If so, explain: \_\_\_\_\_

6. If the decedent was ever married, complete the following:  If more than one spouse, see attached.

Name of spouse (living or deceased): N/A  
 did  did not receive long-term community support services (C.O.P.).  
 did  did not receive benefits of Wisconsin Chronic Disease Program.

Transfer by Affidavit (\$20,000 and under)

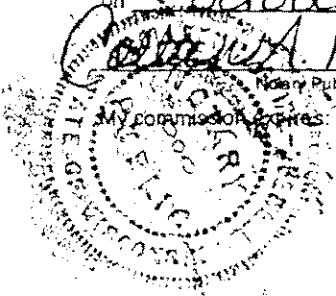
7. I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

DESCRIPTION OF PROPERTY TO BE TRANSFERRED (If real estate, list legal description and tax parcel number.)	VALUE
Plat Page 32208 Parcel # 322-0418-0007  Neighborhood 2920 John BA Kern's Subd. No. 2 in Se 1/4 Sec 17-7-22 Block 214 N 13.5' Lot 24-S 21.5' Lot 25	\$ 10,000. <sup>00</sup>

REEL 5696  
IMAGE 2615

If this affidavit describes an interest in, or lien on real property, a certified copy or duplicate original of the affidavit must be recorded with the register of deeds in each county in Wisconsin in which the real property is located.

Subscribed and sworn to before me  
on October 23, 2003



Catherine A. McGuire-Duwel  
Notary Public/Court Official

My commission expires: 02/01/04

Doris Thomas  
Vesela Thomas  
Signature

Doris + Vesela Thomas  
Name Printed or Typed

2614 N. Palmer St.  
Address

Milwaukee, WI 53212

CERTIFICATE NO. **266163**

STATE OF MISSISSIPPI  
MISSISSIPPI DEPARTMENT OF REVENUE

MISSISSIPPI DEPARTMENT OF REVENUE



I, the undersigned  
Recorder of Deeds of  
Mississippi County,  
do hereby certify that  
the foregoing is a true and  
correct copy  
of the original  
as recorded in  
the books.

Witness my hand and

Signature  
**FEB 20 2004**  
*Janis DeFur*  
Recorder of Deeds

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.



THE EQUITABLE BANK SSB

ADMINISTRATIVE OFFICE:  
2290 North Mayfair Rd.  
Wauwatosa, WI 53226  
PHONE: (414) 476-6434

79-272  
759

NO. 40030555

Feb 20, 2004

\*\*\*\*\*\$1,370 DOLLARS AND 00 CENTS

\$ 1,370.00

PAY TO THE ORDER OF  
CITY TREASURERS OFFICE

THE EQUITABLE BANK SSB

AUTHORIZED SIGNATURE

RE: DORIS THOMAS  
# 322-0418-7

⑈40030556⑈ ⑆075902722⑆ ⑈03000⑈0347⑈

VOID IF NOT CASHED WITHIN 6 MONTHS

BANK ONE WEST BEND  
WEST BEND, WISCONSIN