




Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

October 21, 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.: 312-1414-000-7
Address: 3015 N 9TH ST
Owner Name: MATILDA ROSS
Applicant/Requester: NONA WILLIAMS
2015-3 Inrem File
Parcel: 160
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/tkg





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

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: 3015 N 9th St

TAX KEY NUMBER: 312-1414-7

NAME OF APPLICANT: Dona Williams (Guardian) for 1414417

MAILING ADDRESS: 1414417 Elmwood Dr

German Town CITY WI STATE 53022 ZIP CODE 414 406-8740 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.):

None

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: [Signature] DATE: 10/15/15

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 10/21/2015

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 3
Taxkey: 312-1414-000-7
Property Address: 3015 3015 N 9TH ST
Owner Name MATILDA ROSS

Applicant: NONA WILLIAMS

Parcel No. 160
CaseNumber: 15CV-4524



THE RIGHT WAY DEVELOPMENT CENTER

2949 N. Martin Luther King Dr.
Milwaukee, WI 53212
(414) 406-8740 Office
(262) 293-3411 Fax

Date: 10/21/15

To Kerry

Fax Number: 414-286-3186

Number of pages: 4
RE

Comments: Please call when you receive this fax (414-406-8740)
Ms Mona Williams.

Thank you

URGENT For Review Please Reply Please Comment

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE MATTER OF

Amended

MATILDA ROSS

Letters of Guardianship of the Person Due to Incompetency

01/14/1934

Date of Birth

Case No. 12-GN-0069

To: Mona Williams
Address: N97 W14417 Elmwood Drive
Germantown, WI 53022

You are appointed guardian co-guardian of the person.
 This is an appointment as a successor guardian.

You are appointed stand-by guardian and your authority to act commences on (Date) _____ and continues through (Date) _____.

Power of attorney for healthcare is revoked or limited as follows: _____

You are issued Letters of Guardianship of the Person with the following powers or limitations:

1. Co-Guardians must agree with each other when making decisions on behalf of the individual subject to guardianship unless otherwise ordered by the court as follows: _____
2. The successor guardian is authorized to exercise powers as previously authorized or modified for this individual subject to guardianship.
3. The individual retains the right to exercise the following right(s) only with consent of the guardian of person to:
 - consent to marriage.
 - apply for an operator's license, a hunting, fishing or other license issued under ch. 29, or a credential as defined in §440.01(2), Wisconsin Statutes: _____
 - consent to sterilization.
 - consent to organ, tissue, or bone marrow donation.

The guardian of the person has all the duties specified under §54.25(1).

4. The guardian of the person is authorized to exercise the following specific powers in part or in full: **If a power is granted, the box to the far left must be marked. Marking only box (1) or (2) has no effect and the guardian may not exercise the power.**
 - ab. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ab., the power to give an informed consent to the voluntary receipt by the guardian's ward of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the ward's best interest, if the guardian has first made a good-faith attempt to discuss with the ward the voluntary receipt of the examination, medication, or treatment and if the ward does not protest.
Choose (1) or (2):
 (1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.
 - (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
 - ac. Except as otherwise limited by Wisconsin Statute 54.25(2)(d)2.ac., the power to give informed consent, if in the ward's best interests, to the involuntary administration of a medical examination,

medication other than psychotropic medication, and medical treatment that is in the ward's best interest.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
b. The power to authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
c. The power to authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
d. The power to consent to experimental treatment in the individual's best interests.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
e. The power to give informed consent to receipt by individual of social and supported living services.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
f. The power to give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
g. The power to make decisions related to mobility and travel.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
h. [Intentionally omitted to correspond with statute.]

i. The power to choose providers of medical, social, and supported living services.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
j. The power to make decisions regarding educational and vocational placement and support services or employment.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

(2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
k. The power to make decisions regarding initiating a petition for termination of marriage.

Choose (1) or (2):

(1) Individual retains limited capacity and the power to: _____
Guardian of the person to exercise power not retained by individual.

- (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- l. The power to receive all notices on behalf of individual.
 Choose (1) or (2):
 (1) Individual retains limited capacity and the power to: _____
 Guardian of the person to exercise power not retained by individual.
 (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- m. The power to act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.
 Choose (1) or (2):
 (1) Individual retains limited capacity and the power to: _____
 Guardian of the person to exercise power not retained by individual.
 (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- n. The power to apply for protective placement or for commitment.
 Choose (1) or (2):
 (1) Individual retains limited capacity and the power to: _____
 Guardian of the person to exercise power not retained by individual.
 (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- o. The power to have custody of the individual, if an adult, and the power to have care, custody, and control of the individual, if a minor.
 Choose (1) or (2):
 (1) Individual retains limited capacity and the power to: _____
 Guardian of the person to exercise power not retained by individual.
 (2) Individual lacks evaluative capacity in full. Guardian of the person to exercise full power.
- p. Other specific powers: _____

See attached

5. The guardianship of the person terminates when the individual dies, when terminated by the court or when provided by law.

These Letters of Guardianship of the Person supersede any previously issued Letters of Guardianship of the Person.

BY THE COURT:

(SEAL)

15/ Patrice Baker
Circuit Court Judge / Circuit Court Commissioner

PATRICE BAKER
Name Printed or Typed

4/12/2012
Date

Name of Attorney/Petitioner Robert (Rock) Theino Pladl	
Address 1110 N. Old World Third Street, Suite 215 Milwaukee, WI 53203	
Telephone Number (414) 225-8999	Bar Number 1007710