



Spencer Coggs
City Treasurer

James F. Klajbor
Deputy City Treasurer

OFFICE OF THE CITY TREASURER
Milwaukee, Wisconsin

October 9, 2012

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.: 282-1210-000-7
Address: 3309 3315 N MARTIN L KING JR DR
Owner Name: ISAAC RAGSDALE
Applicant/Requester: ISAAC RAGSDALE
2012-1 Inrem File
Parcel: 185
Case: 12CV-3105

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

The City of Milwaukee acquired this property on 7/9/2012.

JFK/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 \$1,370.00, must be paid by Cashiers Check or cash 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 3309-3315 N Martin L King Jr. Dr.
TAXKEY NUMBER 282-1210-7
NAME OF APPLICANT *[Signature]* Isaac Ragsdale POA. In care of Gloria Ragsdale
MAILING ADDRESS 5073 N 24th place
Milw WI 53209 414 531-1573
CITY STATE ZIP CODE TELEPHONE NUMBER

B. FORMER OWNER YES X NO _____
If no, describe interest in this property _____

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 X NO _____

E. DEPT OF NEIGHBORHOOD SERVICES 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 Neighborhood Services per s. 200-51.5.
YES _____ NO X

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 *[Signature]* POA DATE 10/8/12
Isaac Ragsdale



Payment Receipt

CT-11

Office of the City Treasurer • City Hall, Room 103
200 East Wells Street • Milwaukee, Wisconsin 53202
Telephone: (414) 286-2240

Received of: Isaac Ragsdale

Tax Account No.: 282-1210-7

Property Address: 3309-3315 N
Martin Luther King Jr. Pl

Cash \$ 1370.00 Check \$ _____

Installment Payment Bond Payment

Delinquent Tax Payment Year: _____

Current Collection Tax Payment

Duplicate Tax Bill Fee Other

Received by: Kerry vacated
Judgment

Date: 10/8/12

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 10/9/2012

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2012 - 1
WholeTaxkey: 282-1210-000-7
Property Address: 3309 3315 N MARTIN L KING JR DR
Owner Name ISAAC RAGSDALE

Applicant: ISAAC RAGSDALE

Parcel Number: 185
CaseNumber: 12CV-3105

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property:

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY

State of: WISCONSIN

County of: MILWAUKEE

I, GLORIA RAGSDALE (name of agent), certify under penalty of perjury that

ISAAC RAGSDALE (name of principal) granted me authority as an agent or

successor agent in a power of attorney dated 9/11/12

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.
- (4) _____
(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature [Signature] Date 9/11/12

Agent's name printed GLORIA RAGSDALE

Agent's address: 5573 N 24th Ave

Agent's telephone number: 414 831-1513

State of: WISCONSIN County of: MILWAUKEE

This document was acknowledged before me on

Date 9-11-12 by (name of agent) GLORIA R RAGSDALE

(Seal, if any)



Signature of notary [Signature]

Name of notary (typed or printed) MARK KRUEGER

My commission expires: 7-31-2016

This document prepared by: _____

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

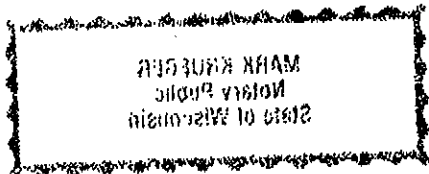
OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney.

Agent's signature _____ Date _____

Attached:

- (1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
- (2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).



**IMPORTANT INFORMATION FOR AGENT
AGENT'S DUTIES**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- (2) Act in good faith.
- (3) Do nothing beyond the authority granted in this Power of Attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

_____ (principal's name) by _____ (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

- (1) Death of the principal
- (2) The principal's revocation of the Power of Attorney or your authority.
- (3) The occurrence of a termination event stated in the Power of Attorney.
- (4) The purpose of the Power of Attorney is fully accomplished.
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
- (6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature Isaac Ragsdale Date 9/11/12

Your name printed ISAAC RAGSDALE

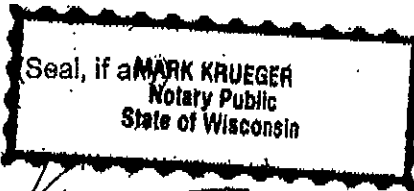
Your address: 9820 West Wisconsin Ave

Your telephone number: 414 353-8143

State of: WI County of: MILWAUKEE

This document was acknowledged before me on

Date 9-11-12 by name of principal ISAAC RAGSDALE



Signature of notary Mark Krueger

Name of notary (typed or printed) MARK KRUEGER

My commission expires: 7-31-2014

This document prepared by: _____

DESIGNATION OF AGENT

I, Isaac Ragsdale (name of principal), name the following person as my agent:

Name of agent: Gloria Ragsdale

Agent's address: 5073 N 24th place

Agent's telephone number: 414 531-1513

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

<input checked="" type="checkbox"/>	Real property
<input type="checkbox"/>	Tangible personal property
<input type="checkbox"/>	Stocks and bonds
<input type="checkbox"/>	Commodities and options
<input checked="" type="checkbox"/>	Banks and other financial institutions
<input type="checkbox"/>	Operation of entity or business
<input type="checkbox"/>	Insurance and annuities
<input type="checkbox"/>	Estates, trusts, and other beneficial interests
<input type="checkbox"/>	Claims and litigation
<input checked="" type="checkbox"/>	Personal and family maintenance
<input type="checkbox"/>	Benefits from governmental programs or civil or military service
<input type="checkbox"/>	Retirement plans
<input type="checkbox"/>	Taxes

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

[Empty rectangular box for special instructions]

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____