



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**

December 28, 2023

To: Milwaukee Common Council  
City Hall, Room 205

From:  Erika Martinez  
Tax Collection and Enforcement Coordinator

Re: Request for Vacation of Inrem Judgment  
Tax Key No.: 3111398112  
Address: 2922 N 16TH ST  
Owner Name: BEATRICE CARNES KAREN A CARNES  
Applicant/Requester: EVAN CARNES (HEIR)  
2023-2 Inrem File  
Parcel: 89  
Delinquent Tax Years: 2020-2023  
Case: 23-CV-003162

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

The City of Milwaukee acquired this property on 09/23/2023.

JFK/em





OFFICE OF THE CITY TREASURER
TAX ENFORCEMENT DIVISION

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 286-2260 • FAX: (414) 286-3186 • TDD: (414) 286-2025

INTERESTED PARTY'S REQUEST TO VACATE
IN REM TAX FORECLOSURE JUDGMENT

FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 1. Type or print firmly with a black ballpoint 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 \$1,670 must be paid by Cashier's Check or cash to the City Treasurer prior to acceptance of this application.
5. Complete boxes A, B, C, and D, sign, and date the application.
6. Forward completed application to the City Treasurer, 200 East Wells Street, Room 103, Milwaukee, WI 53202

APPLICANT INFORMATION:

A. PROPERTY ADDRESS: 2922 N. 16th St
TAX KEY NUMBER: 3111398112
NAME OF APPLICANT: Evan Carnes
MAILING ADDRESS: P.O. Box 44021 west Allis, WI 53214
Milwaukee WI 53206 414-484-1960
CITY STATE ZIP CODE TELEPHONE NUMBER
EMAIL ADDRESS: ecarnes78@gmail.com

B. LIST ALL OTHER REAL PROPERTY IN THE CITY OF MILWAUKEE IN WHICH THE FORMER OWNER HAD AN OWNERSHIP INTEREST (If not applicable, write NONE.):
N/A
ADDRESS ZIP CODE
ADDRESS ZIP CODE
ADDRESS ZIP CODE
ADDRESS ZIP CODE
ADDRESS ZIP CODE
(Use reverse side, if additional space is needed.)

C. IS THE PROPERTY LISTED IN SECTION "A" CURRENTLY VACANT? YES [ ] NO [X]

D. HAVE MONIES FOR ADMINISTRATIVE COSTS BEEN DEPOSITED WITH THE CITY TREASURER'S OFFICE? (Documentation must be attached.)
YES [X] NO [ ]

E. DATE OF FORMER OWNER'S DEATH: 8/18/2011

IS THERE A RELEVANT WRITTEN WILL, TRUST, LIVING WILL, DURABLE POWER OF ATTORNEY, OR SIMILAR DOCUMENT?

YES  *Attach documentation.*

NO

IS THERE A RELEVANT DECISION OR JUDGMENT OF A PROBATE COURT?

YES  *Attach documentation.*

NO

APPLICANT'S RELATIONSHIP TO FORMER OWNER: Son

*Attach documentation.*

F. IS THE APPLICATION COMPLETE AND HAS THE REQUIRED SUPPORTING DOCUMENTATION BEEN PROVIDED?

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: Evan Carnes DATE: 12-22-23

APPLICANT'S NAME: Evan Carnes

# WISCONSIN CERTIFICATE OF VITAL RECORD

F-55640 (Rev. 12/03)  
Read Instructions (F-55640A)  
before completing this form.

2840

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
PART I. FACT OF DEATH

STATE FILE DATE

Type or Print  
Use  
Permanent  
BLACK Ink,  
No Whiteout  
or Erasures.

LOCAL FILE NUMBER		STATE DEATH NUMBER	
1. DECEDENT'S NAME: First Middle LAST <b>Karen Alexis GARNES</b>		2. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	3. DECEDENT'S SOCIAL SECURITY NO. <b>383-58-0626</b>
4a. DATE PRONOUNCED DEAD (Month, Day, Year) <b>August 18, 2011</b>			
4b. HOUR PRONOUNCED DEAD (24 hour time preferred) <b>1129</b>	5. DOODY FOUND (Is or was more than 24 hours old?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6a. AGE (Years-Months-Days) <b>59</b>	7. DATE OF BIRTH (Month, Day, Year) <b>September 13 1951</b>
8b. DEATH OCCURRED Inside City, Village or Township of <b>Milwaukee.</b>		8c. CHECK ONE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
9. DEATH AT HOSPITAL: <input type="checkbox"/> Inpt. <input type="checkbox"/> DDA From H.H. <input type="checkbox"/> DDA From Other <input type="checkbox"/> Outpat. <input type="checkbox"/> ER From H.H. <input type="checkbox"/> ER From Other		10. OTHER PLACE <input type="checkbox"/> H.H. <input type="checkbox"/> Res. of Decedent <input type="checkbox"/> CERF <input type="checkbox"/> Other <input type="checkbox"/> Facility/Class/Institution	
11a. HOSPITAL/NURSING HOME NAME (and Campus) or ADDRESS <b>2922 N. 16th St.</b>		11b. H.H. LIC. NO.	12. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed
13a. RESIDENCE PLACE (City, Village or Township of) <b>Milwaukee</b>		13b. RESIDENCE STATE (Country, if not in U.S.A.) <b>Wisconsin</b>	13c. RESIDENCE COUNTY <b>Milwaukee</b>
14. FATHER'S NAME: First Middle Birth Last Name <b>Prestal Carnes Sr.</b>		15. STATE OF BIRTH (Country, if not in U.S.) <b>Wisconsin</b>	
17. MOTHER'S NAME: First Middle Birth Last Name <b>Beatrice Simmons</b>		16. SURVIVING SPOUSE: First Middle Birth Last Name	
18a. INFORMANT'S NAME <b>Evan Carnes</b>		18b. INFORMANT'S MAILING ADDRESS (Street, P.O. Box, City, State, ZIP) <b>2922 N. 16th St., Milwaukee, WI 53206</b>	
20a. NAME AND ADDRESS OF FUNERAL FACILITY (List name and address of facility mortuary, if applicable) <b>Northwest Funeral Chapel 6630 W. Hampton Ave., Milw., WI 53218</b>		20b. WI F.D. LIC. NO. <b>5286</b>	20c. SIGNATURE - FUNERAL SERVICE LICENSEE (For person acting as such) <i>Michelle L. Byrd</i>
20d. DATE SIGNED (Month, Day, Year) <b>August 20, 2011</b>			
21. MEDICAL CERTIFICATION (Check one) (List name and address of facility mortuary, if applicable) <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was Natural; and death was due to the causes stated. <input checked="" type="checkbox"/> Coroner/M.E.: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated.		22. NUMBER OF DEATH 1. <input checked="" type="checkbox"/> Natural 4. <input type="checkbox"/> Homicide 2. <input type="checkbox"/> Accidental 5. <input type="checkbox"/> Undet. 3. <input type="checkbox"/> Suicide 6. <input type="checkbox"/> Pending	
23. ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 4a) <input checked="" type="checkbox"/> Same as 4a		24. MEDICAL CERTIFIER'S NAME AND TITLE <b>Brian Peterson, MD, Medical Examiner</b>	
25. WI. PHYSICIAN LICENSE NO. (Or CRPE Code) <b>40</b>		26. MEDICAL CERTIFIER'S MAILING ADDRESS (Residential, Street, City, State, ZIP) <b>933 W. Highland Ave., Milw., WI 53233</b>	
27. SIGNATURE - LOCAL REGISTRAR <i>Karen Michalski</i>		28. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year) <b>8/28/2011</b>	
29. SIGNATURE - LOCAL REGISTRAR		30. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year) <b>9-6-11</b>	

## PART 2 EXTENDED FACT OF DEATH (AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PER S. 69.20))

31. USUAL OCCUPATION (Do not enter "Retired") <b>Physical Therapy</b>	32. KIND OF BUSINESS/INDUSTRY <b>Nursing Home</b>	33. DECEDENT EVER IN THE ARMED FORCES (Active Duty or Reserve) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	34. DECEDENT WAS TRIBAL MEMBER (and required) if "Yes," item 4b should include American Indian. Check "Und." if no decedent was American Indian but member status is unknown. <input checked="" type="checkbox"/> No <input type="checkbox"/> Und. <input type="checkbox"/> Yes Tribal
35. METHOD OF DISPOSITION <input type="checkbox"/> Entomb. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation	36. PLACE OF DISPOSITION <b>Vahalla Memorial Park</b>	37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, State) (Or County, if not in U.S.) <b>Milwaukee, WI</b>	
38. PART I. Enter the diseases, injuries or conditions that caused the death. Do not omit the mode of dying such as cardiac or respiratory arrest, shock or heart failure. Use only one cause of death on each line. Do not list one type or severity as a cause. IMMEDIATE CAUSE (Final disease or condition resulting in death) a) <b>Chronic obstructive pulmonary disease</b> (Due to or as a consequence of)		PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.	
b) _____ (Due to or as a consequence of)			
c) _____ (Due to or as a consequence of)			
39. AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED	
41. DATE OF INJURY (Month, Day, Yr.)	42. HOUR OF INJURY	43. PLACE OF INJURY (Specify Home, Street, Farm, etc.)	44. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No
		45. LOCATION OF INJURY (Street or RFD, City, Village, and State)	46. COUNTY OF INJURY (State or Country, if not in Wis.)

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

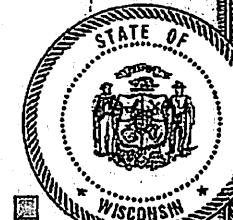
11094806

Date Issued:

SEP 06 2011



*Karen Michalski*  
KAREN MICHALSKI  
CITY OF MILWAUKEE HEALTH DEPARTMENT



STATE OF WISCONSIN, Milwaukee COUNTY

IN THE MATTER OF

Karen Carnes  
Decedent

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

Register of deeds recording area  
Name and return address

Note: Use black ink only.

parcel identification number

UNDER OATH, I STATE:

1. The decedent, with date of birth 09-13-51 and date of death 8-18-2011, was domiciled in Milwaukee County, State of WI, with a mailing address of 2925 N. 16th St.

2. I am:  an heir, having the following relationship to the decedent: Son  
 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 \$ 24,800 (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: I AM UNAWARE OF ANY OF THIS INFORMATION  
 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) \_\_\_\_\_  
 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.:

<p align="center"><b>DESCRIPTION OF ASSETS TO BE TRANSFERRED</b></p> <p>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.)                      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.                      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.</p>	<p align="center"><b>GROSS VALUE</b></p>
<p>H HAERTEL'S ADDN NO 2 IN NE 1/4 SEC 18-7-22                      BLOCK 8 ALL OF LOTS 1 &amp; 2 + PART LOTS 2-3-4-5 &amp; 6 DESC COM MOST NLY COR LOT 1-TH SELY ALG SWLY LI OF W HOPKINS ST TO E LI OF LOT 5-TH SALG E LI OF LOTS 5 &amp; 6, 57.85' - TH W ALG S LI LOT 6 42.51' - TH N 45' - TH W 100' TO E LI OF N 16TH ST - TH N ALG SD E LI TO PT OF COM</p>	<p align="center">24,800</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 MILWAUKEE  
 Subscribed and sworn to before me on 8/15/18  
  
 Notary Public/Court Official  
MIKE IMMLER  
 Name Printed or Typed  
 My commission term expires: 9/18/21

Evan Carnes  
 Signature  
Evan Carnes  
 Name Printed or Typed  
2922 N. 16th St  
 Address  
Milwaukee, WI 53206

This document was drafted by: Evan Carnes  
 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.

**TRANSFER BY AFFIDAVIT (§867.03, Wisconsin Statutes)**

(1c) DEFINITION. In this section, "guardian" has the meaning given in §54.01(10) or 880.01(3), 2003 statutes.

(1g) GENERALLY. Except as provided in sub. (1h) and subject to sub. (1j), when a decedent leaves property subject to administration in this state which does not exceed \$50,000 in value, any heir of the decedent, trustee of a revocable trust created by the decedent, a person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death may collect any money due the decedent, receive the property of the decedent and have any evidence of interest, obligation to or right of the decedent transferred to the affiant if the heir, trustee, person named in the will to act as personal representative, or guardian provides to the person owing the money, having custody of the property, or acting as registrar or transfer agent of the evidences of interest, obligation to, or right, or, if the property is an interest in or lien on real property, provides to the register of deeds preliminary to the recording required under sub. (2m), proof of prior mailed notice under sub. (1m) if applicable and an affidavit in duplicate showing all of the following:

(a) A description of and the value of the property to be transferred.

(b) The total value of the decedent's property subject to administration in this state at the date of decedent's death.

(c) Whether the decedent or the decedent's spouse ever received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), or aid under s. 49.68, 49.683, 49.685, or 49.785.

(1h) EXCEPTION FOR REAL PROPERTY. A person named in the will as personal representative may not receive any real property of the decedent by providing an affidavit under sub. (1g) or have any evidence of interest, obligation to, or right of the decedent in any real property of the decedent transferred to the person named in the will as personal representative by providing an affidavit under sub. (1g).

(1j) TRANSFERS TO PERSON NAMED TO ACT AS PERSONAL REPRESENTATIVE. A person who receives an affidavit under sub. (1g) from a person named in the will to act as personal representative 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 to the affiant 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 under sub. (1g) 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 under this section unless ordered to do so by a court. Subsection (2) does not apply to a transfer if the transferor did not comply with this subsection.

(1m) (a) NOTICE OF AFFIDAVIT. Whenever an heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death intends to transfer a decedent's property by affidavit under sub. (1g) and the decedent or the decedent's spouse ever received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), or aid under s. 49.68, 49.683, 49.685, or 49.785, the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death shall give notice to the department of health services of his or her intent. The notice shall include the information in the affidavit under sub. (1g) and the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death shall give the notice by certified mail, return receipt requested.

(b) An heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death who files an affidavit under sub. (1g) that states that the decedent or the decedent's spouse received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), or aid under s. 49.68, 49.683, 49.685, or 49.785 shall attach to the affidavit the proof of mail delivery of the notice required under par. (a) showing the delivery date.

(2) RELEASE OF LIABILITY OF TRANSFEROR. Except as provided in sub. (1j) and subject to sub. (1h), upon the transfer to the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death furnishing the affidavit with an attached proof of mail delivery if required under sub. (1m) (b), the transferor is released to the same extent as if the transfer had been made to the personal representative of the estate of the decedent.

(2g)(a) OBLIGATION OF AFFIANT. By accepting the decedent's property under this section the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death assumes a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25 and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, of the decedent or if there is no governing instrument, according to the rules of intestate succession under ch. 852, subject to par. (b). An heir, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death may publish a notice to creditors in the same manner and with the same effect as a trustee under s. 701.0508. This paragraph does not prohibit any appropriate person from requesting administration of the decedent's estate under s. 856.07 or ch. 865.

(b) Property transferred under this section to or by an heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death is subject to the right of the department of health services to recover under s. 46.27 (7g), 49.496, 49.682, or 49.849 an amount equal to the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to long-term community support services under s. 46.27 that is recoverable under s. 46.27 (7g) (c) 1. and that was paid on behalf of the decedent or the decedent's spouse. Upon request, the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death shall provide to the department of health services information about any of the decedent's property that the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death has distributed and information about the persons to whom the property was distributed.

(2m) RECORDING OF AFFIDAVIT. (a) If an affidavit under sub. (1g) describes an interest in or lien on real property a certified copy or duplicate original of the affidavit shall be recorded in the office of the register of deeds in each county in this state in which the real property is located. [Exception: A person named in the will as personal representative may not accept any real property.]

(b) For purposes of a transfer under this section of an interest in or lien on real property, the recording of the affidavit copy or duplicate original constitutes the transfer to the affiant under sub. (1g) of the evidence of the interest in or lien on real property.

(3) APPLICABILITY. This section is additional to §109.03(3) for payment of decedent's wages by an employer directly to the decedent's dependents.

Address for: Department of Health Services  
Estate Recovery Program  
P. O. Box 309  
Madison, WI 53701-0309

**NOTE: If you are providing a copy of this affidavit to the Estate Recovery Program or a financial institution, include decedent's social security number on a separate document.**