




Spencer Coggs  
City Treasurer

James F. Klajbor  
Deputy City Treasurer

**OFFICE OF THE CITY TREASURER**  
Milwaukee, Wisconsin

November 30, 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.: 310-1835-000-1  
Address: 2428 - 2430 W HADLEY ST  
Owner Name: PEARLINE VAUGHNS  
Applicant/Requester: ALONZO VAUGHNS  
2015-3 Inrem File  
Parcel: 148  
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/em





# OFFICE OF THE CITY TREASURER

CITY HALL - ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202  
TELEPHONE: (414) 286-2280 • FAX: (414) 286-3188 • 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 totalling **\$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: 2428 W. Hadley  
TAX KEY NUMBER: 310-1835-1  
NAME OF APPLICANT: ALONZO VAUGHNS  
MAILING ADDRESS: 2428 W. Hadley  
MILWAUKEE WISCONSIN 53206 (414) 544-5830  
CITY STATE ZIP CODE 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: Alonzo Vaughns

DATE: 11-30-15



**CITY OF MILWAUKEE**  
**PROPERTY RECORDING APPLICATION**  
(As required by City Ordinance 200-51.5)

**SECTION 1: FILING AN APPLICATION**

PLEASE TYPE OR PRINT IN INK!

- ☐ New Application - \$81.12 fee for each taxkey  
☐ Previously owner-occupied - \$40.56 fee for each taxkey  
☐ Recording within 15 days of transfer of title - \$40.56 fee for each taxkey  
☐ Owned by same entity since October 1, 1993 or before - \$40.56 fee for each taxkey  
(The above fees include a 1.4% Training and Technology surcharge.)

- ☒ Update Application Previously Submitted - No fee  
☐ Ownership address or phone change (Section 3 change)  
☐ Correcting previous error. Describe \_\_\_\_\_  
☐ Registered Agent, Operator or Primary Contact change (Sections 3B, 4, 5)  
☒ Other change to existing application. Describe \_\_\_\_\_

Owner deceased

**\*REQUIRED FOR ALL APPLICATIONS** - Date of property transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**SECTION 2: PROPERTY DESCRIPTION**

Taxkey Number \_\_\_\_\_ Property Address \_\_\_\_\_ # Residential Units \_\_\_\_\_  
**ADDITIONAL PROPERTY LIST ATTACHED (Y/N)** \_\_\_\_\_ **NUMBER OF PROPERTIES ON ATTACHED LIST** \_\_\_\_\_

**SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)**

☐ **← CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.**  
ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS  
IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

**3A: Owned by Person (s)**

**OWNER 1:** Each person or entity listed on title of the property must be listed separately.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

Address Where Owner Resides \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS - Home ( ) PHONE - Home ( ) \_\_\_\_\_  
Business ( ) Business ( ) \_\_\_\_\_

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (Optional): \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

"Doing Business As" Name (Optional): \_\_\_\_\_

**OWNER 2:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

Address Where Owner Resides \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS - Home ( ) PHONE - Home ( ) \_\_\_\_\_  
Business ( ) Business ( ) \_\_\_\_\_

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (Optional): \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

"Doing Business As" Name (Optional): \_\_\_\_\_

**(Don't forget! - At least one owner must sign in Section 6)**

**3B: Owned by Legal Entity Registered with the Respective State Agency**

\* All of the information entered in 3B must match the Registration Information on File with the Respective State Agency!

Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership

Name of Legal Entity \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Registered Agent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_ Corporation I.D. Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional): \_\_\_\_\_

P.O. Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PERSON(S)

LEGAL ENTITY



TRUST OR ESTATE

SECTION 3: Owned by Trust, Estate or Other

Check One: ☐ Trust ☒ Estate ☐ Other (specify)

Vaughns Estate

Phone (414) 750-2791

Name of Trust, Estate or Other

Vaughns

Jackquelin

Trustee or Personal Representative's Last Name

First Name

MI Jr., III, etc.

3163 N. 49th St.

Milwaukee

WI 53216

Address where Personal Representative or Trustee resides

City

State Zip Code

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser (X) Other - specify Estate

PREFERRED MAILING ADDRESS (optional):

P.O. Box or Street Address

City

State Zip Code

SECTION 4: OPERATOR (Person or entity tending to property on behalf of the owner.) \* Note: Operator is required if owner does not reside or have a business located in one of the counties listed here.

Operator must reside or have a business in one of the following counties: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington or Waukesha.

Check one of the five boxes in this section and complete accordingly:

\* Information must match Corp File

☐ Person ☐ Corporation\* ☐ Limited Partnership\* ☐ Limited Liability Company\* ☐ Limited Liability Partnership\*

Name of Person or Legal Entity

Corporate I.D.#

Registered Agent's Last Name

First Name

MI

Jr., III, etc.

Date of Birth: / /

(Month/Day/Year)

Address

Check One: ADDRESS - Home ( ) Business ( )

PHONE - Home ( ) Business ( )

City

State

Zip Code

Operator Signature must be notarized or application will be rejected.

Operator Statement (revised 10/10/2008)

I, \_\_\_\_\_, as operator for all properties recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I will accept service on behalf of the owner for violations of the Milwaukee Code of Ordinances for Orders regarding these properties.

Operator's Signature \_\_\_\_\_ Date / /

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on / /

Signature of notarial Officer (Seal, if any)

My Commission Expires / /

SECTION 5: PREFERRED PRIMARY CONTACT

If this person is listed in sections three or four you need only provide the name

Vaughns

Last Name

Jackquelin

First Name

3163 N. 49th St

Street Address

Milwaukee

City

WI 53216

State Zip Code

Check One: ADDRESS - Home (X) Business ( )

PHONE - Home (414) 750-2791 Business ( )

SECTION 6: SIGNATURES

All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes.

Owner 1 Signature

Jackquelin Vaughns 3.7.13

Owner 2 Signature

[Signature] 3.7.13

Officer of Legal Entity

Trust, Estate or Other

Title of above Signatory

State of Wisconsin

County of Milwaukee

Signed or attested before me on 03.07.13

Signature of notarial Officer (Seal, if any)

My Commission Expires 02/05/2014

(Signature must be notarized or application will be rejected.)

NOTE: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE  
Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services  
841 N. Broadway RM 105, Milwaukee, WI 53202-3613



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	<b>1,370.00</b>

Date 11/30/2015

**Comments for Treasurer's Use Only**

Administrative Costs - Request for Vacation of Judgment

File Number: 2015 - 3  
Taxkey: 310-1835-000-1  
Property Address: 2428 2430 W HADLEY ST  
Owner Name PEARLINE VAUGHNS

Applicant: ALONZO VAUGHNS

Parcel No. 148

CaseNumber: 15CV-4524