



James L. Hanna Deputy City Treasurer

James F. Klajbor Special Deputy City Treasurer

OFFICE OF THE CITY TREASURER Milwaukee, Wisconsin

August 11, 2009

To:

Milwaukee Common Council

City Hall, Room 205

From:

Wayne F. Whittow 24

City Treasurer

Re:

Request for Vacation of Inrem Judgment

Tax Key No.: 195-9993-200-6 Address: 5406 N 20TH ST

Applicant/Requester: JACQUELINE HOLMON

2009-01 Inrem File

Parcel: 71

Case: 09-CV005281

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

The City of Milwaukee acquired this property on 7/20/2009.

WFW/slk

REQUEST FOR VACATION OF IN KEM JUDGMENT

| FOLLOW THE INSTRUCTIONS LISTED | BELOW: | | | | | | | |
|---|---|------------------------------|--|----------------|--|--|--|--|
| 1. Type or print firmly with ball poin | Type or print firmly with ball point pen. | | | | | | | |
| Use separate form for each prop | | | | | | | | |
| 3. Check the copy of the attached of | 3. Check the copy of the attached ordinance for guidelines and eligibility. No written request to proceed under the ordinance | | | | | | | |
| may be submitted for considerati | 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 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 app | | by Guernere Gircon or | admits the only medical of | 9 11100 | | | | |
| 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: | Name of the state | · | | | | | | |
| A. PROPERTY ADDRESS 54 | 06 North | 20th ST | | | | | | |
| TAXKEY NUMBER 195 | 16600000000000000000000000000000000000 | | | | | | | |
| NAME OF APPLICANT <u>JACG</u> | METINE C. | Hamon | | | | | | |
| MAILING ADDRESS 5406 | N. 201L | 54 | | | | | | |
| MILWARKO 5 | 4/T | 53204 | 414-247-05. | 55 | | | | |
| CITY | WT STATE | ZIP CODE | TELEPHONE NUMBER | γ | | | | |
| 0111 | | | 770 | | | | | |
| | V | | | | | | | |
| FORMER OWNER | YES | NO | ™ 0= | | | | | |
| If no describe interest in this prop | ortu | | The second secon | | | | | |
| If no, describe interest in this prop | erty | | o é | | | | | |
| • | | | ය <u>.</u> සූ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| C. LIST ALL OTHER REAL PROPE OWNERSHIP INTEREST IN (If n | | | FORMER OWNER HAS AN | | | | | |
| | 71 / | • | | | | | | |
| <i>\</i> | NING | | | | | | | |
| , , | | | | | | | | |
| | (Hse reverse side i | f additional space is need | ed) | | | | | |
| | / / | · additional opago to froca | | | | | | |
| | · | | | | | | | |
| | . % | r | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | ; | HEODISON CENTRES ELL | NO. | | | | |
| D. HAVE MONIES FOR ADMINISTE BEEN DEPOSITED WITH THE C | | E. DEPTOFNEIG | HBORHOOD SERVICES FILI | NG: | | | | |
| OFFICE? (Documentation must be | | Have application | ns to record the subject proper | tv and | | | | |
| V | 0 0.11.0 0.10 0.7 | | orded properties in which the f | | | | | |
| YES NO | | | wnership interest been filed wit | | | | | |
| | | Department of N | leighborhood Services per s. 2 | 200-51.5. | | | | |
| | | VEC | NO | | | | | |
| | | YES | NO | | | | | |
| | | | | | | | | |
| Applicant warrants and represents that all | of the information provi | ded herein is true and cor | rect and agrees that if title to t | he | | | | |
| property is restored to the former owner, a | applicant will indemnify a | and hold City harmless fro | om and against any cost or exp | ense | | | | |
| which may be asserted against City as a r | result of its being in the | chain of title to the proper | ty. Applicant understands th | at if this | | | | |
| request is withdrawn or denied the City | ensii retsin all of the | administrative costs an | ougant paid | | | | | |

Jarqueline C. Hefmon DATE 8-11-09

APPLICANT'S SIGNATURE _

| Payment Receipt . CT-11 |
|---------------------------------------|
| 1 微 1 |
| Milwaukee Telephone: (414) 286-2240 |
| Received of: Jacqueline Human |
| Received of: <u>Jacquana</u> |
| 104-6092-100-10 |
| Tax Account No.: 113-4113 |
| Property Address: 5406 N 20+5+ |
| Property Address. DA .00 |
| Cash \$ Check \$ |
| Cash w |
| Installment Payment Bond Payment L |
| Installment Comments |
| Delinquent Tax Payment Year: |
| Delinquent rax raymon |
| Low Fox Payment |
| Current Collection Tax Payment \Box |
| Other Other |
| Duplicate Tax Bill Fee Other Undgm |
| (1000) |
| Received by: |
| X-11-09 1 |
| Date: |
| |

CITY OF MILWAUKEE

Office of the City Treasurer - Milwaukee, Wisconsing

Administration Division

2009 AUG 13 AM 11: 43

Cash Deposit of Delinquent Tax Collection RONALD D. LEONHARD CITY CLERK

| Cashier <u>Category</u> | Cashier <u>Payclass</u> | · | Dollar <u>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 8/11/2009

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number:

2009 - 01

Taxkey Number:

195-9993-200 - 6

Property Address:

5406 5406 N 20TH ST

Applicant:

JACQUELINE HOLMON

Parcel Number:

71

CaseNumber:

09-CV005281

Teller Validation

\$1,370.00