



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

June 14, 2021

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.: 1940150000
Address: 2322 W ROHR AV
Owner Name: JESUS FLORES
Applicant/Requester: ELENA FLORES-COTO
2020-2 Inrem File
Parcel: 56
Delinquent Tax Years: 2017-2020
Case: 20-CV-007046

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

The City of Milwaukee acquired this property on 03/24/2021.

JFK/em





**OFFICE OF THE CITY TREASURER
TAX ENFORCEMENT DIVISION**

CITY HALL • ROOM 103 • 200 EAST WELLS STREET • MILWAUKEE, WISCONSIN 53202
TELEPHONE: (414) 288-2280 • FAX: (414) 288-3188 • TDD: (414) 288-2025

**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 \$1,370 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: 2322 W Rohr Ave

TAX KEY NUMBER: 1940150000

NAME OF APPLICANT: Elena Flores Coto

MAILING ADDRESS: 2322 W Rohr Ave

Milwaukee WI 53209 262-510-3084
CITY STATE ZIP CODE TELEPHONE NUMBER

EMAIL ADDRESS: Coto462@yahoo.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.):

<u>2316 W Rohr Ave Milwaukee, WI</u>	<u>53209</u>
ADDRESS	ZIP CODE
_____ ADDRESS	_____ ZIP CODE
_____ ADDRESS	_____ ZIP CODE
_____ ADDRESS	_____ ZIP CODE
_____ ADDRESS	_____ ZIP CODE

(Use reverse side, if additional space is needed.)

C. HAS WRITTEN CONSENT BEEN GIVEN TO THE APPLICANT BY THE FORMER OWNER TO REQUEST VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

YES Attach documentation. Go to Section G.

NO You must complete Sections D, E, and F.

D. WHAT EFFORTS WERE UNDERTAKEN BY THE APPLICANT TO SECURE THE WRITTEN CONSENT OF THE FORMER OWNER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

Previous owner was my father
He passed away in 2019. As of last
month I just became ~~the~~ appointed
by the courts to be his personal
Representative of his Estate

E. WHY WAS THE APPLICANT UNABLE TO SECURE THE REQUIRED WRITTEN CONSENT OF THE FORMER OWNER PRIOR TO APPLYING FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT?

owner passed away in 2019

F. WHY IS IT IN THE BEST INTEREST OF THE CITY TO WAIVE THE REQUIREMENT THAT THE WRITTEN CONSENT OF THE FORMER OWNER BE ACQUIRED BY THE APPLICANT IN ORDER TO APPLY FOR THE VACATION OF THE CITY'S IN REM TAX FORECLOSURE JUDGMENT? IN RESPONDING TO THIS QUESTION, PLEASE EXPLAIN YOUR PLANS FOR THE PROPERTY, INCLUDING YOUR PLANS FOR ITS MAINTENANCE, REUSE, OR DISPOSITION.

My family & I currently live at the
property at 2322 W Rohr Ave. We lived
at the address for 5 years, & paid
rent to my father. My husband & I plan
to live in the house & plan to raise our
family there. We plan to take over any
financial responsibilities that come with
the house.

G. IS THE PROPERTY LISTED IN SECTION "A" CURRENTLY VACANT? YES NO

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

I. 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: Elena Flores-Coto DATE: 6-6-21

APPLICANT'S NAME: Elena Flores-Coto

APPLICANT'S TITLE: Personal Representative, Daughter

Ref: K:\TAX ENFORCEMENT DIVISION\TAX ENFORCEMENT FOLDERS\INREM\Masters\ApplicationForVacationOfJudgment-InterestedParty2020-08-13.doc

FILED
05-21-2021
John Barrett
Clerk of Circuit Court
2021PR000585

LETTERS ISSUED BY:

DATE SIGNED: May 21, 2021

Electronically signed by Patrice A Baker
Court Commissioner



STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

JESUS FLORES,

Name

Domiciliary Letters

Informal Administration

Formal Administration

Decedent.

Case No. 21-PR-000585

To: Elana Flores-Coto

2322 West Bohr Avenue

Milwaukee, WI 53209

The decedent, with date of birth September 19, 1955 and date of death August 5, 2019, was domiciled in Milwaukee County, State of Wisconsin.

You are granted domiciliary letters with general powers and duties of a personal representative.

You are authorized to administer the estate as required by law.

Other: _____

Form completed by: (Name) Atty. Gregg E. Bridge/Bridge Law Office, LLC	
Address 10150 West National Avenue, Suite 305 Milwaukee, WI 53227	
Telephone Number (414) 259-7605	Bar Number (if any) 1000143

STATE OF WISCONSIN
MILWAUKEE COUNTY) 88

I, the undersigned Clerk of Circuit Court/Register in Probate of Milwaukee County, Wisconsin do hereby certify that this is a true and correct copy of a document in the possession of the Register in Probate for Milwaukee County (and Letters are in full force and effect.)

THIS CERTIFICATE IS NOT VALID UNLESS THE COURT SEAL IS EMBOSSED HEREON.

IN TESTIMONY WHEREOF I have here unto set my hand and affixed the seal of said court this MAY 21 2021

John Barrett
JOHN BARRETT
Clerk of Circuit Court/Register in Probate

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: AUGUST 08, 2019
STATE FILE NUMBER: 2019031387

1. DECEDENT'S NAME First JESUS		Middle		Last FLORES		2. SOCIAL SECURITY NUMBER 393-88-2500	3. DATE PRONOUNCED DEAD AUGUST 05, 2019
4. TIME PRONOUNCED DEAD (24hr) 20:30	5. AGE 63 YEARS	6. DATE OF BIRTH SEPTEMBER 19, 1955	7. SEX MALE	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH APPLETON (CITY)		9. COUNTY OF DEATH OUTAGAMIE	
10. PLACE OF DEATH HOSPITAL-PRONOUNCED DEAD IN ER FROM OTHER PLACE		11. FACILITY NAME AND ADDRESS OF DEATH THEDACARE REGIONAL MEDICAL CENTER-APPLETON, 1818 N MEADE ST					
12. RESIDENCE ADDRESS 2316 WEST ROHR AVENUE		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP MILWAUKEE (CITY)		14. RESIDENCE COUNTY MILWAUKEE	15. RESIDENCE STATE WISCONSIN		
16. MARITAL STATUS WIDOWED	17. WI DOMESTIC PARTNERSHIP NO	18. SURVIVING SPOUSE'S BIRTH NAME		19. COUNTRY OF BIRTH MEXICO	20. DECEDENT'S BIRTH LAST NAME FLORES		
21. FATHER'S BIRTH NAME JESUS FLORES		22. MOTHER'S BIRTH NAME FELICIANA PENNA-NAVARRETE					
23. INFORMANT'S NAME ELENA FLORES-COTO		24. INFORMANT'S MAILING ADDRESS 2322 WEST ROHR AVENUE, MILWAUKEE, WI 53209					
25. NAME AND ADDRESS OF FUNERAL FACILITY JELACIC FUNERAL HOME, 5639 W HAMPTON AVE, MILWAUKEE, WI 53218				26. FUNERAL DIRECTOR'S NAME JELACIC, MARK J		27. DATE SIGNED AUGUST 08, 2019	
28. TYPE OF MEDICAL CERTIFIER CORONER/MEDICAL EXAMINER		29. MEDICAL CERTIFIER'S NAME AND TITLE MICHELLE MCGLIN, DEPUTY CORONER				30. DATE SIGNED AUGUST 07, 2019	
31. DATE OF DEATH AUGUST 05, 2019	32. TIME OF DEATH (24hr) 20:30	33. MEDICAL CERTIFIER'S MAILING ADDRESS 320 S WALNUT ST, APPLETON, WI 54911					

EXTENDED FACT OF DEATH

34. USUAL OCCUPATION FACTORY WORKER	35. KIND OF BUSINESS/INDUSTRY DIE CASTING COMPANY	36. EVER IN US ARMED FORCES NO	37. DECEDENT TRIBAL MEMBER NO TRIBE NAME(S):
38. MANNER OF DEATH ACCIDENT	39. METHOD OF DISPOSITION CREMATION	40. PLACE AND LOCATION OF DISPOSITION FOREST HOME CEMETERY, MILWAUKEE, WISCONSIN	
41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.			
Immediate Cause: (a) MULTIPLE INJURIES			Interval Between Onset and Death MINUTES
Due to or as a consequence of: (b) _____			_____
Due to or as a consequence of: (c) _____			_____
Due to or as a consequence of: (d) _____			_____
41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.			
42. AUTOPSY PERFORMED YES	43. DATE OF INJURY AUGUST 05, 2019	44. TIME OF INJURY (24hr) 1915 (ESTIMATED)	45. INJURY AT WORK NO
46. PLACE OF INJURY COUNTY HIGHWAY			48. COUNTY OF INJURY OUTAGAMIE
47. LOCATION OF INJURY N4710 COUNTY TRUNK A, CENTER (TOWN), WISCONSIN			
49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED. UNBELTED DRIVER OF SUV VS CAR			



Lynette Childs
LYNETTE CHILDS
STATE REGISTRAR

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

3777558

23453485

Date Issued: APRIL 05, 2021



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 6/14/2021

Comments for Treasurer's Use Only

Administrative Costs - Request for Vacation of Judgment

File Number: 2020 - 2
WholeTaxkey: 194-0150-000-
Property Address: 2322 W ROHR AV
Owner Name JESUS FLORES

Applicant: ELENA FLORES-COTO

Parcel No. 56

CaseNumber: 20-CV-007046