

FACTS

OFFICE OF FINANCIAL SERVICES

NOV 18, 2019 WASTE MGMT RECEIVED A COPY OF MY SISTER VERONICA KRAFT (OCT 28, 2019) DEATH CERTIFICATE. (NOTED BY WASTE MGMT + MY CHECK STATE MGMT)

MY CHECK # 14177 NOV. 13, 2019 FOR 65
BRAND W. KRAFT CASHED BY WASTE MGMT

THE WASTE MGMT CO. NEVER HAD TO PICK UP GARBAGE AFTER NOV 1, 2019. 32 GAL TOTES Empty on the back of her POT.

Attached is a Stop Service Agreement Filed with Waste Mgmt.

I EXPECT THE CITY OF ST PAUL TO COOPERATE AND NOT SEND GARBAGE COLLECTION



A Cleaner Saint Paul
stpaul.gov/garbage

WASTE MANAGEMENT
PO BOX 42390, PHOENIX, AZ 85080

Re: Garbage Collection Services
Waste Management of WI/MN

Date of Notice: October 1st, 2019

Original Due Date: July 25th, 2019

New Amount Due: \$70.41

001074



KRAFT, VERONICA
1243 PALACE AVE
SAINT PAUL MN 55105-2951

DEAD

Account #: 500-401883
Customer ID#: 208119783004
Service Location: 1243 PALACE AVE

1243 (7-5)



Date Received:	_____
Approved	_____
Denied	_____
For Office Use Only	

Application for Temporary Service Hold

A Service Hold is allowed for suspending garbage services due to an extended absence of at least four (4) consecutive weeks from your residence for vacation, medical reason or other valid reason. It is not a legitimate absence to apply for a Service Hold to avoid required garbage service. A Service Hold may not be used to share garbage services with another unit or property. All residential properties with 1-4 units must each have service and a garbage cart per unit.

To be eligible for a Service Hold, the request must meet the following additional requirements:

- You must place the Service Hold request with your hauler at least two (2) weeks in advance of the requested start date of the Service Hold.
- The length of time for the Service Hold request must be at least four (4) consecutive weeks minimum, but no more than 26 weeks per year.
- An RDU may only be placed onto a Service Hold up to two (2) occurrences per calendar year, and the total time service is on hold cannot exceed 26 weeks in the calendar year.

Address of the property for which a Service Hold is requested:

1243 PALACE AVE ST PAUL, MN 55105-2951
Unit # (if applicable):

Name of person requesting Service Hold: BRIAN KRAFT (BROTHER/POA IN PROBATE)

Phone number: 651-636-1850 Email: _____

Name of property owner: C. U. 276-2859 VERONICA KRAFT (IN PROBATE)

Address of property owner (if different than address for which Service Hold is requested):

What is the timeframe for the Service Hold request? (Must be submitted 2 wks prior to start of Service Hold)

STOP
Start date: JAN 1, 2020 End date: (START LARGE DUMPSTER) MID MARCH 15
SERVICE

As evidenced by my signature below, I hereby represent, warrant and certify to my Trash Hauler that I am seeking suspension of my trash collection services for the dates listed above for vacation or other traveling; temporary employment relocation; temporary education relocation; extended absence from home due to health reasons; or other similar temporary absence as required by the City of St. Paul Program and not to avoid paying for trash collection.

Certification I certify by submitting this application that the Service Hold being requested meets the stated requirements of a Service Hold, under penalty of the City of Saint Paul City Code of Ordinances.

Signature: Brian W. Kraft Date: 1/3/2020

You will be contacted within seven (7) business days of receipt of your application with approval or denial or request for additional information.

Please return this form to your designated hauler. Find your hauler information at www.stpaul.gov/garbage

STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 2019-MN-037320

DECEDENT VERONICA NOREEN KRAFT
LAST NAME BEFORE FIRST MARRIAGE
ALSO KNOWN AS
SOCIAL SECURITY NUMBER 475 - 54 - 6809
SEX FEMALE
BORN JANUARY 20, 1953
PLACE OF BIRTH NEW ULM MINNESOTA

DATE OF DEATH OCTOBER 28, 2019
PLACE OF DEATH UNITED HOSPITAL
SAINT PAUL RAMSEY MINNESOTA

MARITAL STATUS DIVORCED (AND NOT REMARRIED)
SPOUSE

LAST NAME BEFORE FIRST MARRIAGE

RESIDENCE SAINT PAUL RAMSEY MINNESOTA
PARENT NOREEN WHITE
PARENT LLOYD KRAFT
FUNERAL HOME CREMATION SOCIETY OF MINNESOTA
DISPOSITION CREMATION

CAUSE OF DEATH IMMEDIATE SUBARACHNOID HEMORRHAGE

UNDERLYING BRAIN ANEURYSM RUPTURE

CARDIAC ARREST

ACUTE HYDROCEPHALUS

OTHER CONTRIBUTING CONDITIONS

MANNER NATURAL

MEDICAL CERTIFIER ARIF MOHAMMED SHAIK, M.B., B.S.
333 SMITH AVENUE N, SAINT PAUL, MINNESOTA, 55102

THIS RECORD HAS NOT BEEN AMENDED

THIS IS A TRUE AND CORRECT RECORD OF DEATH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
12213236



19C-000132577

FILED: OCTOBER 31, 2019

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: NOVEMBER 05, 2019

DAKOTA COUNTY VITAL STATISTICS-WSP

