



# FIRE CERTIFICATE OF OCCUPANCY

City of Saint Paul

*Department of Safety and Inspections*

*Division of Fire Inspection*

This certificate is issued in accordance with SPLC Chapter 40, and other applicable provisions of the Saint Paul Legislative Code.

**467 IVY AVE E**

This building is certified for the following occupancy or use :

**Residential 1 Unit**

**Reference Number:**

114098

Certificate is issued to:

**VICTOR NENGHIMOBO CLEMENT**

**3931 PRINCETON TRL**

**EAGAN MN 55123-2536**

This Certificate must be posted in a conspicuous location upon the certified building  
Please direct questions to DSI - Fire Inspection Division 651-266-8989.





CITY OF SAINT PAUL

Ricardo X. Cervantes, Director

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

March 3, 2022

Victor Nenghimobo Clement  
3931 Princeton Trl  
Eagan MN 55123-2536

To: City of St Paul  
C/O Brian Cronzel

03/17/22

AS per phone conversation, please go to Victor's residence at 467 IVY AVE E St. Paul MN 55130. Do not mail anything there as it will avoid loss or mix up of his mails and more chance of attention in a timely manner. Thank you for your cooperation.

Received

MAR 17 2022

City of Saint Paul - DSI

**CORRECTION NOTICE - ORDER TO VACATE.**

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on March 3, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

**A reinspection will be made on March 17, 2022 and the property vacated due to long term noncompliance. Failure to comply on February 18, 2022, and February 28, 2022.**

Failure to comply may result in a criminal citation or the revocation of the Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

**DEFICIENCY LIST**

1. 1. SPLC Sec. 40.01. - Fire certificate of occupancy requirement

(a) All existing buildings in the city are required to have and maintain a fire certificate of occupancy, issued by the department of safety and inspections. The fire certificate of occupancy shall be an indication that the building meets, at the time of inspection, all relevant codes to maintain the health, safety and welfare of the building's occupants and the general public.

(b) Provisional fire certificate of occupancy. When an owner-occupied dwelling changes to a rental dwelling unit, the owner of the dwelling must submit a completed application for a provisional certificate of occupancy, a completed owner's self-evaluation affidavit and pay the fee for a provisional certificate of occupancy within thirty (30) days of the change in use.

Under SPLC 40.03, owner and owner-occupied is defined as:

An Equal Opportunity Employer

## DURABLE POWER OF ATTORNEY

I, VICTOR NENGHIMOBO CLEMENT, Date of Birth 10/31/1964 who resides at 3931 PRINCETON TRAIL, EAGAN, MN. 55123, designate INIE COMORT CLEMENT, Date of Birth, 09/29/1958 as my Attorney In fact, and/or Agent, to act for me now and moving forward, just as I would present and acting. This document shall become effective immediately upon execution.

**AUTHORITY TO ACT:** This Power of Attorney is effective immediately upon execution. My agent is authorized to act as indicated below in my name, place, and stead in anyway which I myself could do if I were personally present, to the full extent that I am permitted by law to act through an agent.

1. **POWER OF AGENT.** The Agent shall have the full power and authority to manage and conduct all my personal affairs, including any and all businesses and financial affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:
  - a. **COLLECT AND MANAGE:** To collect, hold, maintain, improve, invest, or otherwise manage any and all my real or personal property or any interest therein.
  - b. **BUY AND SELL:** To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par to pay federal estate taxes and to sell or transfer Treasury securities.
  - c. **BORROW:** To borrow money, to execute promissory notes for borrowed money, and to secure any obligation by mortgage or pledge.
  - d. **BUSINESS AND BANKING:** To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign business checks, and enter into partnership agreements, and continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy-sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future in or from any bank, savings and loan, or other financial institutions.
  - e. **TAX RETURNS AND REPORTS:** To prepare, sign, and file separate or joint income, gift, and other tax returns, and other government reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service and/or the Minnesota Department of Revenue.
  - f. **SAFE DEPOSIT BOXES:** To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein.

Received

MAR 17 2022

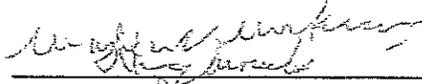
- g. **PROXY RIGHTS**: To act as my Agent or proxy for any stocks, bonds, shares, or other investments, rights, or otherwise investments, rights, or interests I may now or hereafter hold.
  - h. **LEGAL AND ADMINISTRATIVE PROCEEDINGS**: To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein.
  - i. **TRANSFERS IN TRUST**: To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit.
  - j. **DELEGATION OF AUTHORITY**: To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my Agent determines.
  - k. **OTHER MATTERS**: Any and all matters that may arise in my absence, disability or legal incapacity.
2. **DURABILITY**: The agent shall be under no duty to act on my behalf, and shall incur no liability to me or to my estate for failing to take any action under this Power of Attorney before receiving written notice from two licensed physicians that, because of either disability or incapacity, I am unable to attend to financial matters, in which case the agent shall immediately begin to act for me.
  3. **RELIANCE BY THIRD PARTIES**: Third parties may rely upon the representation of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
  4. **INDEMNIFICATION OF AGENT**: No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.
  5. **ORIGINAL COUNTERPARTS**: Photocopies of this signed Power of Attorney shall be treated as original counterparts.
  6. **REVOCAION**: I hereby revoke any previous Power of Attorney that I may have given to deal with my property and affairs as set forth herein.
  7. **COMPENSATION**: The Agent shall be reimbursed for reasonable expenses incurred while acting as Agent and may receive reasonable compensation for acting as Agent.

Received

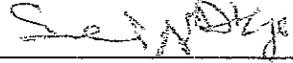
MAR 17 2022

8. **SUBSTITUTE AGENT:** If INIE COMFORT CLEMENT is, at any time unable or unwilling to act on my behalf, then I appoint my daughter AYIBAITARIWORIO STELLA CLEMENT, Date of Birth 06/22/1999, presently residing at 3650 LONG LAKE DRIVE, DOUGLASVILLE, GA. 30135, as my Agent to serve with the same powers enumerated above.
9. **APPOINTMENT OF GUARDIAN OR CONSERVATOR:** In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate AYIBAITARIWORIO STELLA CLEMENT residing at 3650 LONG LAKE DRIVE, DOUGLASVILLE, GA. 30135, to be considered by the court for appointment to serve as my Guardian or Conservator, or in any similar representative capacity.
10. **CHOICE OF LAW:** All questions concerning the validity and construction of this Durable Power of Attorney shall be determined under the laws of the State of Minnesota.

Dated: 10/09/2021

  
 \_\_\_\_\_  
 VICTOR NENGHIMOBO CLEMENT

Dated: 10/09/2021

  
 \_\_\_\_\_  
 SEIYEFA AUGUSTINE AKPAN (WITNESS)

**NOTARIZATION**

State of Minnesota )  
 )  
 County of Ramsey )

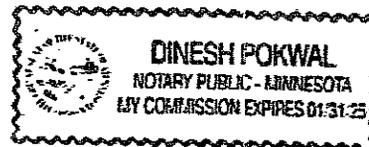
Received

MAR 17 2022

City of Saint Paul - DSI

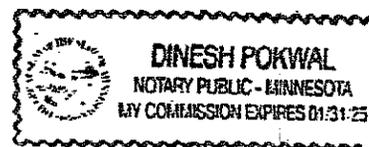
On October 9<sup>th</sup> 2021, **VICTOR NENGHIMOBO CLEMENT**, appeared before me and proved to my satisfaction that he is the person whose name is subscribed to this Power of Attorney, and acknowledged the due execution of the foregoing instrument.

NOTARY PUBLIC:   
 \_\_\_\_\_



On October 9<sup>th</sup> 2021, **SEIYEFA AUGUSTINE AKPAN**, appeared before me and proved to my satisfaction that he is the person whose name is subscribed as witness to this Power of Attorney.

NOTARY PUBLIC:   
 \_\_\_\_\_



Ricardo X. Cervantes, Director

03/16/22



CITY OF SAINT PAUL

Received

MAR 16 2022

MR Brian

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

City of Saint Paul - DSI  
March 3, 2022

Victor Nenghimobo Clement  
3931 Princeton Hill  
Eagan MN 55122-2277

Enclosed is the information you requested this morning on Victor Clement

ID  
Bill's water bill gabs and  
This is what I could find in his mail's

**CORRECTION NOTICE - ORDER TO VACATE.**

owner occupied

mail's sent to wrong address

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on March 3, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

**A reinspection will be made on March 17, 2022 and the property vacated due to long term noncompliance. Failure to comply on February 18, 2022, and February 28, 2022.**

Failure to comply may result in a criminal citation or the revocation of the Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

**DEFICIENCY LIST**

1. SPLC Sec. 40.01. - Fire certificate of occupancy requirement

(a) All existing buildings in the city are required to have and maintain a fire certificate of occupancy, issued by the department of safety and inspections. The fire certificate of occupancy shall be an indication that the building meets, at the time of inspection, all relevant codes to maintain the health, safety and welfare of the building's occupants and the general public.

(b) Provisional fire certificate of occupancy. When an owner-occupied dwelling changes to a rental dwelling unit, the owner of the dwelling must submit a completed application for a provisional certificate of occupancy, a completed owner's self-evaluation affidavit and pay the fee for a provisional certificate of occupancy within thirty (30) days of the change in use.

Under SPLC 40.03, owner and owner-occupied is defined as:

1



CITY OF SAINT PAUL

Received

MAR 16 2022

March 3, 2022

City of Saint Paul - DSI

Victor Nenghimobo Clement  
3931 Princeton Trl  
Eagan MN 55123-2536

**CORRECTION NOTICE – ORDER TO VACATE.**

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on March 3, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

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Owner. The person, firm, corporation or other entity listed in the records on file in the recorder's office as holding fee title to the building. For purposes of notice only, "owner" includes the owner's authorized agent or other person in control of the premises.

Owner-occupied. Dwellings which are the principal residence of the owner of record of the building and in which the owner resides. "Owner," for the purposes of this definition, means a natural person and does not include a corporation, partnership, or other entity.

Per these definitions, a Fire Certificate of Occupancy is required for the property.

-Apply for a Fire Certificate of Occupancy, have the property vacated, or convert the property to an owner-occupied status by March 17, 2022.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: 651-266-8585 and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at [Brian.Ganzel@ci.stpaul.mn.us](mailto:Brian.Ganzel@ci.stpaul.mn.us) or call me at 651-266-8944 between 7:30 a.m - 9:00 a.m.

Please help to make Saint Paul a safer city in which to live and work.

Sincerely,

Brian Ganzel  
Fire Safety Inspector

Ref. # 114098

A handwritten signature, possibly "B. Ganzel", is enclosed within a hand-drawn circle in the bottom right corner of the page.

Received

MAR 16 2022

City of Saint Paul - DSI

Do not include correspondence with payment

**Xfinity**

9602 S 300 W, STE B  
SANDY UT 84070-3302  
97729900 NO RP 26 20220228 NNNNNNNY 0001986 0010  
VICTOR CLEMENT  
467 IVY AVE E  
SAINT PAUL, MN 55130-3414



877210590548985800100966

CSG-RE-1494 (05/20)

Account number

8772 10 590 5489858

Payment due

Mar 23, 2022

Please pay

\$100.96

Amount enclosed

\$

Make checks payable to Comcast  
Do not send cash

Send payment to

COMCAST  
P.O. BOX 60533  
CITY OF INDUSTRY CA 91716-0533



97729900 NO RP 26 20220228 NNNNNNNY 0001986 0010

Received

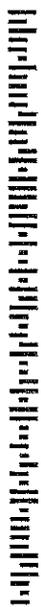
MAR 16 2022

City of Saint Paul - DSI



Saint Paul Regional Water Services  
1900 Rice St.  
Saint Paul, MN 55113-6910

Service Address: 467 IVY AVE E  
Account Number: 0442127  
Customer Number: 158539  
Billing Date: 09/13/2021  
Due Date: 09/28/2021  
Notice Date: 10/13/2021

VICTOR CLEMENT  
467 IVY AVE E  
SAINT PAUL MN 55130-3414  


**Please make a payment  
on your bill today**  
5% Late Charge is added 30 days  
after the billing date

In these extraordinary times, providing our customers with clean, reliable drinking water is more





inie clement <inieclement@gmail.com>

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**Fwd: Request to Open up to access**

---

**VICTOR AUTOWORLD** <victorautoworld@gmail.com>  
To: inieclement@gmail.com

Mon, Apr 4, 2022 at 10:36 AM

Request to Open doors

----- Forwarded message -----

From: **VICTOR AUTOWORLD** <victorautoworld@gmail.com>  
Date: Fri, Apr 1, 2022, 3:43 PM  
Subject: Request to Open up to access  
To: <brian.ganzel@ci.stpaul.mn.ud>

For estimates, contractors maintenance, fixing, misc or any require upkeep.or update  
Unscrew doors for access to interiors

Inie clement poa  
for  
victor Clement





CITY OF SAINT PAUL

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

March 21, 2022

Victor Nenghimobo Clement  
3931 Princeton Trl  
Eagan MN 55123-2536

## **CORRECTION NOTICE - RE-INSPECTION COMPLAINT**

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on March 21, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

Failure to comply may result in a criminal citation or the revocation of the Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

### DEFICIENCY LIST

- 1. 1 - SPLC 34.23, MSFC 111.1 - This occupancy is condemned as unfit for human habitation. This occupancy must not be used until re-inspected and approved by this office. - Unit is condemned due to but not limited to Failure to comply with previous orders. Failure to provide consistent property owner information.**
2. Exterior - Foundation - SPLC 34.09 (2)(a), 34.33 (1)(a) - Provide and maintain foundation elements to adequately support this building at all points.-Foundation on South East corner is cracked.
3. Exterior - SPLC 34.09 (1)(2)(a), 34.33 (1)(b) - Provide and maintain all exterior walls free from holes and deterioration. All wood exterior unprotected surfaces must be painted or protected from the elements and maintained in a professional manner free from chipped or peeling paint.-Holes and missing sections of siding.
4. Interior - Basement - MMC 504.1 - Provide, repair or replace the dryer exhaust duct. Exhaust ducts for domestic clothes dryers shall be constructed of metal and shall have a smooth interior finish. The exhaust duct shall be a minimum nominal size of four inches (102 mm) in

diameter and installed in accordance with the mechanical code. This work may require a permit(s). Call DSI at (651) 266-8989.-

5. Interior - Basement - MSFC 1011.7.3 - Remove the storage under the stairs or provide and maintain 1 hour fire resistive construction on the storage side of the stairs.-Refuse stored under stairs in basement.

6. Interior - Hallway. - MN Stat. 299F.362, MSFC 1103.8 - Immediately provide and maintain a smoke alarm located outside each sleeping area.-Missing hardwired smoke alarm in hallway. smoke alarm in bedroom has been covered in tape.

7. Interior - MSFC 313.1 - Fueled equipment, including but not limited to motorcycles, mopeds, lawn-care equipment and portable cooking equipment, shall not be stored, operator or repaired within a building.-Gas can and gas powered generator stored in entryway.

8. 1. SPLC Sec. 40.01. - Fire certificate of occupancy requirement

(a) All existing buildings in the city are required to have and maintain a fire certificate of occupancy, issued by the department of safety and inspections. The fire certificate of occupancy shall be an indication that the building meets, at the time of inspection, all relevant codes to maintain the health, safety and welfare of the building's occupants and the general public.

(b) Provisional fire certificate of occupancy. When an owner-occupied dwelling changes to a rental dwelling unit, the owner of the dwelling must submit a completed application for a provisional certificate of occupancy, a completed owner's self-evaluation affidavit and pay the fee for a provisional certificate of occupancy within thirty (30) days of the change in use.

Under SPLC 40.03, owner and owner-occupied is defined as:

Owner. The person, firm, corporation or other entity listed in the records on file in the recorder's office as holding fee title to the building. For purposes of notice only, "owner" includes the owner's authorized agent or other person in control of the premises.

Owner-occupied. Dwellings which are the principal residence of the owner of record of the building and in which the owner resides. "Owner," for the purposes of this definition, means a natural person and does not include a corporation, partnership, or other entity.

Per these definitions, a Fire Certificate of Occupancy is required for the property.

-Apply for a Fire Certificate of Occupancy, have the property vacated, or convert the property to an owner-occupied status by February 18, 2022.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse,

An Equal Opportunity Employer

15 W Kellogg Blvd, Saint Paul MN 55102 Phone: 651-266-8585 and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at [Brian.Ganzel@ci.stpaul.mn.us](mailto:Brian.Ganzel@ci.stpaul.mn.us) or call me at 651-266-8944 between 7:30 a.m - 9:00 a.m.

Please help to make Saint Paul a safer city in which to live and work.

Sincerely,

Brian Ganzel  
Fire Safety Inspector

Ref. # 114098





CITY OF SAINT PAUL

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

March 3, 2022

Victor Nenghimobo Clement  
3931 Princeton Trl  
Eagan MN 55123-2536

### **CORRECTION NOTICE – ORDER TO VACATE.**

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on March 3, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

**A reinspection will be made on March 17, 2022 and the property vacated due to long term noncompliance. Failure to comply on February 18, 2022, and February 28, 2022.**

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#### DEFICIENCY LIST

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CITY OF SAINT PAUL

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

February 18, 2022

Victor Nenghimobo Clement  
3931 Princeton Trl  
Eagan MN 55123-2536

## CORRECTION NOTICE - RE-INSPECTION COMPLAINT

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

A re-inspection was made on your building on February 18, 2022, in response to a referral. You are hereby notified that the following deficiencies must be corrected immediately.

**Apply for a Fire Certificate of Occupancy, have the property vacated, or convert the property to an owner-occupied status by February 28, 2022.**

**Failure to comply will result in the property being vacated.**

Failure to comply may result in a criminal citation or the revocation of the Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

### DEFICIENCY LIST

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Per these definitions, a Fire Certificate of Occupancy is required for the property.

**-Apply for a Fire Certificate of Occupancy, have the property vacated, or convert the property to an owner-occupied status by February 28, 2022.**

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If you have any questions, email me at [Brian.Ganzel@ci.stpaul.mn.us](mailto:Brian.Ganzel@ci.stpaul.mn.us) or call me at 651-266-8944 between 7:30 a.m - 9:00 a.m.

Please help to make Saint Paul a safer city in which to live and work.

Sincerely,

Brian Ganzel  
Fire Safety Inspector

Ref. # 114098



CITY OF SAINT PAUL

375 Jackson Street, Suite 220  
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989  
Facsimile: 651-266-9124  
Web: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

January 19, 2022

Victor Nenghimobo Clement  
3931 Princeton Trail  
Eagan MN 55123-2536

## **CORRECTION NOTICE - COMPLAINT INSPECTION**

RE: 467 IVY AVE E  
Ref. # 114098

Dear Property Representative:

An inspection was made of your building on January 18, 2022 in response to a referral. You are hereby notified that the following deficiency list must be corrected immediately.

**A reinspection will be made on February 18, 2022 at 1:00 pm.**

Failure to comply may result in a criminal citation or revocation of the Certificate of Occupancy. The Saint Paul Legislative Code requires that no building shall be occupied without a Certificate of Occupancy. The code also provides for the assessment of additional reinspection fees.

### DEFICIENCY LIST

1. 1st Level - MN Stat. 299F.362, MSFC 1103.8 - Immediately provide and maintain a smoke alarm located outside each sleeping area.
2. 1st Level - MN Stat. 299F.51 - Immediately provide and maintain an approved Carbon Monoxide Alarm in a location within ten (10) feet of each sleeping area. Installation shall be in accordance with manufacturer's instructions.
3. 1. SPLC Sec. 40.01. - Fire certificate of occupancy requirement
  - (a) All existing buildings in the city are required to have and maintain a fire certificate of occupancy, issued by the department of safety and inspections. The fire certificate of occupancy shall be an indication that the building meets, at the time of inspection, all relevant codes to maintain the health, safety and welfare of the building's occupants and the general public.

Owner. The person, firm, corporation or other entity listed in the records on file in the recorder's office as holding fee title to the building. For purposes of notice only, "owner" includes the owner's authorized agent or other person in control of the premises.

Owner-occupied. Dwellings which are the principal residence of the owner of record of the building and in which the owner resides. "Owner," for the purposes of this definition, means a natural person and does not include a corporation, partnership, or other entity.

Per these definitions, a Fire Certificate of Occupancy is required for the property.

-Apply for a Fire Certificate of Occupancy, have the property vacated, or convert the property to an owner-occupied status by March 17, 2022.

Saint Paul Legislative Code authorizes this inspection and collection of inspection fees. For forms, fee schedule, inspection handouts, or information on some of the violations contained in this report, please visit our web page at: <http://www.stpaul.gov/cofo>

You have the right to appeal these orders to the Legislative Hearing Officer. Applications for appeals may be obtained at the Office of the City Clerk, 310 City Hall, City/County Courthouse, 15 W Kellogg Blvd, Saint Paul MN 55102 Phone: 651-266-8585 and must be filed within 10 days of the date of the original orders.

If you have any questions, email me at [Brian.Ganzel@ci.stpaul.mn.us](mailto:Brian.Ganzel@ci.stpaul.mn.us) or call me at 651-266-8944 between 7:30 a.m - 9:00 a.m.

Please help to make Saint Paul a safer city in which to live and work.

Sincerely,

Brian Ganzel  
Fire Safety Inspector

Ref. # 114098

This **TENANCY AGREEMENT** made this **1ST DAY OF OCTOBER 2021**, BETWEEN **VICTOR NENGHIMOBO CLEMENT** (hereinafter called "**THE LANDLORD**", which expression shall where the context so provides includes his heirs, executors and administrators) of the one part, and **WILLIAM LEROY BROCKINGTON**, (hereinafter called "**THE TENANT**", which expression shall where the context so provides includes his executors and administrators) on the other part.

WHEREASE: The said **LANDLORD** has agreed to lease and the **TENANT** has agreed to take a lease of a **room** in the single family home situate, lying and being at **467 IVY AVE EAST SAINT PAUL, MN 55130** (hereinafter called "**ROOM-WILLIAM**") under the terms and conditions hereinafter contained.

**NOW THE DEED WITNESSETH AS FOLLOWS:**

In consideration of rent hereafter reserved and of the covenants on the part of the **TENANT**, the **LANDLORD** hereby offers and the **TENANT** accepts **ROOM-WILLIAM** situate at **467 IVY AVE E SAINT PAUL, MN, 55130**. TO HOLD same unto the **TENANT** from the **16<sup>TH</sup> DAY OF SEPTEMBER 2021**, for a **MONTHLY RENT \$600.00** and a security deposit of **\$600**, the receipt whereof the landlord hereby acknowledges.

**TENANT'S COVENANTS:**

- i. To pay the full monthly rent in advance on or before the 1<sup>st</sup> day of every month at **LANDLORD's** address, or at such other place as may be designated by **LANDLORD**; if the lease term begins or ends on a day other than the 1<sup>st</sup> day of the calendar month, the monthly rent for the partial month shall be so prorated.
- ii. To participate effectively in all sanitary works whether or not promulgated by Government or any agency thereof as shall be necessary from time to time to maintain the sanitary condition of **ROOM-WILLIAM** and the premises.
- iii. Except for residential purposes, not to use the **ROOM-WILLIAM** and its premises for business purposes without the **LANDLORD's** prior written consent.
- iv. Not to alter fixtures, **ROOM-WILLIAM**, and its premises without the written consent of the **LANDLORD**; however, where consent given, alternations shall be under the direction, supervision and certification of only the **LANDLORD**, his agents or assigns; and such alteration shall be deemed a gift to **ROOM-WILLIAM** and **LANDLORD**.
- v. Not to assign, sublet or part with possessions of **ROOM-WILLIAM** without the **LANDLORD's** written consent.
- vi. To be responsible for all missing items and all damages and defects whether such missing items and all damages and defects are caused by the tenant, their visitors, their servants or not, excepting damages and defects due to normal wear and tear.
- vii. To keep the interior of **ROOM-WILLIAM** free from smells, rats, mice, ants, termites, rodents, cockroaches, and other household pests capable of causing disease and/or damage to fixtures.
- viii. To allow the **LANDLORD**, his agents or assigns to direct and supervise all internal repairs, restorations, and/or exterminations of rats, cockroaches, flies, rodents, and other house-hold pests carried out by the **TENANT**.
- ix. To allow **LANDLORD**, his agents and workmen at all reasonable times, during the term hereby granted to enter upon and inspect **ROOM-WILLIAM** as to its true state of repairs and affairs.
- x. Not to do nor permit to be done any act that would constitute a nuisance on or near **ROOM-WILLIAM** and its premises.
- xi. Not to do nor permit to be done any act that would be unlawful in or near **ROOM-WILLIAM** or its premises.
- xii. Not to do nor permit to be done any act that would create discomfort, or constitute a threat or abuse to **CO-TENANTS**, neighborhood residents, the **LANDLORD**, his agents or assigns and **ROOM-WILLIAM** or its premises.
- xiii. Not to bring or permit to be brought into **ROOM-WILLIAM** or its premises any unauthorized pet(s) or animal(s); where said pet(s) or animal(s) are authorized, (i) to continually provide updated documentations **LANDLORD** may request to ascertain the continuous safety and desirability of said pet(s) or animal(s) to others, the **HOUSE**, and to the premises; (ii) to accept 100% responsibility for behavior attributable to said pet(s) or animal(s) that may results in injuries to others or their properties or to the **HOUSE** and the premises.
- xiv. To obtain insurance and seek reimbursement from said insurance for any loss resulting from theft, water, vandalism, fire, acts of God, overflow, or other reason not caused by God; damage to self, dependents, visitors, servants, and **ROOM-WILLIAM**; and hereby waives any and all claims of any nature whatsoever against the **LANDLORD**;

- xvi. Not to allow persons whose names are not listed in this Agreement into **ROOM-WILLIAM** or onto the property as residents; excepting that children born and adopted during the lease term may occupy **ROOM-WILLIAM** and its premises without the written consent of the **LANDLORD**; additions to rent and utilities may apply;
- xvii. To, when requested provide identifying information of **TENANT**, **TENANT's** spouse(s), child(ren), relative(s), servant(s), and visitor(s) expected to stay in **ROOM-WILLIAM**.
- xviii. Persons not listed on this Agreement expecting to stay for (2) days or more in any month must so do upon written consent of **LANDLORD** only; adjustments to rent and utilities shall be applicable.
- xix. To keep in safe place all mails that come in **LANDLORD's** name.
- xx. No smoking in **ROOM-WILLIAM**, in the **HOUSE**, on the Porch, on the Deck, in the Garage, or within 20 feet of **HOUSE** windows. And to refresh self and breath of all smoking related smells whatsoever before reentering the **HOUSE**.
- xxi. No loud noise in **ROOM-WILLIAM**. No sleeping or sex acts in common areas. No porn movies on **HOUSE** TV.
- xxii. Provide own laundry detergent; do own laundry; not leave laundry unattended in washing or drying machine, or in common areas. All laundry must be completed between 9am and 6pm.
- xxiii. Turn off lights in general areas and cleanup after self.
- xxiv. Provide own toilettes: tissue papers, wet wipes, paper towels, etc. And not to keep bath soaps, towels, body lotions, and other grooming provision in the bathroom.

**LANDLORD'S COVENANTS:**

- i. That with **TENANT** having paid the rent, and observing and performing the covenants, conditions and stipulations herein, shall hold and enjoy **ROOM-WILLIAM**, the **HOUSE**, and its premises throughout the term of this Agreement.
- ii. To refund damage deposit to **TENANT** no more than 21 days after the **TENANT** vacates **ROOM-WILLIAM** less the cost of repairs (if any), and the cost of prior rents (if any).
- iii. To bear the cost of basic electricity, water, sewer, trash collection, appliance repairs, WIFI service; as well as bear reasonable cost of maintenance of the **HOUSE**; **TENANT'S** additions excepting.
- iv. To inform the **TENANT** of rent increases at least one month to the date the rent increase is to come into effect.

**PROVIDED ALWAYS AND IT IS HEREBY MUTUALLY AGREED:**

- i. That rent paid does not cover the Garage Space, Drive-Way, Living Room, Family Room, Sitting Room, Deck, Porch and Back Yard.
- ii. **TENANT** and **LANDLORD** agree that this rental agreement shall be on a month-to-month basis;
- iii. Provided the **TENANT** does not materially breach any of the terms of this lease, **TENANT** and **LANDLORD** agree to a minimum 30-day quit notice is required to vacate **ROOM-WILLIAM** and its premises, emergencies excepting.
- iv. **SECURITY DEPOSIT:** The security deposit is paid by **TENANT** as security for the performance of the provisions of this lease. The security deposit may not be applied by **TENANT** as rent, and the full monthly rent will be paid on or before the 1<sup>st</sup> day of every month including last month of occupancy. The security deposit will be returned to the **TENANT** following satisfactory termination of this lease. If **TENANT** breaches any of the terms of this lease, **LANDLORD** may apply the security deposit towards any loss, damage, or expense cause by such breach. **TENANT's** liability shall not be limited to the amount of security deposit, and its use by **LANDLORD** shall be in addition to any other remedy available to **LANDLORD**. Any part of the security deposit used to cure a default by **TENANT** shall be promptly re-deposited by **TENANT** upon demand. Release of security deposit is subject to the following provisions: (a) all rent and other monies owed **LANDLORD** is paid in full, (b) each and every provision of the lease has been fully performed and **TENANT** has occupied **ROOM-WILLIAM** for the complete term of the lease (c) no damage to property other than ordinary wear and tear (d) entire **ROOM-WILLIAM** is cleaned and all light bulbs have been replaced, (e) no permanently attached fixtures have been removed from **ROOM-WILLIAM** (f) all keys have been returned (g) all debris, rubbish, and discards are placed in proper rubbish containers (i) all utilities bills have been paid (j) checkout report prepared and signed by **LANDLORD** and **TENANT** and forwarding address has been given to **LANDLORD**.

- v. **UNTENANTABLE PREMISES:** If **ROOM-WILLIAM** and premises are destroyed or so damaged as to be unfit for occupancy, **LANDLORD** may elect to terminate this lease immediately and not restore premises by giving **TENANT** written notice. If the destruction or damage was not caused by **TENANT's** willful or negligent act, upon termination of this lease, rent shall be prorated and the balance, if any, shall be refunded to **TENANT**.
- vi. **POSSESSION:** If due to causes beyond management's control, including but not limited to the holding over of previous **TENANT**, **LANDLORD** is unable to give possession of the premises to resident on the date promised, **LANDLORD** shall not be subject to any liability for this failure to give possession. However, **TENANT** shall not pay rent until **TENANT** has possession of **ROOM-WILLIAM**.
- vii. **ABANDONMENT OR SURRENDER:** **TENANT** understands that **TENANT** is responsible for paying the MONTHLY rent during the term of this lease and any extension or renewals. **TENANT** is responsible for all loss of rent or any other losses or costs caused by **TENANT's** premature abandonment or surrender of the **ROOM-WILLIAM**. No surrender of **ROOM-WILLIAM** will be accepted by **LANDLORD** without written consent of **LANDLORD**;
- viii. **REIMBURSEMENT:** **TENANT** agrees to reimburse **LANDLORD** for any loss, damage, or cost of repairs or services caused by negligent or improper use by **TENANT**, his/her agent, family, or guests. **TENANT** agrees to pay all costs incurred by **LANDLORD** incidental to abandonment of **ROOM-WILLIAM** and/or other breach of this lease by **LANDLORD**, such as costs incurred in trying to re-rent **ROOM-WILLIAM**. If management prevails in any suit for eviction, unpaid rent, or any other debt or charge, **TENANT** agrees to pay all court costs and attorneys fees incurred by management. These reimbursements are due when **LANDLORD** or his agent/representatives makes demand on **TENANT**. **LANDLORD's** failure or delay in demanding any of these reimbursements, services or returned check charges, or other sums due from tenant shall not be deemed a waiver; and management may demand them at any time, whether before or after resident vacates **ROOM-WILLIAM**.
- ix. **PARK VEHICLE PROPERLY:** Doing repair work, storing broken-down vehicles or recreational equipment on the premises is prohibited. **TENANT** agrees to remove all such vehicles and equipment at **TENANT's** expense when requested by **LANDLORD** or government officials. **TENANT** agrees to remove vehicles after each snow fall from the street when requested by city officials.
- x. **CLEAN APARTMENT TO MANAGEMENT'S STANDARD:** At the time of signing this lease, and before moving into the apartment, resident agrees to inspect **ROOM-WILLIAM**, and to sign his or her approval or indicate objections to any items found to be unsatisfactory. At the end of the lease, **TENANT** agrees to leave **ROOM-WILLIAM** as it was at the beginning of the lease, normal wear and tear excepted. Where **TENANT** fails to make a move-in inspection, **TENANTS** agrees that **ROOM-WILLIAM** was satisfactory at move-in. At move-out, **TENANT** agrees to pay for labor and repairs to restore **ROOM-WILLIAM** to its original condition at move-in.
- xi. **TESTING SMOKE DETECTORS:** **TENANT** acknowledges at time of move-in, the **HOUSE** has functional smoke detectors and **TENANT** will test smoke detectors monthly and immediately report any problem.
- xii. **SERVICE CHARGE AND RETURN CHECK FEE:** **TENANT** agrees to pay as additional rent service of \$25 for (a) each rental payment not received by **LANDLORD** prior to the 5<sup>th</sup> day of each month and (b) each check returned by **TENANT'S** bank for any reason.
- xiii. During the term of this agreement and until otherwise revoked or overruled by **LANDLORD**, **TENANT** hereby acknowledge **LANDLORD's** agent or assign is: **INIE CLEMENT** with powers to enforce the terms in this agreement; such enforcement(s) carrying same force as though **LANDLORD** is present and enforcing.
- xiv. During the term of this agreement, **TENANT** hereby authorize **LANDLORD**, his agents or assigns to discuss this Agreement with **TENANT'S** Case Manager(s), and their agents or assigns (if any). **TENANT** authorizes the inclusion of reasonable and limited **TENANT'S** private information pertinent to the discussion, such information to be used solely to protect the property and provide comfort and safety for all residents in the dwelling.

- xiii. **VACATING:** TENANT agrees to vacate ROOM-WILLIAM and the premises on or before 12:00p.m. on the termination date of this lease or any renewal or extension as provided in this lease. If TENANT fails to vacate on or before the required date and time, TENANT shall be liable to LANDLORD for any and all losses incurred by LANDLORD such as loss of rent, court costs and attorney fees. Upon vacating, TENANT agrees: (a) to leave ROOM-WILLIAM in as good condition as on the starting date except for ordinary wear and tear, (b) to thoroughly clean ROOM-WILLIAM, (c) to return all door key, garage, and mailbox keys. LANDLORD will charge TENANT for replacement keys and for changing door locks if TENANT moves without returning all keys supplied to resident or made by resident.
- xiv. **RULES AND REGULATIONS :** TENANT agrees to comply with any rules attached to this lease and any reasonable rule or rule changes made by LANDLORD at any time during this lease term. LANDLORD shall give written notice of any such rules to TENANT. Violation of such rules by TENANT, his/her guests shall be a breach of this lease and grounds for eviction.
- xv. **RENTAL APPLICATION** This lease is entered into by LANDLORD upon oral and/or written statements made by TENANT at the time of the rental application. If Management determines that any of the TENANT's statements are untrue or incomplete in any material way, then this lease shall be considered breached, and LANDLORD shall have the right, at LANDLORD's discretion to evict TENANT immediately and without prior notice;
- xvi. **Additional Agreements:** TENANT AGREES TO INFORM LANDLORD, HIS AGENTS OR ASSIGNS WHENEVER TENANT DECIDES TO BE ABSENT FROM ROOM-WILLIAM FOR A CONTINUOUS TWO WEEKS OR MORE. TENANT FURTHER AGREES THAT FAILURE TO INFORM LANDLORD WOULD BE CONSIDERED TENANT'S NOTICE TO VACATE ROOM-WILLIAM, IN WHICH CASE LANDLORD WILL DISCARD TENANT'S PERSONAL BELONGINGS PREPARATORY TO GIVE OUT ROOM-WILLIAM FOR RENT.
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- xvii. **WAIVER:** No waiver of any breach any provision of this lease shall constitute a waiver of any prior, concurrent or subsequent breach of same or of any other provisions hereof; and no waiver shall be effective unless made in writing;
- xxi. **NOTICE:** That whenever notice under this agreement is to be given, such notice shall be given by leaving same at the place over which this agreement is entered into, if the agreement is still in force.
- xxii. **ENTIRE AGREEMENT:** This Agreement between TENANT and LANDLORD, together with any addendum(s) and/or attachment(s) if any, sets forth the entire understanding between TENANT and LANDLORD and supersedes all prior written or oral agreements between them with respect to the subject matter hereof. It is further agreed that any change to any provision(s) and including addendums and/or attachment(s), if any without the express prior written consent of the LANDLORD and TENANT is prohibited and shall be null and void;

xviii. **SEVERABILITY:** In the event that any provision(s) of this Agreement shall be held to be invalid and legally unenforceable, the same shall not affect in any respect whatsoever the validity and enforceability of the remainder of this Agreement. Further, if for any reason a court finds any provision(s) of this Agreement to be invalid, illegal, or unenforceable as written, but that by limiting such provision(s) it would become valid, legal, and enforceable, then such provision(s) shall be deemed written, construed and enforced as so limited.

I have read, and I understand and agree to abide by all the terms of this lease agreement. I acknowledge the receipt of a complete copy of this lease agreement.

TENANT NAME: WILLIAM LEROY BROCKINGTON

TENANT SIGNATURE: William L. Brockington

DATE: 10 10 / 21

LANDLORD'S NAME: VICTOR N CLEMENT

LANDLORD'S SIGNATURE: Victor N. Clement

DATE: 10 10 / 2021

PHOTOCOPY



800 123 4567



1026A

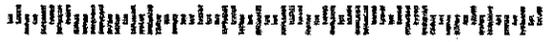
WILHELM BROCKINGHOFF  
467 IVY AVENUE EAST  
ST. PAUL, MN 55130

VICTOR W. CLEMENT  
3901 MINNESOTA TRIAL  
EAGAN, MN 55123



February 3, 2022

DCML1SDTMA 001555



VICTOR N CLEMENT  
467 IVY AVE E  
SAINT PAUL, MN 55130-3414



**Account Information**

Online: wells Fargo.com  
Fax: 1-866-590-8910  
Telephone: 1-800-416-1472  
Correspondence: PO Box 10335  
Des Moines, IA 50306  
Hours of operation: Mon.-Thu., 7 a.m. - 9 p.m.,  
Fri., 7 a.m. - 8 p.m.,  
Sat., 8 a.m. - 4 p.m., CT  
Property address: 3931 Princeton Trail  
Eagan MN 55123



Subject: We're no longer reviewing this account for assistance options

Note: We service this mortgage on behalf of your investor, FANNIE MAE.

Dear Victor N Clement:

We had begun to review this account for assistance options, but we didn't receive all of the documentation we needed to complete our review. We want you to know that without this documentation, we can't offer any assistance options to you at this time.

**What you need to know**

- We recently sent a letter to let you know what documents we needed from you. We didn't receive them by the time we needed to receive them.

**What you need to do**

- Please contact us right away if you want to continue the account review process.

**Helpful information about foreclosure**

If the foreclosure process has not yet started, it could begin at any time. You may receive foreclosure-related communications, and the foreclosure could advance according to state-specific time frames. If you find you're unable to make your mortgage payments, please contact us for assistance.

**We're here to help**

If you have any questions about the information in this letter, please call me at the phone number listed below.

Sincerely,

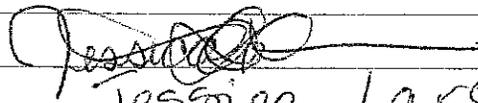
SCOTT BECKER

SCOTT BECKER  
Home Preservation Specialist

04/23/22

To whom it may concern:

I Jessica Larson have been a tenant at 3931 Princeton Trail Eagan, MN 55123 since June 01, 2021 until present. My landlord Victor Clement does not reside here in Eagan. He resides in St. Paul, MN at 467 Ivy Ave E. St. Paul, MN 55130

  
Jessica Larson

04/03/22

I Mahmoud Shareef am a  
tenant at 3931 Princeton Trail  
Eagan, MN 55123. I have  
been a tenant here since  
06/01/2021 until present.

My landlord Victor Clement doesn't  
live in Eagan, he lives in  
St. Paul at -

467 Ivy Ave E  
St. Paul, MN 55130

M. SHAREEF

Mahmoud Shareef

my address is  
1322 DESOTO STREET  
ST PAUL MN 55130

ABOUT 467 IVY AVE  
ST PAUL MN 55130

THIS HAS BEEN MY OBSERVATION  
I HAVE BEEN A NEIGHBOR  
OF VICTOR CLEMENT FOR YEAR

HIS HOME HAS NEVER BEEN  
VALAIXIT

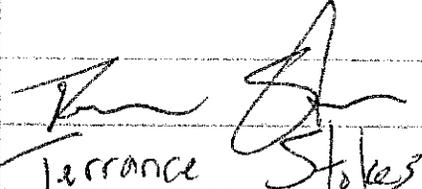
INFACT I SPOKE TO HIS NEPHEW  
WHO LIVES THERE ABOUT  
SOME GENERATORS LEFT  
OUTSIDE DURING THE WINTER  
THIS YEAR 2022.

I SEE HIM GO IN & OUT  
DAILY  
TAKE THE CARBACOS OUT/IN

Taj Zeb Mower 4-4-22

Neighbor at 464 IVY AV E St Paul  
MN 55130

REF to 467 IVY AV E, St. Paul  
This proper has been  
always occupied  
Never been vacant  
I see activity daily till march

 4/4/22  
Terrance Stokes

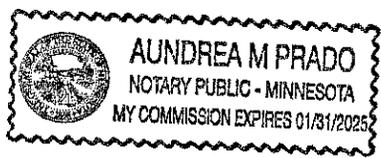
AFFIDAFIT OF LOCATION/ADRESS

This to certify that i have lived at 467 Ivy Av E, St Paul MN 55130.  
lived at this address as a family member and has been safe haven.  
Victor Clement has been very instrumental to to me

Signed: Seiyefa Akpah  
Seiyefa Akpah

Be Notary Public: A. Prado

Date: 3-15-22



Boma Orubo  
6147 Tahoe Circle Unit C  
Woodbury Mn 55125

March 22, 2022

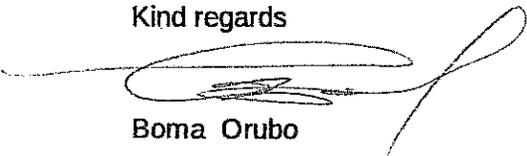
To Whom it May Concern:

My name is Boma Orubo. I was born and raised in Nigeria, and came to the United States seeking a better life. Upon arrival in Minnesota, Victor Clement graciously offered me residency at his home located at 467 Ivy Ave, St Paul. I lived there for about 6 months at which point I was able to get myself established and find my own housing. He never required me to pay rent. For over 30 years Mr Clement has provided a safe living environment to countless immigrants, each who have benefited from his generosity.

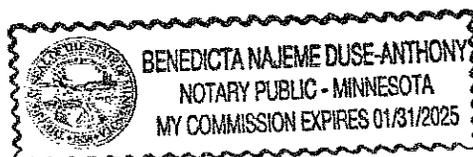
I am honored and proud to say that I officially became a US citizen in November 2017. It is because of people like Mr. Clement that I have been able to live my American dream.

Please consider allowing his home on 467 Ivy Ave to stay within the family in order for his children to continue carrying his legacy to help the less fortunate seeking a better life.

Kind regards

  
Boma Orubo

State of Minnesota County of Washington  
Subscribed and sworn before me on 03/24/2022  
(Date)  
B. Najeme  
(Notary Signature)



To Whom It May Concern

I David Solomon, a resident of the city of Coon Rapids at 375 107th lane NW, 55448 depose that for the almost twenty-two years I have been living in Minnesota, Mr. Victor Clement has been the owner and occupant of 467 Ivy Avenue E Saint Paul, 55130.

We have held many parties and community meetings at that house. It is a house we consider (in our community) a heritage home.

Yours sincerely,

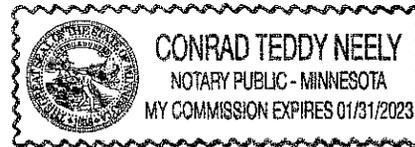
David Solomon

April 4<sup>th</sup>, 2022

Signed



State of Minnesota County of Anoka  
Subscribed and sworn before me on 04/04/2022  
Conrad Teddy Neely (Date)  
(Notary Signature)

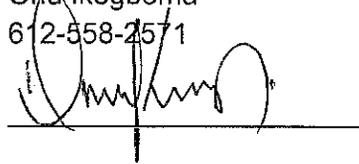


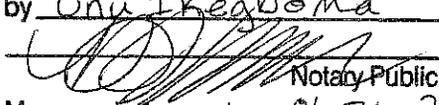
March 31, 2022

To whom it may concern,

I, Onu Ikegboma am writing to inform the city of St. Paul that I have known Mr. Victor Clement for 22 years. For as long as I have known him I've known him to live at 467 Ivy Avenue East, Saint Paul, MN 55130. I have been to that house and in that house many times over the past 22 years but as recently as July 2021.

Sincerely,  
Onu Ikegboma  
612-558-2571



State of Minnesota,  
County of Ramsey Sworn to and Acknowledged  
before me this 1<sup>st</sup> day of April, 2022  
by Onu Ikegboma  
  
Notary Public  
My commission expires 01-31-2025  
County registered in Chicago





# Electronic Home Monitoring (EHM) Program Agreement



10/29/18 8:19AM

Victor Nenghimobo Clement

Case #: 62-CR-13-7494

407 WY AVE  
ST PAUL MN 55130  
(651) 231-0000

I, Victor Nenghimobo Clement, agree to voluntarily participate in the Ramsey County Electronic Monitoring Program as an alternative to my incarceration in the Ramsey County Correctional Facility as ordered by the Honorable Bartscher, Joy on the 12th day of October, 2018. The duration of my electronic home monitoring will be from 10/29/2018 to 03/22/2019 for a total of 144 days.

I further agree to all the following conditions:

I agree to remain at the address and phone number listed above, at all times except when authorized by EHM staff to be away for employment, chemical dependency treatment, AA or school attendance. The range limit for the electronic home monitoring equipment is from the front door to the back door only. If for any reason you need to go beyond the range limit you need to call ahead and receive permission. You may not leave your residence at any other time, except in the case of a life or death emergency (injury, imminent danger from someone else, fire, etc.). If this does occur, you must contact EHM staff at the first possible opportunity and you will be required to furnish some type of verification or documentation of any emergency leave.

I understand that I will be visited at random times by EHM staff to insure program compliance, and therefore I will answer all telephone calls and respond to all persons at my residence in a cooperative manner. Failure to respond to EHM staff could result in program termination and return to the RCCF.

I understand that the Electronic Home Monitoring Program restrictions will be enforced by the use of computer technology, specifically the SCRAM X electronic bracelet, which provides continuous alcohol monitoring. I agree to wear this bracelet 24 hours a day during the entire period of my monitoring.

I understand that this electronic home monitoring will be accomplished by a receiver attached to my residence telephone, which is then connected electronically to a computer system with a monitoring center. I acknowledge that the loss of a receiving signal, the receipt of a signal indicating the Base Station has been tampered with or removed, may constitute a violation of this agreement.

I understand that it will be necessary for the Base Station to be attached to my residence telephone and that it may be necessary for EHM staff to maintain or inspect the installation of the Base Station during the period of my electronic home monitoring. I agree to allow those persons into my residence to maintain/inspect the Base Station if necessary.

I understand that I must have a telephone with touch tone service and no extra features (call-waiting, caller ID, voice mail, 3-way). All telephone service charges and electricity costs incurred during my monitoring shall be at my own expense (no long distance phone charges.)

I agree to hang up the telephone anytime the base station LCD screen says "dialing" which is also indicated by the red flashing light on the base station and wait 10 minutes to get back on the phone. If I fail to hang up in a timely manner, prohibiting the base station from making a phone call, I will be in violation of this agreement (this includes anyone in your home who may use the telephone). I also agree to refrain from using the telephone directly after returning home. This is a time when the base station will verify your location.

I understand that all persons residing at my home during this time must be informed of my electronic home monitoring status and must agree to all program conditions, specifically cooperating with telephone restrictions and not tampering with the equipment.

Defendant is sentenced to 180 days in the Ramsey County Correctional Facility. Defendant is to serve 180 days on Home Detention/Electronic Monitoring or Work Release or Sentence To Serve, if eligible. Credit for time served amount is 35 days.

Start Date: 10/26/2018

Start Time: 9:00 AM

Status: Active

Status Date: 10/12/2018

**Conditions - Adult**

Defendant is placed under the following conditions:

Condition	Location	Amt	Effective	End
Report to Agent as directed			10/12/2018	
Report on Monday Oct 15 between 8-4:30 PM				

**GRAND TOTALS**

Date of Sentence: 10/12/2018

Due Date: 03/23/2014

Revised: \$136.00

The court may refer this case for collection if you fail to make a payment, and collection costs will be added. You have the right to contest a referral for collection based on inability to pay by requesting a hearing no later than the due date. M.S. §§ 480.15, subd. 10c; 609.104

**CREDIT TIME SERVED**

Count 1: 35 days

**SIGNATURE**

JOY D. BARTSCHER

Judge Joy D. Bartscher

Sentence pronounced on 10/12/2018 by District Court Judge

Court Administrator: Gwen Upton

651-266-1999

*If you have questions regarding the terms of your sentence or disposition, please contact your attorney, JACK GREGORY RICE 612-227-1339, your probation agent or court administrator.*

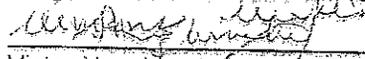
I understand that if I test positive for alcohol, I will be required to return to the RCCF within 4 hours time, or as directed.  
I understand that failure to do so will result in an escapee status and a warrant being issued for my arrest.

I understand that any violations of the law (including being observed driving a motor vehicle without a license), arrests or valid court orders while on the EHM program may result in termination from the EHM program.

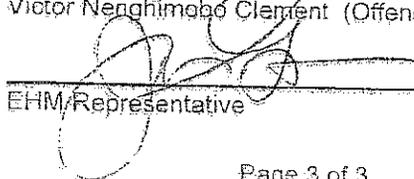
I understand that I am a client of the Electronic Monitoring Program until 11:59 pm on my release day. Assuming I have paid the entire program fee, I will have successfully completed the program once the EHM staff picks up the equipment, or it is returned to the RCCF as directed. I understand that I am not authorized to remove the ankle bracelet until the time specified by the EHM staff, and any early removal will result in program termination and return to the RCCF. It is my responsibility to cooperate with equipment pick-up direction on my release day.

If I am terminated from the EHM program and I fail to return to the RCCF in the specified time, a warrant will be issued for my arrest. When I return to custody, I understand that I will be required to begin my sentence again. I also understand that I am still financially responsible for use/rental of the monitoring equipment for every day I was on the program. Failure to pay could result in a loss of all good time.

I acknowledge that the RCCF Electronic Monitoring Program has been explained to me and I have chosen to participate in the program voluntarily. I have received a copy of the Program Description and the Program Agreement. My signature below acknowledges that I have read both, (or have had both read to me), and I understand the contents.

  
\_\_\_\_\_  
Victor Nenghimobó Clement (Offender)

10/29/2018  
Date

  
\_\_\_\_\_  
EHM/Representative

10/29/18  
Date

# RAMSEY COUNTY WARRANT-CHECK

15 WEST KELLOGG BLVD. #270 • ST. PAUL, MN 55102



Check No. 0001684734

Acct No. 541209

75-1592912

Date 12/27/2016

Pay Amount \$300.00\*\*\*

Pay \*\*\*\*\*THREE HUNDRED AND XX / 100 US DOLLAR\*\*\*\*\*

To The Order Of CLEMENT, VICTOR  
467 IVY AVE E  
ST PAUL, MN 55130



*Victoria A Reinhardt*  
Chair County Board  
*Lee M...*  
Finance Director

⑈0001684734⑈ ⑆091215927⑆ 152100010973⑈

Check Date: 12/27/2016

Check No. 0001684734

Invoice Number	Invoice Date	BU	Voucher ID	From Date	To Date	Paid Amount
AP#R1249	Dec/22/2016	REST	00089921			300.00

Payment Comments

REFUND. FOR ANY QUESTIONS. PLEASE CALL 651-266-2294

Item Description

REFUND. FOR ANY QUESTIONS. PL

300.00

Check Number	Date	Vendor Number	Vendor Name	Total Paid Amount
0001684734	12/27/2016	0000082659	CLEMENT, VICTOR	\$300.00



October 26, 2021

#BWBBMRR  
#0000 0073 6922 9120#  
VICTOR N CLEMENT  
467 IVY AVE E  
SAINT PAUL MN 55130-3414

ID: XXX-XX-6154  
Letter ID: L0736922912

## The Minnesota Department of Revenue is releasing a lien

We are releasing the enclosed lien. This release applies only to debt shown on the original lien.

### What do I need to do?

You do not need to do anything. This copy is for your records.

### Contact Information

Collection Division  
Phone: 651-556-3003 or 1-800-657-3909 (toll-free)  
Email: [mdor.collection@state.mn.us](mailto:mdor.collection@state.mn.us)  
Fax: 651-556-5116

**ACTION** IMMIGRATION  
BONDS & Insurance Services, Inc

NATIONWIDE IMMIGRATION BOND SERVICES

1133 SE 3rd Avenue  
Fort Lauderdale FL 33316  
Toll Free 800-940-8889 Fax 877-669-2245

INVOICE NO: 200-936-491  
DATE: 11/10/2021

**IMPORTANT OFFICIAL NOTICE: IMMIGRATION BOND FEE DUE**

VICTOR CLEMENT  
467 IVY AVE E  
SAINT PAUL, MN 55130

The Annual Maintenance Fee for the Immigration Bond posted on behalf of the below mentioned Alien is due. Enclosed, please find a copy of your Promissory Note.

**PLEASE MAKE PAYMENT BY DUE DATE TO AVOID ACCRUING ADDITIONAL INTEREST CHARGES.**

It was our pleasure to serve you in your time of need.

ALIEN NAME	ALIEN NO.	BOND DATE	DUE DATE
INEMO CLEMENT	200-936-491	Dec 15, 2010	12/15/21

DESCRIPTION	AMOUNT DUE
Annual Immigration Bond Maintenance Fee	
Principal For 12/15/21 12/15/21	\$245.00
Interest	\$0.00
Total	\$245.00

PLEASE FOLLOW ONE OF THE 4 PAYMENT OPTIONS BELOW:

- 1) Cashier's check or money order Payable to: Action Immigration Bonds
- 2) Credit Card (if using credit card for payment, please fill in form below)
- 3) Western Union Quick Collect (see back for instructions)
- 4) Bank Wire Instructions (see back for instructions)

ALIEN NAME  
INEMO CLEMENT

ALIEN NO:  
200-936-491

BOND DATE  
Dec 15, 2010

DUE DATE:  
12/15/21

AMOUNT DUE  
\$245.00

- 1)  CASHIERS CHECK OR MONEY ORDER ENCLOSED
- 2) CREDIT CARD Fill in all information below, tear off, place in envelope provided & mail to: Action Immigration Bonds, 1133 SE 3rd Avenue, Fort Lauderdale, FL 33316

M/C  Visa  Discover

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Form DR-1024

TAX PROCESSING CENTER  
Internal Processing Service  
Ramsey County  
Public Judgement Records

**VICTOR, YOUR PROPERTY WILL BE SEIZED**

Victor N Clement  
467 Ivy Ave E  
Saint Paul, MN 55130-3414

Filing No: 20100-875-TNT



FOLD

1216

415  
JW

WELLS FARGO BANK, N.A. #708  
INSURANCE CENTER  
P O BOX 5708  
SPRINGFIELD, OH 45501-5708

*done*



000587 - 000587  
VICTOR N CLEMENT  
467 IVY AVE E  
SAINT PAUL MN 55130-3414

*Harvard  
Insurance  
on  
princeton*

Re: 0194977609

Water Management Center  
121 7th Place East  
Saint Paul, MN 55101

Re: File No. 62-CF-127494  
Case ID: 122191

Dear Water:

This letter is to notify that case number 62-CF-127494 with the Probation Service Center has been terminated. You are no longer required to report to the Probation Service Center.

- Please note that if another officer is currently supervising you, you must continue to report as directed.

To request a refund of unused months of telephone reporting, send a written request, along with a self-addressed, stamped envelope to:

Telephone Reporting System-PTCC  
PO BOX 663225  
CHICAGO, IL 60666-1225

Upon receipt of your request, a check for the current balance on your account (at the time your request is postmarked) less a \$4 refund processing fee will be mailed to you. Please allow 4 weeks for your refund. If you delay in sending your request, the system will deduct \$4 at the first of each month until the account reaches zero. If your current account balance is \$4 or less, no refund will be issued.

Sincerely,

Probation Service Center  
Ramsey County Community Corrections

2/11



**SAINT PAUL**  
MINNESOTA

# Saint Paul City Council Public Hearing Notice Ratification of Assessment

**OWNER OR TAXPAYER**

Victor Nenghimobo Clement  
467 Ivy Ave E  
St Paul MN 55130-3414

FILE # CG2201A1  
ASSESSMENT #220100

PROPERTY ADDRESS  
467 IVY AVE E

PROPERTY ID NUMBER  
20-29-22-31-0085

**ASSESSMENT** Collection of delinquent Garbage Bill for services provided October through December, 2021. The proposed assessment for the above property is \$109.06. The City previously mailed to you a final invoice for this service. Since the invoice was not paid by the due date, it is now being processed as an assessment on your property.

**LEGISLATIVE HEARING PURPOSE** To assist in resolving disputed assessments.  
**TIME** Thursday, April 7, 2012 at 9:00 AM  
Hearings will be conducted via teleconference. If you are contesting, please fill out the form at [www.sppa.org/hearinggarbage](#) within 5 days of receiving this notice or by calling 651-266-6101.

...assessment for delinquent Garbage Bill for services



SERVICE ADDRESS	ACCOUNT NUMBER	DUE DATE
VICTOR CLEMENT 467 IVY AVE E SAINT PAUL, MN 55130-3414	51-9625667-8	03/15/2022
	STATEMENT NUMBER	STATEMENT DATE
	767953366	02/15/2022
		AMOUNT DUE
		\$1,793.39

SERVICE ADDRESS: 467 IVY AVE E SAINT PAUL, MN 55130-3414  
NEXT READ DATE: 03/18/22

#### ELECTRICITY SERVICE DETAILS

PREMISES NUMBER: 303836482  
INVOICE NUMBER: 0950223923

METER READING INFORMATION			
METER 97353345	Read Dates: 01/16/22 - 02/14/22 (29 Days)		
DESCRIPTION	CURRENT READING	PREVIOUS READING	USAGE
Total Energy	48728 Actual	48213 Actual	515 kWh

#### ELECTRICITY CHARGES

RATE: Residential Service

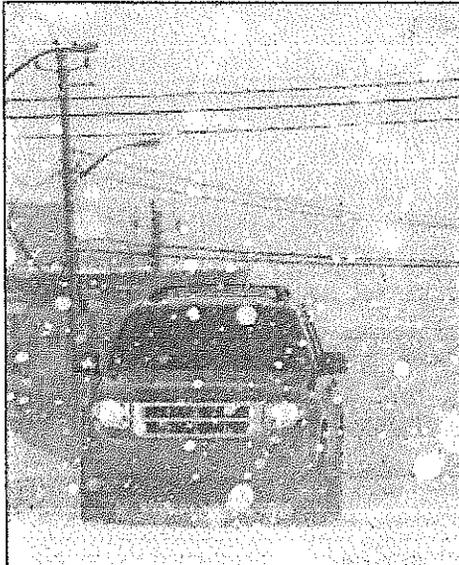
DESCRIPTION	USAGE UNITS	RATE	CHARGE
Basic Service Chg			\$8.00
Energy Charge Winter	515 kWh	\$0.088030	\$45.34
Fuel Cost Charge	515 kWh	\$0.028233	\$14.54
Sales True Up	515 kWh	-\$0.005150	-\$2.65 CR
Affordability Chrg			\$0.98
Resource Adjustment			\$7.01
Interim Rate Adj			\$4.75
<b>Subtotal</b>			<b>\$77.97</b>
Transit Improvement Tax		0.50%	\$0.39
City Tax		0.50%	\$0.39
State Tax		6.875%	\$5.36
<b>Total</b>			<b>\$84.11</b>

SERVICE ADDRESS: 467 IVY AVE E SAINT PAUL, MN 55130-3414  
NEXT READ DATE: 03/18/22

#### NATURAL GAS SERVICE DETAILS

PREMISES NUMBER: 303836482  
INVOICE NUMBER: 0469100958

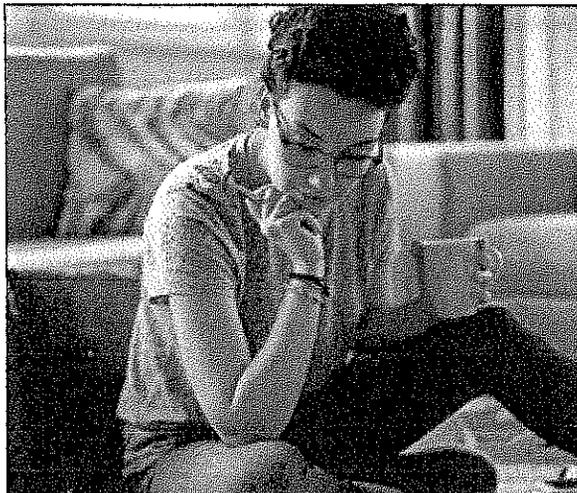
METER READING INFORMATION			
METER 898658	Read Dates: 01/16/22 - 02/14/22 (29 Days)		
DESCRIPTION	CURRENT READING	PREVIOUS READING	USAGE
Total Energy	6352 Actual	6156 Actual	196 ccf



### BE PREPARED FOR SEVERE WEATHER.

While storms are unpredictable, you can take a few easy steps to make sure you stay updated if an outage occurs. You can bookmark our electric outage map or download our mobile app for outage updates at your fingertips.

For more tips about what to do in an outage or how to prepare visit [xcelenergy.com/Outage](http://xcelenergy.com/Outage).



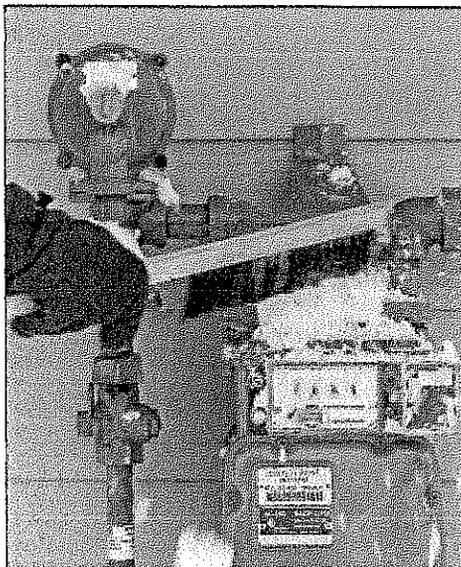
### WHERE THERE'S A BILL, THERE'S A BETTER WAY.

From averaged monthly payments to custom due dates to automatic bill pay, we can help you tailor your energy bill so it better suits your schedule and budget.

Get started at [xcelenergy.com/PayBill](http://xcelenergy.com/PayBill) or by calling 800-895-4999.



SERVICE ADDRESS	ACCOUNT NUMBER	DUE DATE
VICTOR CLEMENT 467 IVY AVE E SAINT PAUL, MN 55130-3414	51-9625667-8	03/15/2022
	STATEMENT NUMBER	STATEMENT DATE
	767953366	02/15/2022
		AMOUNT DUE
		\$1,793.39



**A CLEAR GAS METER IS A SAFE GAS METER.**

If it snows on your meter, brush it off gently to avoid icy build-up that can dangerously interfere with the flow of natural gas to and from your meter. Additionally, carefully shovel around your meter to maintain a clear path to allow quick access in an emergency.

Learn more at [xcelenergy.com/Safety](http://xcelenergy.com/Safety).

**NATURAL GAS ADJUSTMENTS**

DESCRIPTION	VALUE UNITS	CONVERSION	VALUE UNITS
Heat Content Adjustment	196 ccf	x 1.084300	213 therms

**NATURAL GAS CHARGES** **RATE: Residential Firm Service**

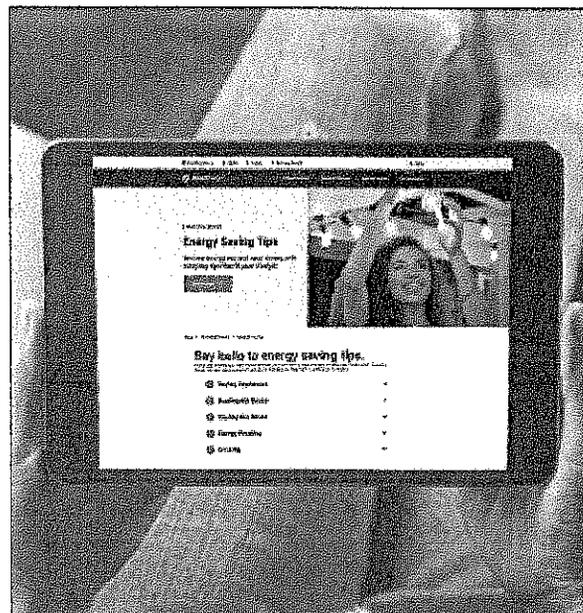
DESCRIPTION	USAGE UNITS	RATE	CHARGE
Basic Service Chg			\$9.00
Distribution Chg	213 therms	\$0.175996	\$37.49
Cost Of Gas	213 therms	\$0.746432	\$158.99
Gas Affordability	213 therms	\$0.004450	\$0.95
Interim Rate Adjust			\$6.49
Resource Adjustment			\$13.27
<b>Total</b>			<b>\$226.19</b>

**OTHER RECURRING CHARGES DETAILS**

DESCRIPTION	CHARGE
HomeSmart 866-837-9762 467 IVY AVE E SAINT PAUL, MN	\$36.85
<b>Total</b>	<b>\$36.85</b>

**INFORMATION ABOUT YOUR BILL**

For an average residential customer, 49% of your bill refers to power plant costs, 12% to high voltage line costs and 39% to the cost of local wires connected to your home.

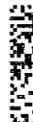


**WANT A LOWER ENERGY BILL?**

We have energy saving options that are just right for you. Choose from a variety of services and rebates to help keep your energy bill low.

Find out more at [xcelenergy.com/WaysToSave](http://xcelenergy.com/WaysToSave).

0356696 2/3



02/15/2022

51-9625667-8

CALL FROM NENEY  
SON

+1 651-366-1234



You: Thx

Happy new year Dad

Hey dad I love you and miss you.

**Federal  
Tax Return**

VICTOR N CLEMENT

**2020**

Ubani Group Inc.  
2147 University Ave W Ste 206  
St Paul, MN 55114  
Phone: (651) 917-2090  
Fax: (651) 917-2013  
info@ubaniacc.com

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: VICTOR N Last name: CLEMENT Your social security number: XXX-XX-XXXX

If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street): 467 IVY AVE E Apt. no.: Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instruction: If more than four dependents, see instructions and check here

Main income table with rows 1-15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, capital gain or loss, other income, adjustments to income, and taxable income. Total taxable income: 329

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s):	1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	34
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	34
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3, line 7		20	
21	Add lines 19 and 20		21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	34
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	
24	Add lines 22 and 23. This is your total tax		24	34
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d		0
26	2020 estimated tax payments and amount applied from 2019 return		26	
27	Earned income credit (EIC)	27	237	
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 13	31		
32	Add lines 27 through 31. These are your total other payments and refundable credits	32		237
33	Add lines 25d, 26, and 32. These are your total payments	33		237
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		203
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		203
b	Routing number XXXXXXXXXX	c Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX			
36	Amount of line 34 you want applied to your 2021 estimated tax	36		
37	Subtract line 33 from line 24. This is the amount you owe	37		0
38	Estimated tax penalty (see instructions)	38		

If you have a qualifying child, attach Sch. EIC.

If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name **Larry I Ubani** Phone no. **(651) 917-2090** Personal identification number (PIN) **XXXXXX**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>RETAIL</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. **(651) 231-0888** Email address **victorautoworld@gmail.com**

Paid Preparer Use Only

Preparer's name <b>Larry I Ubani</b>	Preparer's signature <b>Larry I Ubani</b>	Date <b>7/16/2021</b>	PTIN <b>XXXXXXXXXX</b>	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name <b>Ubani Group Inc.</b>	Firm's address <b>2147 University Ave W Ste 206, St Paul, MN 55114</b>	Phone no. <b>(651) 917-2090</b>	Firm's EIN <b>XX-XXXXXXX</b>	

**SCHEDULE 1**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VICTOR N CLEMENT

Your social security number

XXX-XX-XXXX

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C . . . . .	3	-7,579
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	-812
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	4,278
8	Other income. List type and amount ▶ See attached statement		
	Includes UCE (\$4,278)	8	-2,718
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	9	-6,831

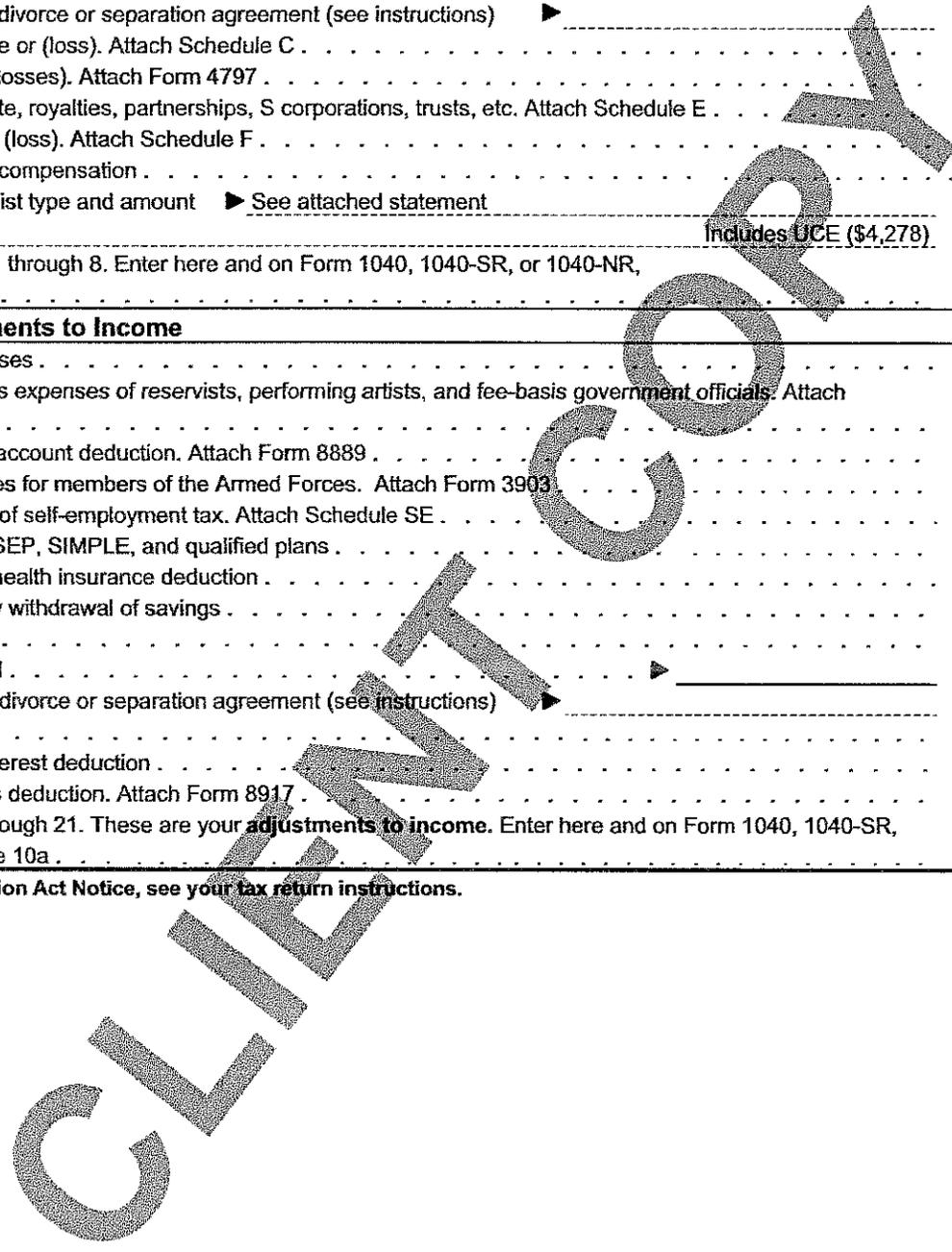
**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12	Health savings account deduction. Attach Form 8889 . . . . .	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16	Self-employed health insurance deduction . . . . .	16	
17	Penalty on early withdrawal of savings . . . . .	17	
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . . ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction . . . . .	19	
20	Student loan interest deduction . . . . .	20	
21	Tuition and fees deduction. Attach Form 8917 . . . . .	21	
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

HTA



**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2020**

Attachment  
 Sequence No. **13**

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Your social security number

XXX-XX-XXXX

N CLEMENT

**Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

Do you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
 Are you, or will you, file required Form(s) 1099? . . . . .  Yes  No

Physical address of each property (street, city, state, ZIP code)

131 PRINCETON TRL EAGAN, MN 55123

Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B		<input type="checkbox"/>
1					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Property:**

- 1 Family Residence
- 2 Vacation/Short-Term Rental
- 3 Land
- 4 Self-Rental
- 5 Family Residence
- 6 Commercial
- 7 Royalties
- 8 Other (describe)

Properties:		A	B	C
3	Rents received	25,626		
4	Royalties received			
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	2,348		
8	Commissions			
9	Insurance			
10	Legal and other professional fees	4,600		
11	Management fees			
12	Mortgage interest paid to banks, etc. (see instructions)	5,146		
13	Other interest			
14	Repairs			
15	Supplies	2,585		
16	Taxes			
17	Utilities	5,324		
18	Depreciation expense or depletion			
19	Other (list) ▶ See attached statement	6,435		
20	Total expenses. Add lines 5 through 19	26,438		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a loss, see instructions to find out if you must file Form 6198	-812		
22	Deductible rental real estate loss after limitation, if any, see Form 8582 (see instructions)	( 812 )	( )	( )
23a	Total of all amounts reported on line 3 for all rental properties	25,626		
23b	Total of all amounts reported on line 4 for all royalty properties	0		
23c	Total of all amounts reported on line 12 for all properties	5,146		
23d	Total of all amounts reported on line 18 for all properties	0		
23e	Total of all amounts reported on line 20 for all properties	26,438		
24	Income. Add positive amounts shown on line 21. Do not include any losses			0
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			( 812 )
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			-812

Work Reduction Act Notice, see the separate instructions.



# Internal Revenue Service

## United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 07-12-2021  
 Response Date: 07-12-2021  
 Tracking Number: 100924510786

### Tax Return Transcript

SSN Provided: XXX-XX-6154  
 Tax Period Ending: Dec. 31, 2020

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-6154  
 SPOUSE SSN:

NAME(S) SHOWN ON RETURN: VICT N CLEM

ADDRESS: 467 IV

FILING STATUS: Single  
 FORM NUMBER: 1040  
 CYCLE POSTED: 20212305  
 RECEIVED DATE: Jun.08, 2021  
 REMITTANCE: \$0.00  
 EXEMPTION NUMBER: 1  
 DEPENDENT 1 NAME CTRL:  
 DEPENDENT 1 SSN:  
 DEPENDENT 2 NAME CTRL:  
 DEPENDENT 2 SSN:  
 DEPENDENT 3 NAME CTRL:  
 DEPENDENT 3 SSN:  
 DEPENDENT 4 NAME CTRL:  
 DEPENDENT 4 SSN:  
 PTIN: XXX-XX-1969  
 PREPARER EIN: XX-XXX4675

#### Income

WAGES, SALARIES, TIPS, ETC: \$19,560.00  
 TAXABLE INTEREST INCOME: SCH B: \$0.00  
 TAX-EXEMPT INTEREST: \$0.00  
 ORDINARY DIVIDEND INCOME: SCH B: \$0.00  
 QUALIFIED DIVIDENDS: \$0.00  
 REFUNDS OF STATE/LOCAL TAXES: \$0.00  
 ALIMONY RECEIVED: \$0.00  
 BUSINESS INCOME OR LOSS (Schedule C): \$-7,579.00  
 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$-7,579.00  
 CAPITAL GAIN OR LOSS: (Schedule D): \$0.00  
 CAPITAL GAINS OR LOSSES: SCH D PER COMPUTER: \$0.00  
 OTHER GAINS OR LOSSES (Form 4797): \$0.00  
 TOTAL IRA DISTRIBUTIONS: \$0.00  
 TAXABLE IRA DISTRIBUTIONS: \$0.00  
 TOTAL PENSIONS AND ANNUITIES: \$0.00  
 TAXABLE PENSION/ANNUITY AMOUNT: \$0.00  
 ADDITIONAL INCOME: \$-6,831.00  
 ADDITIONAL INCOME PER COMPUTER: \$-6,831.00  
 REFUNDABLE CREDITS PER COMPUTER: \$237.00  
 REFUNDABLE EDUCATION CREDIT PER COMPUTER: \$0.00  
 QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$-812.00  
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$-812.00  
 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$-812.00  
 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00  
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00  
 FARM INCOME OR LOSS (Schedule F): \$0.00  
 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00  
 UNEMPLOYMENT COMPENSATION: \$4,278.00  
 TOTAL SOCIAL SECURITY BENEFITS: \$0.00  
 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00  
 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00  
 OTHER INCOME: \$-2,718.00  
 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00  
 SCHEDULE EIC EARNED INCOME PER COMPUTER: \$11,981.00  
 SCH EIC DISQUALIFIED INC COMPUTER: \$0.00  
 QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00  
 FB995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER: \$0.00  
 PRIMARY ECONOMIC IMPACT PAYMENT: \$1,200.00  
 SECONDARY ECONOMIC IMPACT PAYMENT: \$0.00

SCHOLARSHIP FELLOWSHIP GRANT:.....\$0.00  
TOTAL INCOME:.....\$12,729.00  
TOTAL INCOME PER COMPUTER:.....\$12,729.00

Adjustments to Income

EDUCATOR EXPENSES:.....\$0.00  
EDUCATOR EXPENSES PER COMPUTER:.....\$0.00  
RESERVIST AND OTHER BUSINESS EXPENSE:.....\$0.00  
HEALTH SAVINGS ACCT DEDUCTION:.....\$0.00  
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....\$0.00  
MOVING EXPENSES: F3903:.....\$0.00  
SELF EMPLOYMENT TAX DEDUCTION:.....\$0.00  
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....\$0.00  
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....\$0.00  
KEOGH/SEP CONTRIBUTION DEDUCTION:.....\$0.00  
SELF-EMP HEALTH INS DEDUCTION:.....\$0.00  
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$0.00  
ALIMONY PAID SSM:.....\$0.00  
ALIMONY PAID:.....\$0.00  
SCHOLARSHIP FELLOWSHIP EXCLUDED:.....\$0.00  
IRA DEDUCTION:.....\$0.00  
IRA DEDUCTION PER COMPUTER:.....\$0.00  
STUDENT LOAN INTEREST DEDUCTION:.....\$0.00  
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00  
STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....\$0.00  
TUITION AND FEES DEDUCTION:.....\$0.00  
TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00  
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....\$0.00  
OTHER ADJUSTMENTS:.....\$0.00  
ARCHER MSA DEDUCTION:.....\$0.00  
ARCHER MSA DEDUCTION PER COMPUTER:.....\$0.00  
TOTAL ADJUSTMENTS:.....\$0.00  
TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00  
ADJUSTED GROSS INCOME:.....\$12,729.00  
ADJUSTED GROSS INCOME PER COMPUTER:.....\$12,729.00

Tax and Credits

65-OR-OVER:.....NO  
BLIND:.....NO  
SPOUSE 65-OR-OVER:.....NO  
SPOUSE BLIND:.....NO  
STANDARD DEDUCTION PER COMPUTER:.....\$12,400.00  
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$0.00  
TAX TABLE INCOME PER COMPUTER:.....\$329.00  
EXEMPTION AMOUNT PER COMPUTER:.....\$0.00  
TAXABLE INCOME:.....\$329.00  
TAXABLE INCOME PER COMPUTER:.....\$329.00  
TOTAL POSITIVE INCOME PER COMPUTER:.....\$23,838.00  
TENTATIVE TAX:.....\$34.00  
TENTATIVE TAX PER COMPUTER:.....\$34.00  
FORM 8814 ADDITIONAL TAX AMOUNT:.....\$0.00  
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$0.00  
FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$0.00  
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$0.00  
FOREIGN TAX CREDIT:.....\$0.00  
FOREIGN TAX CREDIT PER COMPUTER:.....\$0.00  
FOREIGN INCOME EXCLUSION PER COMPUTER:.....\$0.00  
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00  
EDUCATION CREDIT:.....\$0.00  
EDUCATION CREDIT PER COMPUTER:.....\$0.00  
GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00  
RETIREMENT SAVINGS CONTRB CREDIT:.....\$0.00  
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:.....\$0.00  
PRIM RET SAV CONTRB: F8880 LN6A:.....\$0.00  
SEC RET SAV CONTRB: F8880 LN6B:.....\$0.00  
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00  
RESIDENTIAL ENERGY CREDIT:.....\$0.00  
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....\$0.00  
CHILD AND OTHER DEPENDENT CREDIT:.....\$0.00  
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....\$0.00  
ADOPTION CREDIT: F8839:.....\$0.00  
ADOPTION CREDIT PER COMPUTER:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00  
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00  
F3800, F8801 AND OTHER CREDIT AMOUNT:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00  
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00  
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00  
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00  
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00  
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00

SICK FAMILY LEAVE CREDIT:	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION DEDUCTION:	\$0.00
NON ITEMIZED CHARITABLE CONTRIBUTION PER COMPUTER:	\$0.00
RECOVERY REBATE CREDIT:	\$0.00
RECOVERY REBATE CREDIT PER COMPUTER:	\$0.00
RECOVERY REBATE CREDIT VERIFIED:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$0.00
TOTAL CREDITS PER COMPUTER:	\$0.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$34.00

Other Taxes

SE TAX:	\$0.00
SE TAX PER COMPUTER:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$34.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$34.00
TOTAL OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
F8959-8960 OTHER TAXES:	\$0.00
TOTAL OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
IRC 453 TAX:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:	\$0.00
DEFERRED TAX SCH H SE:	\$0.00
MAX DEFERRED TAX PER COMPUTER:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$34.00
TOTAL TAX LIABILITY TP FIGURES:	\$34.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$34.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$0.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	0
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
REFUNDABLE CREDITS:	\$237.00
EARNED INCOME CREDIT:	\$237.00
EARNED INCOME CREDIT PER COMPUTER:	\$237.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
SEC 965 TAX INSTALLMENT:	\$0.00
SEC 965 TAX LIABILITY:	\$0.00
PREMIUM TAX CREDIT AMOUNT:	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:	\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:	\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:	\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):	\$0.00
FORM 2439 AND OTHER CREDITS:	\$0.00
TOTAL PAYMENTS:	\$237.00
TOTAL PAYMENTS PER COMPUTER:	\$237.00

Refund or Amount Owed

REFUND AMOUNT:	-\$203.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$0.00
ESTIMATED TAX PENALTY:	\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	-\$203.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	-\$203.00
FORM 8885 TOTAL REFUND PER COMPUTER:	\$0.00

Third Party Designee

THIRD PARTY DESIGNER ID NUMBER:.....X5191  
AUTHORIZATION INDICATOR:.....1  
THIRD PARTY DESIGNER NAME:.....LARR I UBAN

Schedule C--Profit or Loss From Business

SOCIAL SECURITY NUMBER:.....XXX-XX-6154  
EMPLOYER ID NUMBER:.....  
BUSINESS NAME:.....  
DESCRIPTION OF BUSINESS/PROFESSION:.....  
NAICS CODE:.....441120  
ACCT MTHD:.....Cash  
FIRST TIME SCHEDULE C FILED:.....N  
STATUTORY EMPLOYEE IND:.....N

INCOME

GROSS RECEIPTS OR SALES:.....\$11,375.00  
RETURNS AND ALLOWANCES:.....\$0.00  
NET GROSS RECEIPTS:.....\$11,375.00  
COST OF GOODS SOLD:.....\$6,763.00  
SCHEDULE C FORM 1099 REQUIRED:.....NO  
SCHEDULE C FORM 1099 FILED:.....NONE  
OTHER INCOME:.....\$0.00

EXPENSES

CAR AND TRUCK EXPENSES:.....\$0.00  
DEPRECIATION:.....\$0.00  
INSURANCE (OTHER THAN HEALTH):.....\$0.00  
MORTGAGE INTEREST:.....\$0.00  
LEGAL AND PROFESSIONAL SERVICES:.....\$0.00  
REPAIRS AND MAINTENANCE:.....\$0.00  
TRAVEL:.....\$0.00  
MEALS AND ENTERTAINMENT:.....\$0.00  
WAGES:.....\$0.00  
OTHER EXPENSES:.....\$11,351.00  
TOTAL EXPENSES:.....\$12,191.00  
EXP FOR BUSINESS USE OF HOME:.....\$0.00  
SCH C NET PROFIT OR LOSS PER COMPUTER:.....\$-7,579.00  
AT RISK CD:.....All investment at risk  
OFFICE EXPENSE AMOUNT:.....\$0.00  
UTILITIES EXPENSE AMOUNT:.....\$0.00

COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR:.....\$0.00  
INVENTORY AT END OF YEAR:.....\$10,878.00

Schedule E--Supplemental Income and Loss

INCOME OR LOSS FROM RENTAL REAL ESTATE AND ROYALTIES

SCHEDULE E FORM 1099 REQUIRED:.....Neither box checked  
SCHEDULE E FORM 1099 FILED:.....Neither box checked  
TOTAL RENTS RECEIVED:.....\$25,626.00  
TOTAL ROYALTIES RECEIVED:.....\$0.00  
TOTAL MORTGAGE INTEREST ALL PROPERTIES:.....\$5,146.00  
TOTAL DEPRECIATION OR DEPLETION FOR ALL PROPERTIES:.....\$0.00  
TOTAL EXPENSES FOR ALL PROPERTIES:.....\$26,438.00  
TOTAL RENTAL REAL ESTATE AND ROYALTY INCOME OR LOSS:.....\$0.00  
RENT & ROYALTY INCOME:.....\$0.00  
RENT & ROYALTY LOSSES:.....\$812.00  
REPAIRS EXPENSE COLUMN A:.....\$0.00  
REPAIRS EXPENSE COLUMN B:.....\$0.00  
REPAIRS EXPENSE COLUMN C:.....\$0.00

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPS

PRTSHP/CORP PASSIVE INCOME:.....\$0.00  
PRTSHP/CORP NONPASSIVE INCOME:.....\$0.00  
PRTSHP/CORP PASSIVE LOSS:.....\$0.00  
PRTSHP/CORP NONPASSIVE LOSS:.....\$0.00  
PARTNERSHIP INCOME:.....\$0.00  
PARTNERSHIP LOSS:.....\$0.00

INCOME OR LOSS FROM ESTATES AND TRUSTS

ESTATE/TRUST PASSIVE INCOME:.....\$0.00  
ESTATE/TRUST PASSIVE LOSS:.....\$0.00  
ESTATE AND TRUST INCOME:.....\$0.00  
ESTATE AND TRUST LOSS:.....\$0.00  
PASSIVE LOSS NOT REPORTED ON F8582:.....N  
SCH K1 ES PAYMENT INDICATOR:.....N

INCOME OR LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS

REAL ESTATE MORTGAGE INCOME/LOSS:.....\$0.00

SUMMARY