



Targeted Community - 2010

PIN: 082822330152 TAG: ST PAUL 625 L Current owner: JOHNSON RICHARD E & JEANETTE T JOHNSON(more)

AIN: TIF: Ownership type: OWNER

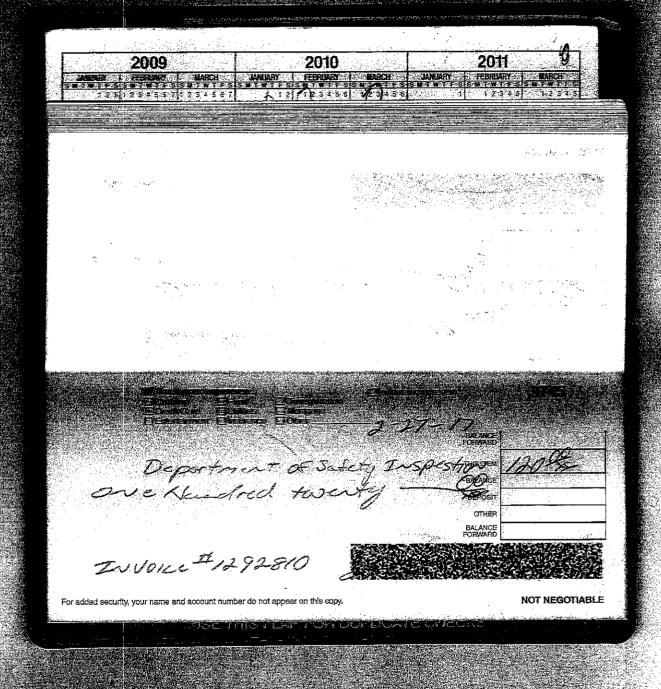
Status: Active County: 62-Ramsey Situs address: 874 GORMAN AVE

Geocode: **082822330152** Case: Description: <u>LOT 5 BLK 2</u>

Rev acct: 0000041570 Pmt pln: Class: 1 - Real Property

Tax sale: ACH pln: Roll type: Real Property

gal Parties					
Party Name	Role	Percent of Ownership	Default Address	Communication Info	
JOHNSON RICHARD E & JEANETTE T JOHNSON Also known as: JOHNSON JEANETTE T	Owner		JEANETTE T JOHNSON RICHARD E JOHNSON 88 BELVIDERE ST E SAINT PAUL MN 55107-3206		Notes
JOHNSON CASSANDRA M	RELATIVE		CASSANDRA M JOHNSON 874 GORMAN AVE ST PAUL MN 55107-3216		Notes
GOEMAN LESLIE	FEEOWNER		LESLIE GOEMAN 874 GORMAN AVE SAINT PAUL MN 55107-3216		Notes



Steams Bank 600 Hillside Ave SW Pine City, MN 55063

SEP 0 1 2017 CHECK OR ACH DEBIT STOP-PAYMENT ORDER

Internal	1100	

I. STOP-PA	YMENT ORDER
Account Number: 355588 Account Title: , LESTE GOEMAN	Institution Name STEARNS BANK N.A. Received By
Check and complete (to the extent applicable) one of the following two choices:	
Please stop payment of the single check or Automated Clearing House (ACH) debit identified below. I (the undersigned) understand that this Stop-Payment Order will not apply to any other checks or ACH debits for the benefit of the Payee/Originator.	Request Received: In Person By Phone To be effective a Stop-Payment Order must be received in time to a the institution a reasonable opportunity to act on it, and for some debits must be received at least three banking days before the schedate of transfer. To be effective a Stop-Payment Order also must ide the payment sufficiently to allow the institution a reasonable opport to act on it. If the payment is by check, OR IF THE PAYMENT IS BY, DEBIT AND THE INSTITUTION GIVES NOTICE AT THE TIME AND STOP-PAYMENT ORDER IS RECEIVED THAT WRITTEN CONFIRMATIS REQUIRED AND PROVIDES AN ADDRESS WHERE THE WRITT CONFIRMATION CAN BE SENT, an oral Stop-Payment Order is effect of 14 calendar days only, unless confirmed in writing within the 14 period. With respect to ACH debits, the institution and the undersignagree to abide by the ACH rules and regulations regarding Stop-Payment Orders.
Payee/Originator: Lept of Mety + Inspections Scheduled Future Transfer Date: Initiated/Authorized by Check #: 3745	CONFIRMATION CAN BE SENT, an oral Stop-Payment Order is effected for 14 calendar days only, unless confirmed in writing within the 14 period. With respect to ACH debits, the institution and the undersignagree to abide by the ACH rules and regulations regarding Stop-Paymorders.
Amount: \$120 Bated: 2027.17	Authorized Signature
Please stop all future ACH debits pursuant to the authorization identified below, including but not limited to recurring preauthorized payments. I understand that I am required by the Institution to confirm in writing that I have revoked the authorization given to the Payee/Originator, and by signing this Stop-Payment Order I do so confirm.	X 9-1-17 DATE TIME 12.20 P
Payee/Originator: Date of Authorization: Description of Authorization:	DLOST In Mail
II. WITHDRAWAL OF S	STOP-PAYMENT ORDER
WITHDRAWAL OF STOP-PAYMENT ORDER	RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER
The above Stop-Payment Order and any revocation of the authorization identified above are withdrawn as of the date shown below.	Withdrawal of the above Stop-Payment Order received onat
Same Authorized Signature as Date Appears on Stop Payment	Signature of Representative of Financial Institution