

874 Gorman



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: **LOT 5 BLK 2**
 Rev acct: **0000041570** Pmt pln: Class: **1 - Real Property**
 Tax sale: ACH pln: Roll type: **Real Property**

Legal 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

2009			2010			2011		
JANUARY	FEBRUARY	MARCH	JANUARY	FEBRUARY	MARCH	JANUARY	FEBRUARY	MARCH
S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S	S M T W T F S S
1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

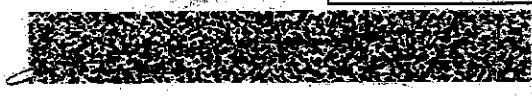
Cash
 Savings
 Money Order
 Debit Card
 Credit Card
 Other

Department of Safety Inspection
 One Hundred twenty

2-17-11

BALANCE FORWARD	
DEPOSIT	120.00
OTHER	
BALANCE FORWARD	

INVOICE # 1292810



For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

USE THIS LEAF FOR DUPLICATE CHECKS

SEP 01 2017

**CHECK OR ACH DEBIT
 STOP-PAYMENT ORDER**

Internal use

I. STOP-PAYMENT ORDER

Account Number: 3058508
 Account Title: Leslie Goeman

Institution Name: STEARNS BANK N.A.
 Received By: [Signature]
 Date Received: 9-1-17 Time: 12:19 PM Fee \$ 23.00

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.

Payee/Originator: Dept of Safety + Inspections

Scheduled Future Transfer Date: _____

Initiated/Authorized by Check #: 3745

Dated: 2-27-17

Amount: \$120.00

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.

Payee/Originator: _____

Date of Authorization: _____

Description of Authorization: _____

Request Received: In Person By Phone
 To be effective a Stop-Payment Order must be received in time to allow the institution a reasonable opportunity to act on it, and for some debits must be received at least three banking days before the scheduled date of transfer. To be effective a Stop-Payment Order also must identify the payment sufficiently to allow the institution a reasonable opportunity to act on it. If the payment is by check, OR IF THE PAYMENT IS BY ACH DEBIT AND THE INSTITUTION GIVES NOTICE AT THE TIME AN ORAL STOP-PAYMENT ORDER IS RECEIVED THAT WRITTEN CONFIRMATION IS REQUIRED AND PROVIDES AN ADDRESS WHERE THE WRITTEN CONFIRMATION CAN BE SENT, an oral Stop-Payment Order is effective for 14 calendar days only, unless confirmed in writing within the 14-day period. With respect to ACH debits, the institution and the undersigned agree to abide by the ACH rules and regulations regarding Stop-Payment Orders.

Authorized Signature: [Signature] DATE: 9-1-17 TIME: 12:20 P

★ Last in mail

II. WITHDRAWAL OF STOP-PAYMENT ORDER

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.

 Same Authorized Signature as Appears on Stop Payment

 Date

RECORD OF RECEIPT OF WITHDRAWAL OF STOP-PAYMENT ORDER

Withdrawal of the above Stop-Payment Order received on _____ at _____.

 Signature of Representative of Financial Institution