

500	V	VACANT	D	DWELLING	O	OTHER
STORY HEIGHT						
1.0 1.5 2.0 2.5 3.0						
STYLE			USE			
01 RANCH	07 TOWN HOUSE		11 DUPLEX			
02 BI-LEVEL	08 RESIDENCE O/S		12 CONDOMINIUM			
03 SPLIT LEVEL	09 MANSION					
04 CAPE COD	10 COTTAGE					
05 COLONIAL	13 OTHER					
06 CONTEMPORARY						
EXTERIOR WALL COVERING						
1 Wood	4 ALUM / VINYL		7 BRICK			
2 BLOCK	5 ASBESTOS		8 STONE			
3 STUCCO	6 METAL		9 MS/FR			

510	AGE					
ERECTED 1 _ _ _						
REMODELED 19 _ _						

515	BASEMENT					
1 NONE	2 CRAWL	3 PART	4 FULL			

520	HEATING					
1 NONE 2 BASE 3 AIR CON						
FUEL TYPE						
1 GAS	2 ELECT	3 OIL	4 COAL			
SYSTEM TYPE						
1 WARM AIR	2 ELECT	3 HOT WATER	4 STEAM			

525	LIVING ACCOMMODATIONS					
TOTAL ROOMS _ _		BED ROOMS _ _		FAMILY ROOM _		
FULL BATHS _	HALF BATHS _	ADDN'L FIXTURES _	TOTAL FIXTURES _			

530	KITCHEN RATING				BATHROOM RATING			
1 VG 2 G 3 AV 4 P				1 VG 2 G 3 AV 4 P				

540	INTERIOR CONDITION RELATIVE TO EXTERIOR						
1 BETTER 2 SAME 3 POORER							
PHYSICAL CONDITION							
1 GD		2 AV		3 PR		4 UN	

551	OTHER FEATURES					AMOUNT
1 MASONRY ADJ	[]					
2 REC ROOM						
3 WB FP STACKS	OPENINGS					
4 METAL FP STACKS						
5 BASEMENT GARAGE NO. CARS						
6 TOTAL ADDTNL OTHER FEATURE AMT.						

556	TOTAL OTHER FEATURE AMT.					
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560	GRADE FACTOR					
AA A B C D E []						
COST & DESIGN FACTOR						
[]						
CDU EX VG GD AV FR PR VP UN						

ATTACHMENTS	1st	2nd	3rd	AREA	AMOUNT
601					
602					
603					
604					
605					
606					

TOTAL ATTACHMENT AMOUNT \$ _____										
COND/DES/USEL	NO.	EX	VG	G	AV	FR	PR	VP	UN	UNF
EXTERIOR WALLS										
ROOF & COVER										
WINDOWS & DOORS										
HEATING										
ELECTRICAL										
PLUMBING										
B	REC ROOM									
	OTHER									
	KITCHEN									
	DINING RM.									
	LIVING RM.									
1st	BATHROOM									
	POWDER RM.									
	BEDROOM									
	FAMILY RM.									
	OTHER									
2nd OR ATT	KITCHEN									
	DINING RM.									
	LIVING RM.									
	BATHROOM									
	BEDROOM									
	OTHER									
3rd	LIVING AREA									

TOTAL ATTACHMENT AMOUNT \$ _____										
LOCATION <input type="checkbox"/> IMPROVING <input type="checkbox"/> STABLE <input type="checkbox"/> DECLINING										

LIVING AREAS		
570	575	580
BSMT	ADDN'L FLOOR	ATTIC UNFIN
FIN BSMT LIV	ATTIC FIN	1/2 STORY UNFIN
FIRST FLOOR	1/2 STORY FIN	UNFIN ROOM
SECOND FLOOR		

DWELLING COMPUTATIONS			
	EXT WALL CONST	AREA	VALUE
FIRST FLOOR			
SECOND FLOOR			
ADDITIONAL STORY			
1/2 STORY			
ATTIC			

BASE PRICE			
UNFINISHED	AREA	FACTOR	ADJ AREA
UNFINISHED ROOM		x 1.00	=
1/2 STORY UNFINISHED		x 0.75	=
ATTIC UNFINISHED		x 0.50	=
PRICE PER SQ FT		x TOTAL AREA	=

BASEMENT ADJUSTMENT		COST	
BASEMENT AREA	=	+	
CRAWL AREA	=	+	
1st FLOOR AREA	=	-	
NET BASEMENT ADJUSTMENT	=		+

FIN BSMT LIV AREA		AREA	PRICE PER SQ FT	=	+
HEATING / AC		S F L A			+
PLUMBING		5 FIXTURES IN BASE			+
TOT FIXTURES		- 5	=	x	/FX
TOTAL OTHER FEATURE AMOUNT					+
TOTAL ATTACHMENT AMOUNT					+

ADJUSTED BASE PRICE (ACTUAL SQ. FT. LIV. AREA)		=
X GRADE FACTOR		=
X COST & DESIGN FACTOR		=
X LOCAL MODIFIER		R C N =
X PER CENT GOOD		R C N L D =
+ OTHER BUILDING IMPROVEMENTS		
+ GROSS BLDG. SUMMARY		
TOTAL IMPROVEMENT VALUE		

53-8002
RESID

DR. BERT B. SCHOENKERMAN
1212 W WISCONSIN AVENUE
MILWAUKEE WI 53233 FOX PT

2,000 LAND IMPRV 2,000 TOTA
PARCEL 3 CERTIFIED SURVEY
MAP NO. 74 NE1/4 SEC.
8-8-22
EXC
PART IN VILLAGE OF BAYSIDE.

VILLAGE OF FOX POINT

UJ	RV	YEAR 1990					YEAR							
		NO AC	PER AC	LAND	IMPTS.	TOTAL	NO AC	PER AC	LAND	IMPTS.	TOTAL			
A	RESIDENTIAL		X X	5000	—	5000			5500	—				
B	MERCANTILE		X X											
C	MANUFACTURING		X X											
D	1st GR TILLABLE				X X X X	X X X X								
	2nd GR TILLABLE				X X X X	X X X X								
	3rd GR TILLABLE				X X X X	X X X X								
	PASTURE				X X X X	X X X X								
	HOMESITE				X X X X	X X X X								
	WELL				X X X X	X X X X								
	SEPTIC				X X X X	X X X X								
	TOTAL D													
E	SWAMP													
F1	FOREST													
F2	FOREST													
	F. C. L.				X X X X	X X X X								
	F. C. L. SPEC				X X X X	X X X X								
	CO. F. C.		X X	X X X X	X X X X	X X X X								
	W. T. L.		X X	X X X X	X X X X	X X X X								
EXEMPT	FEDERAL		X X	X X X X	X X X X	X X X X								
	STATE		X X	X X X X	X X X X	X X X X								
	COUNTY		X X	X X X X	X X X X	X X X X								
	OTHER		X X	X X X X	X X X X	X X X X								
	TOTAL		X X											

ADDITIONAL OTHER FEATURES		AMOUNT	OTHER BUILDING IMPROVEMENTS														
			TYPE CODE	QUAN	CONST	YEAR	SIZE	G	HGT	RATE	MODIFICATIONS	LM	RCN	COND	% GOOD	OB/MA	R C N L D
1																	
2																	
3																	
4			701		F M O												
5			702		F M O												
6			703		F M O												
7			704		F M O												
8			705		F M O												
TOTAL ADT. OTH. FEATURES CARRY TOTAL TO 556			706		F M O												
ADDITIONAL ATTACHMENTS		AMOUNT	707		F M O												
1			708		F M O												
2			709		F M O												
3			710		F M O												
4																	
5																	
6																	
7																	
TOT. 99 ADTL. ATTACHMENTS CARRY TOTAL TO 606																	

820 APARTMENT DATA						GROSS BUILDING SUMMARY											
ID	USE	CONST	GRADE	EREC	AGE	REM	SIZE	RATE	LM	RCN	COND.	% GOOD	OB/MA	MARKET VALUE			
TYPE	GR	BEDS	BATHS	NO. UNITS	RENTAL												
1																	
2																	
3																	

830 INCOME DATA				800 TOTAL OTHER IMPROVEMENTS:							
ACTUAL RENT _____	ECONOMIC RENT _____	VACANCY _____	EXPENSES _____	MEASURED BY _____	DATE _____	LISTED BY _____	DATE _____	CALCULATED BY _____	DATE _____	REVIEWED BY _____	DATE _____

APARTMENT COMPUTATIONS			
	1 - FIN BSMT	2 - FIRST	3 - UPPER
EXTERIOR WALLS			
AVG UNIT SIZE			
BASE PRICE			
SQUARE FEET			
SUB TOTAL			
ADJ BASE 1 + 2 + 3	APARTMENT TYPE		
UNFINISHED BSMT +	1. GARDEN		
PLUMBING +	2. TOWNHOUSE		
AIR COND +	3. OTHER		
ATTACHMENTS +	APARTMENT GRADE FACTOR		
SUB TOTAL	A	1.55	
X GRADE FACTOR	B	1.28	
BASE VALUE	C	1.00	
X LOCAL MODIFIER	D	.85	
	E	.55	

N/C

053-8000 THRU

DOCUMENT NO.

REEL 3191 IMAG 1316
STATE BAR OF WISCONSIN FORM 5 - 1983
PERSONAL REPRESENTATIVE'S DEED

053-8003
THIS SPACE RESERVED FOR RECORDED DATE
6877678
REGISTER'S OFFICE } SS
Milwaukee County, WI } 2, 30 PM
RECORDED AT
DEC 28 1993
REEL 3191 IMAGE 1316
REGISTER OF DEEDS
NAME CHANGE
RELATION TO NEW LIVING CONCEPTS, LTD
320 N. KILBUCK DRIVE
MILWAUKEE, WI 53202

Evelyn K. Schoenkeraan
as Personal Representative of the estate of Bert B. Schoenkeraan

(Decedent), for a valuable consideration conveys, without warranty, to
New Living Concepts, LTD., a Wisconsin Corporation

Grantee, the following described real estate in Milwaukee County,
State of Wisconsin (hereinafter called the "Property"):

Tax Parcel No: SEE LEGAL 053-8000 THRU 003
053-9977-001 THRU 004

Lots 1, 2, 3 and 4 of Certified Survey Map No. 74, recorded on July 28, 1960 in
Volume 1 of Certified Survey Maps on Pages 155 & 156 as Document No. 3825647, of a
part of the North East 1/4 of Section 8, Town 8 North, Range 22 East, lying partly
in the Village of Fox Point and partly in the Village of Bayside, County of
Milwaukee, State of Wisconsin.

BL/WF/DD

TRANSFER
\$ 340.00
FILE

RECORD 10.00
RTX 340.00

NAME CHANGE

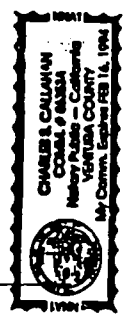
Personal Representative by this deed does convey to Grantee all of the estate and interest in the Property which the Decedent had
immediately prior to Decedent's death, and all of the estate and interest in the Property which the Personal Representative has since acquired.
Dated this 9th day of DECEMBER 1993

(SEAL) *Evelyn K. Schoenkeraan* (SEAL)
Evelyn K. Schoenkeraan

Personal Representative

AUTHENTICATION

Signature(s) of
authenticated this _____ day of _____



TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, authorized by § 706.02, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY
James F. Bruce for Coldwell
Banker Premier Real Estate

Signature may be authenticated or acknowledged. Both are not necessary.

ACKNOWLEDGEMENT

STATE OF ~~WISCONSIN~~ CALIFORNIA } ss.
VENTURA County, }
Personally came before me this 9th day of
DEC. 19 93 the above named
Evelyn K. Schoenkeraan

to me known to be the person who executed the foregoing
instrument and acknowledged the same.

Charles S. Callahan
Charles S. Callahan
Notary Public: _____ County, Wis.
My Commission is permanent. (If not, state expiration date:
Feb 16, 1994)

33-1000