CITY OF CLIFTON

OFFICE OF HOUSING & OFFICE OF ZONING
900 Clifton Avenue, 2nd Floor, Clifton, New Jersey 07013
TEL: (973) 470-5809 FAX: (973) 470-0617

APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 64.01 Lot 19

Address 77 HUEMMER TER, CLIFTON, PASSAIC, NJ 07013

Present Use of the Property Single Family - Residential

Number of Stories _____ Number of Units _____ Commercial _____ Residential ✓

Is the property secured from unauthorized entry? Yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric Off Gas Off Water Off

2. **Owner Information**

Name or Corporate Entity FREDERICK G VON BARGEN c/o REO Management Solutions, LLC

Contact (If Corporate Entity) Shelly Stirrett

Address 14405 Walters Road, Suite 200, Houston, TX 77014

Phone 346-471-3451 Email PHHCodeViolations@PHHreverse.com Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity S & A Property Preservation Group, LLC

Contact (If Corporate Entity) Angelo Felix

Address 1234 Kennedy Blvd, Bayonne, NJ, 07002

Phone (765) 729-8441 Email sappg813@gmail.com Fax _____

Block _____ *Lot* _____ *Address* _____

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4. **Property Manager Information**

A Property Manager is an individual 18+ years in age whom is designated as the person or entity responsible for maintaining the property and to receive all notices regarding maintenance issues, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the Property Manager. The Property Manager must be available by phone or in person on a twenty-four (24) hour per day, seven (7) days per week basis in the case of emergency.

Name or Corporate Entity S & A Property Preservation Group, LLC

Contact (If Corporate Entity) Angelo Felix

Address 1234 Kennedy Blvd, Bayonne, NJ, 07002

Phone (765) 729-8441 **Email** sappg813@gmail.com **Fax** _____

5. **Additional Information**

Please provide any additional information that may assist the City of Clifton with communications with the Owner, Authorized Agent, or Property Manager.

Property Manager

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OFTHE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) Vincent David (Behalf Of Owner) **Owner's Signature** Vincent David (Behalf Of Owner)

Date 07/09/2024

For Office Use Only: **Vacant** ____ **Abandoned** ____ **Fee: Free** ____ **$750.00** ____

Payment: Cash ____ **Check#** ____

Authorized City Representative: **Printed** _____ **Signed** _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration ✓ 1st Renewal _____ 2nd Renewal _____ 3rd Renewal _____

Block 75.06 Lot 15

Address 148 Chittenden Road

Present Use of the Property Vacant

Number of Stories 2 Number of Units _____ Commercial _____ Residential _____

Is the property secured from unauthorized entry? yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric ON Gas ON Water ON

2. **Owner Information**

Name or Corporate Entity Estate of Marilyn J. Libak

Contact (If Corporate Entity) Robert H. Libak

Address 131 Green Pond Road Rockaway NJ 07866

Phone 973-627-8999 Email _____ Fax _____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity _____

Contact (If Corporate Entity) Robert H. Libak

Address 131 Greenpond Road Rockaway NJ 07866

Phone 973-627-8999 Email _____ Fax _____

Block 75.06 *Lot* 15 *Address* 148 Crittenden Road

4. **Property Manager Information**

A Property Manager is an individual 18+ years in age whom is designated as the person or entity responsible for maintaining the property and to receive all notices regarding maintenance issues, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the Property Manager. The Property Manager must be available by phone or in person on a twenty-four (24) hour per day, seven (7) days per week basis in the case of emergency.

Name or Corporate Entity_____

Contact (If Corporate Entity)_____

Address_____

Phone_____ Email_____ Fax_____

5. **Additional Information**

Please provide any additional information that may assist the City of Clifton with communications with the Owner, Authorized Agent, or Property Manager.

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Owner's Name (Printed) Robert Libak Owner's Signature Robert H. Libak

Date FEB 13, 2023

For Office Use Only: Vacant __ Abandoned __ Fee: Free __ $750.00

Payment: Cash_____ Check#_____

Authorized City Representative: Printed_____ Signed_____

LIMITED POWER OF ATTORNEY

Hudson Homes Management LLC, a company organized under the laws of the State of Texas ("Hudson Homes"), as the manager of certain real property (the "Real Estate Owned"), hereby makes, constitutes and appoints Northsight Management Solutions LLC ("Northsight"), having its principal office located at 8901 E. Mountain View Rd. Suite 100, Scottsdale, AZ 85258, its true and lawful attorney-in-fact, with the power and authority, as fully as Hudson Homes might or could do, to sign, execute, acknowledge, deliver, or file instruments on its behalf for the limited purpose of effectuating the registration of Real Estate Owned with municipalities, counties, states, and other government entities as required by law, including the execution of documents, forms, and other instruments necessary to comply with such law, when requested by Hudson Homes in writing containing reference to specific Real Estate Owned.

Hudson Homes grants this Limited Power of Attorney to Northsight under the Master Property Services Agreement by and between Hudson Homes and Northsight executed on September 10, 2018 and as modified, and is subject to the indemnification provisions therein.

Third parties without actual notice may rely upon the exercise of the power granted under this Limited Power of Attorney, and may be satisfied that this Limited Power of Attorney shall continue in full force and effect has not been revoked unless an instrument of revocation has been made in writing by the undersigned.

This Limited Power of Attorney expires on the earlier of (i) receipt by Northsight of revocation from Hudson Homes or (ii) December 31, 2022.

Rod Wylie, Senior Vice President

STATE OF TEXAS

COUNTY OF DALLAS

On this 17 day of JAN, 2019, before me the undersigned, Notary Public of said State, personally appeared Rod Wylie, personally known to me to be a duly authorized officer of the entity that executed the within instrument and personally known to me to be the person who executed the within instrument on behalf of the entity therein named, and acknowledged to me such entity executed the within instrument pursuant to its by-laws.

EVELYN WAITHAKA
Notary Public, State of Texas
Comm. Expires 01-07-2020
Notary ID 124251629

WITNESS my hand and official seal,

Notary Public in and for the
State of

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal_____ 2nd Renewal_____ 3rd Renewal _____

LOT: 46/BLOCK: 4.10/DIST: 02

Block _____ Lot_____

Address 12 LINCOLN PL, CLIFTON, NJ 07011

Present Use of the Property_____

Number of Stories_____ Number of Units_____ Commercial_____ Residential_____

Is the property secured from unauthorized entry? _____

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? _____

Are the utilities ON or OFF? Electric_____ Gas_____ Water_____

2. **Owner Information**

Name or Corporate Entity Cenlar FSB

Contact (If Corporate Entity) Bron

Address 1341 W Mockingbird Ln Suite 950w, Dallas, TX 75247

Phone 877-338-3791 Email propertyregistrations@broninc.com Fax_____

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity_____

Contact (If Corporate Entity)_____

Address_____

Phone_____ Email_____ Fax_____

Block _____ *Lot* _____ *Address* _____

4. **Property Manager Information**

A Property Manager is an individual 18+ years in age whom is designated as the person or entity responsible for maintaining the property and to receive all notices regarding maintenance issues, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the Property Manager. The Property Manager must be available by phone or in person on a twenty-four (24) hour per day, seven (7) days per week basis in the case of emergency.

Name or Corporate Entity _____

Contact (If Corporate Entity) _____

Address _____

Phone _____ Email _____ Fax _____

5. **Additional Information**

Please provide any additional information that may assist the City of Clifton with communications with the Owner, Authorized Agent, or Property Manager.

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I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OFTHE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER APPLICABLE LOCAL, STATE AND FEDERAL LAWS.

Owner's Name (Printed) Sidney Johnson Owner's Signature _____

Date 12/16/24

For Office Use Only: Vacant _____ Abandoned _____ Fee: Free _____ $750.00 _____

Payment: Cash _____ Check# _____

Authorized City Representative: Printed _____ Signed _____

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APPLICATION FOR THE REGISTRATION OF VACANT OR ABANDONED PROPERTIES

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1. **Property Information**

Initial Registration _____ 1st Renewal 1 2nd Renewal _____ 3rd Renewal _____

Block 33.09 Lot 43

Address 1456 Van Houten Avenue

Present Use of the Property None

Number of Stories 2 Number of Units 1 Commercial no Residential yes

Is the property secured from unauthorized entry? yes

Is there a sign, no less than eight (8) by ten (10) inches, posted on the building with the contact information for the Property Manager? no

Are the utilities ON or OFF? Electric off Gas off Water off

2. **Owner Information**

Name or Corporate Entity Jayne D Sachtleben

Contact (If Corporate Entity) _____

Address 18 Crestmont Road Little Falls NJ 07424

Phone 973-698-3877 Email lsachtleben@gmail.com Fax N/a

3. **Authorized Agent Information**

An individual 18+ years in age whom is designated to receive any and all notices, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the authorized agent.

Name or Corporate Entity Liz Sachtleben

Contact (If Corporate Entity) _____

Address 18 Crestmont Road Little Falls NJ

Phone 973-698-3877 Email lsachtleben@gmail.com Fax N/a

Block 33.09 *Lot* 43 *Address* 1452 Van Houten Avenue
Clifton NJ 07013

4. Property Manager Information

A Property Manager is an individual 18+ years in age whom is designated as the person or entity responsible for maintaining the property and to receive all notices regarding maintenance issues, whom must be located in New Jersey. If the owner is a resident of New Jersey, they may designate themselves. New Jersey corporate entities may designate an employee representative. All individuals and corporate entities outside of New Jersey must designate an individual who resides, works or is located in New Jersey to serve as the Property Manager. The Property Manager must be available by phone or in person on a twenty-four (24) hour per day, seven (7) days per week basis in the case of emergency.

Name or Corporate Entity Liz Sachtleben

Contact (If Corporate Entity) _____

Address 18 Crestmont Road Little Falls NJ

Phone 973-698-3877 Email SachHeben@gcbcl.com Fax N/A

5. Additional Information

Please provide any additional information that may assist the City of Clifton with communications with the Owner, Authorized Agent, or Property Manager.

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Owner's Name (Printed) Jayne Sachtleben Owner's Signature _____

Date 10/18/23

For Office Use Only: Vacant ___ Abandoned ___ Fee: Free ___ $750.00 ___

Payment: Cash ___ Check# ___

Authorized City Representative: Printed ___ Signed ___