

# CITY OF WILLIAMSPORT, PA RESOLUTION

RESOLUTION # 9184

DATE 9-9-21

## TITLE

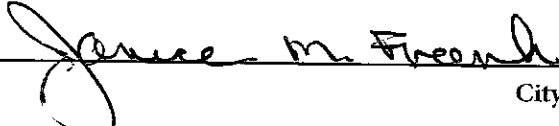
### Real Estate Refund

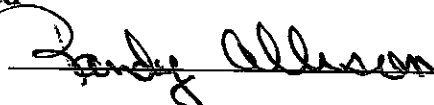
WHEREAS the City Council of the City of Williamsport approves the refund of the 2020 & 2021 Real Estate Tax penalty in the **amount of \$441.98** as submitted by the City Treasurer to the City Council.

<u>Parcel</u>	<u>Owner</u>	<u>Property Address</u>	<u>Penalty</u>
65-2-107	Savinski Kenneth R.	531 W 4 <sup>th</sup> Street	\$441.98

WHEREAS, this request has been verified by the City Treasurer's Office.

Approved

  
\_\_\_\_\_  
City Clerk

  
\_\_\_\_\_  
President

08.23.2021

**MEMO**

**To**  
City Council

**From**  
Nicholas Grimes

**CC**  
Mayor Slaughter  
Controller Woodring  
Solicitors

**Re**  
Real Estate Penalty  
Refund

City Council and Administration,

Attached is a resolution requesting a refund for the penalty paid on real estate taxes in 2020 and 2021.

Mr. Savinski, the property owner was murdered in New York in January of 2020. It took the courts over 1 year to appoint fiduciaries who could access his financials and pay the City Real Estate Taxes. The 2020 and 2021 taxes have now been paid and the Fiduciary – James Ridinger is requesting that we refund the \$441.98 in penalty charges that were assessed over these two tax years.

Generally, it is advised not to waive penalty on tax payments as there will also be issues with payments, mail, etc., and council does not want to set a precedent that everyone could use to avoid paying late fees. However, this is a very unusual circumstance that has been substantiated through documentation.

Please find attached the documents from Mr. Ridinger, along with the details of the penalty charges for the 2021 and 2020 tax bill.

The finance committee reviewed this request as a discussion item on 8-10-21.

Please contact me if you have any questions.

**Nicholas Grimes**  
Williamsport Treasurer & Tax Collector  
Phone: 570 327 7521  
Fax: 570 327 7537  
[Treasurer@Cityofwilliamsport.org](mailto:Treasurer@Cityofwilliamsport.org)

**CITY OF WILLIAMSPORT**  
**OFFICE OF THE TREASURER**

Tel 570 327 7521  
Fax 570 327 7537

245 West 4<sup>th</sup> Street  
Williamsport, PA 17701

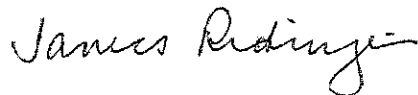
[www.cityofwilliamsport.org](http://www.cityofwilliamsport.org)  
[Treasurer@cityofwilliamsport.org](mailto:Treasurer@cityofwilliamsport.org)



To Whom it may concern,

I would like to take a minute to introduce myself. My name is James Ridinger. My cousin Susan Martin and I were recently named co-administrators of our uncle's estate (Kenneth Savinski). In the overnight hours of 1/28/2020 and 1/29/2020, he was murdered in his New York City apartment. He died intestate and before anything could be accomplished COVID hit, the courts shut down and no one was able to be named as administrator of his estate. We did not have access to his home at 531 W 4th St in Williamsport and subsequently did not have access to his mail. We are contacting you to ask for leniency with the penalties assessed on the taxes for the property. We are finally able to move forward with satisfying any debts to his estate and want to do so as quickly as possible. I have included Letters of Administration and the death certificate for your review. Any assistance with these penalties would be greatly appreciated by the family during this difficult time. I would like to thank you for your time and understanding with this matter.

Sincerely,

A handwritten signature in cursive script that reads "James Ridinger".

James Ridinger

440-915-4216

## Surrogate's Court of the County of New York

Whereas, a decree has been entered by this court directing the issuance to you of LETTERS OF ADMINISTRATION, upon your qualifying, according to law.

Now, therefore, you are hereby authorized to administer the estate of said deceased subject to the jurisdiction and the supervision of this court.

File #: 2020-1221

Name of Decedent: **Kenneth R Savinski**  
**AKA Kenneth Savinski**

Date of Death: 01-29-2020

Domicile: **County of New York**

Type of Letters Issued: **LETTERS OF ADMINISTRATION**

Fiduciaries Appointed: **Susan Martin**  
**James A Ridinger**

Limitations: **None**

THESE LETTERS, granted pursuant to a decree entered by the court, authorize and empower the above-named fiduciary or fiduciaries to perform all acts requisite to the proper administration and disposition of the estate/trust of the Decedent in accordance with the laws of New York State, subject to the limitations and restrictions, if any, as set forth above.

Dated: March 31, 2021

IN TESTIMONY WHEREOF, the seal of the New York County Surrogate's Court has been affixed.

WITNESS, Hon Rita Mella, Judge of the New York County Surrogate's Court



\_\_\_\_\_  
Diana Sanabria, Chief Clerk

*These Letters are Not Valid Without the Raised Seal of the New York County Surrogate's Court*

NOTICE: Attention is called to the provision of Sec 11-1.6 of Estates, Powers and Trusts law and Sec 719 of the Surrogate's Courts Procedure Act, which makes it a misdemeanor and a cause for removal for a fiduciary to deposit or invest estate funds in his individual account or name. All funds must be deposited in the name of the fiduciary and to the credit of the estate. Sec 708 and Sec 711 of the Surrogate's Court Procedure Act provide that if the address of the fiduciary changes they shall promptly notify the court of the new address and that failure to do so within thirty (30) days after such change may result in the suspension or revocation of letters.

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 FEB-04-2020 02:04 PM **CERTIFICATE OF DEATH** Certificate No. 156-20-004997

1. DECEDENT'S LEGAL NAME **KENNETH R SAVINSKI**  
 (First, Middle, Last, Suffix)

Place of Death	2a. New York City	2c. Type of Place		2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)			
	2b. Borough <b>Manhattan</b>	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>120 E 83rd St Apt 1D, New York, NY 10028-1129</b>			
Date and Time of Death or Found Dead		3a. (Month) <b>January</b>	(Day) <b>29</b>	(Year-yyyy) <b>2020</b>	3b. Time <b>4:05</b>	4. Sex <b>Male</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5. OCME Case No. <b>M20002695</b>	
6. CAUSE OF DEATH	PART I	a. Immediate cause <b>Stab And Incised Wounds Of Neck With Injuries Of Major Vessels</b>					APPROPRIATE INTERNAL CAUSE TO DEATH	
		b. Due to or as a consequence of						***
		c. Due to or as a consequence of						***
		PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.						
7a. Injury Date (mm dd yyyy)		7b. Time	7c. At Work	7d. Place of Injury – At home, factory, street, etc.				
<b>Unk</b>		<b>Unk</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Apartment</b>				
7e. Location		<b>Inside of 120 E 83rd St Apt 1D, New York, NY 10028-1129</b>						
7f. How Injury Occurred <b>Was Stabbed and Beaten by Other (s)</b>								
7g. If Transportation Injury Specify		8. Manner of Death:		9. Autopsy				
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify _____		<input type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy				
10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated:								
		Certifier Signature <i>Sarah Thomas</i>		D.O. M.D. Date <b>JAN-31-2020</b>				
		Certifier Name (Print) <b>SARAH THOMAS</b>		<b>Medical Examiner</b>				
		(Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)						
11a. Usual Residence State	11b. County	11c. City or Town		11d. Street and Number	Apt. No.	ZIP Code		
<b>New York</b>	<b>New York</b>	<b>New York</b>						
				11e. Inside City Limits?				

To be filled in by the OCME

COMMISSIONERS

SCOTT L. METZGER  
Chairman

TONY R. MUSSARE  
Vice-Chairman

RICHARD MIRABITO  
Secretary

Telephone: (570)327-2301



Physical Location:  
33 W. Third St, Williamsport PA 17701  
Mailing Address:  
48 W. Third Street, Williamsport PA 17701

COUNTY OF LYCOMING  
TAX CLAIM OFFICE

MARK J. ANDERSON  
Tax Claim Director

AUSTIN WHITE  
Solicitor

taxclaim@lyco.org

Fax: (570) 327-2309

DATE: 7/28/2021

TIME: 14:09:15

PAGE 1

REAL ESTATE TAX LIEN CERTIFICATE

THIS DOCUMENT CERTIFIES THAT THE TAXES/COSTS DUE ON THE PROPERTY DESCRIBED BELOW, AS SHOWN BY THE RECORDS PROCESSED IN OUR OFFICE AS OF 7/28/21 ARE AS FOLLOWS.

\*\*\*\*\* DIST/CTL 650 389 \*\*\*\*\*

SAVINSKI KENNETH R  
531 W FFOURTH ST  
WILLIAMSPORT PA 17701

MAP NO 65 -0020-0107 - 000  
SITUS 531 W FOURTH ST

PROPERTY 531 W FOURTH ST  
DESC

65-0020010700000-

WILLIAMSPORT CITY 5TH WARD  
41720 WILLIAMSPORT AREA SCHOOL DIST

BOOK/PAGE9166 0994  
LAND USE CO

CERT MAIL-R/C 90678304  
CERT MAIL-SALE

STATUS C

ACREAGE .239  
VALUE 138,380 VALUE C&G

DATE	CODE	DESCRIPTION	RECEIPT NO	TAX	PENALTY	INTEREST	CHARGES	PAYMENTS	BALANCE DUE	INT ADDED EACH MO
2/03/21	400	SCH-WMSPORT AREA		2014.59	201.46	99.72	2315.77			16.62
2/03/21	300	<del>CITY-WMSPORT CITY 5</del>		2175.33	<del>217.53</del>	107.70	2500.56			17.95
2/03/21	200	CITY-WMSPORT CITY 5		899.47	89.95	44.52	1033.94			7.42
<del>2020 TAX TOTAL</del>							5850.27			
2/03/21	201	FILING FEE					45.00			
3/12/21	202	POSTAGE RET & CLAIM					7.00			
2020 FEE TOTAL							52.00			
2020 YEAR TOTALS & BALANCE							5902.27	.00	5902.27	41.99
ESTIMATED BALANCE DUE NEXT MONTH									5944.26	
CLAIM TOTALS							5902.27	.00	5902.27	41.99

ESTIMATED TOTAL DUE NEXT MONTH 5944.26

MISC RECEIPTS

1/04/99	960	LIEN CERTIFICATE		28512					5.00	
4/25/06	960	LIEN CERTIFICATE		140963					5.00	
4/08/03	950	OVERPAYMENT		95069					13.23	
3/02/15	960	LIEN CERTIFICATS		275151					10.00	
7/12/18	960	LIEN CERTIFICATE		322992					10.00	
CREDIT CARD TRANSACTIONS -										

APPROVED BY:

\*\*Note: This Tax Lien Certificate represents delinquent real estates taxes owed for Tax Years 2020 and prior as of the date of this lien certification.

CITY OF WILLIAMSPORT  
 TREASURER'S OFFICE  
 PO BOX 1283  
 WILLIAMSPORT PA, 17703

PHONE 570-327-7520

TAX COLLECTION RECEIPT

DIST/CTL 650 389 1  
 MAP NO 65 -0020-0107 - 000

RECEIPT NO	1359648
RECEIPT DATE	8/09/2021
PAGE	1
PRINTED:	
DATE	8/23/2021
TIME	14:22:34

SAVINSKI KENNETH R  
 531 W FFOURTH ST  
 WILLIAMSPORT PA 17701

PROPERTY DESCRIPTION:  
 531 W FOURTH ST

65-0020010700000-

TAX YEAR	DESCRIPTION	FACE	CHARGES	CREDITS	BALANCE
2021	MUN-WILLIAMSPORT-5 MUN TAX-PMT MUN PEN-CHG <del>MUN PEN-PMT</del>	2,244.52	224.45	2,244.52- <del>224.45</del>	2,244.52 .00 224.45 <del>0.00</del>
	2021 TOTAL	2,244.52	224.45	2,468.97-	.00

TENDER TYPE	CHECK
RECEIVED BY	WSW
PAID BY	SAVINSKI KENNETH R ESTATE OF
REMARKS	CHK# 108