

| | DESCRIPTION | ROLL NO | ODOMETER |
|--------|--|---------|----------|
| | EMANUEL PROJECT NEWSPAPER ARTICLES 1971 THROUGH 1974 | | |
| RS 3-1 | AMERICAN PLATING COMPANY 2751 N. WILLIAMS | | |
| A-2-4 | ABLE, VERA 3106 N. GANTENBEIN | | |
| RS-4-4 | ADAMS, JEWELL D. 102 N. KNOTT, APT. D | | |
| E-4-10 | ALLEN, ALICE 2627 N. GANTENBEIN | | |
| E-4-10 | ALLEN, ANNIE J. 2627 N. GANTENBEIN | | |
| E-4-10 | ALLEN, DONALD R. 2627 N. GANTENBEIN | | |
| RS 5-3 | ALLEN, R. J. 2632 N. GANTENBEIN | | |
| AB 3-6 | ALTMANN, JOHN S. 405 N. STANTON | | |
| A 2-4 | BARBER, MARY 3106 N. GANTENBEIN | | |
| RS 4-7 | BASS, LEE ETTA 111 N. RUSSELL #2 | | |
| A 4-6 | BATES, BILLY 3320 N. GANTENBEIN | | |
| E 3-1 | BELL, LEONARD 500 N. KNOTT | | |
| R-10-1 | BENNETT, LOUIS 3147 N. COMMERCIAL | | |
| R 9-4 | BERG, JOHANN 320 N. FARGO | | |
| A 3-19 | BIELAN, ROBERT LEE 3213 N. VANCOUVER | | |
| A 4-8 | BOOKER, ELENORA 259 N. COOK | | |
| A-4-11 | BOWLES, EVIE 233 N. COOK | | |

R E S U M E

DATE _____

NAME Booker, Elnora

Mrs. Booker has a limited income based on Social Security & Welfare. She has a problem hearing what is said to her. She feels that buying a house and paying taxes is beyond her earning power. I agreed and feel that living in multi-unit housing will afford more protection and good safe, sanitary housing. She will be able to keep money received from sale of her house and live in 70% rent supplement payment to help her in renting new apt. However, upon advice by EDPA and others, Mrs. Booker bought a house at 829 N. E. Beech - I feel however, this was more than she could handle. She moved in and says that she is happy.



l) _____
worker

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-4-8 Advisor SCD
 Client's Name BOOKER, ELNORA Phone 287-0682
 Address 259 N. COOK Ethn B Age 65

- Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 wife, husband

Other: Relation Age Relation Age

| Relation | Age | Relation | Age |
|----------|-----|----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

Economic Data

Employer \$
 Address
 Other Source of Income S.S. \$ 58.00
 Total Monthly Income \$ (58.00)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

- YES NO

Date of initial interview 5-10-71 Date of Info pamphlet delivery _____
 Date Notice to Move given NO Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1953
 (a) for owner-occupants - indicate initial date of occupancy and ownership 1953
 Date of initiation of negotiations for purchase of property 5-12-71
 Date of Acquisition 6-10-71
 Date of letter of intent 6-30-71
 Date of move 9-27-71

DWELLING UNIT FROM WHICH RELOCATED

| | | | |
|----------------|-------------------------------------|-----------------|-------------------------------------|
| Private Sales | <input checked="" type="checkbox"/> | Single Family | <input checked="" type="checkbox"/> |
| Private Rental | <input type="checkbox"/> | Duplex | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Multiple Family | <input type="checkbox"/> |

Age of Housing Unit 1909

Size of Habitable Area 1,232

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ _____ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ F/C Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 5,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 829 N.E. BEECH LPA Referred Self Referred _____

| | | | |
|----------------|-------------------------------------|-----------------|-------------------------------------|
| Private Sales | <input checked="" type="checkbox"/> | Single Family | <input checked="" type="checkbox"/> |
| Private Rental | <input type="checkbox"/> | Duplex | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Multiple Family | <input type="checkbox"/> |

Outside city Outside state

Age of Housing Unit 1966

Size of Habitable Area 840 +

No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 14,500

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 9,534.-

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

3 Standard Rent

Agency Referrals:

_____ MCW HAP OTHER (RENT SUP.)

_____ Food Stamp Legal Aid _____ Other (_____)

Benefits Received

Date 8-24-71 Ck # 17EH Type RHP Amount \$ 9,500.00

Date 9-2-71 Ck # 26810 Type MC Amount \$ 460.00

Date 12-15-71 Ck # 194EH Type S.C. Amount \$ 34.00

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BOOKER, Elnora RELOCATION ADVISOR CD

ADDRESS 259 N. Cook PHONE 287-0682 PROJECT NAME Emanuel ORE R-20

SEX F ETHN _____ VETERAN _____ AGE 65 PARCEL NO. A-4-8

MARITAL STATUS Widow TENURE Owner

DISABILITY _____ INDIV X FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____

RENT SUPPLEMENT X OTHER _____

| | |
|-----------------------------|----------------|
| DATE ON SITE: | <u>1953</u> |
| INITIATION OF NEGOTIATIONS: | <u>5/12/71</u> |
| DATE OF ACQUISITION: | <u>6/30/71</u> |

INITIAL INTERVIEW May 10, 1971 DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE No DATES EFFECTIVE ----- EXPIRATION DATE -----

NOTIFY IN CASE OF EMERGENCY _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security ██████████ 58.00
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$58.00

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DWELLING UNIT FROM WHICH RELOCATED

| | S | SS |
|-------------------|---|-----------------|
| Subsidized Sales | | Single Family |
| Subsidized Rental | | Multiple Family |
| Public Housing | | Duplex |
| Private Rental | | Mobile Home |
| Private Sales | | |

Age of Structure 1909 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn. X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$5,000.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ 5/c

Size of Habitable Area 1,232

HOUSING REFERRALS

| Address | Bedrooms |
|--|----------|
| Rent supplement Housing <u>606 NE Sacramento</u> | |
| Rent supplement Housing <u>13th & Emerson</u> | |
| HAP <u>829 NE Beech</u> | |

AGENCY REFERRALS

| Name of Agency | Date |
|--------------------------|----------------|
| Multnomah County Welfare | |
| Food Stamp Program | |
| Housing Authority | <u>6-2-71</u> |
| Legal Aid | <u>8/13/71</u> |
| FISH | |
| Health Dept. | |

AGENCY ACTION:

REASONS:

| | | |
|---------------------------|--|--|
| Appeals | | |
| Evicted | | |
| Refused Assistance | | |
| Address Unknown (tracing) | | |
| Other (death, etc.) | | |

TEMPORARY RELOCATION

| | |
|-----------------|--|
| Within Project | |
| Outside Project | |

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred X

Address 829 N.E. Beech St. Phone _____ Date of Move 9/27/71

WHERE RELOCATED:

| | | | | S | SS |
|--------------|---|-------------------|---|-----------------|----|
| Same City | X | Subsidized Sales | | Single Family | X |
| Outside City | | Subsidized Rental | | Multiple Family | |
| Out of State | | Public Housing | | Duplex | |
| | | Private Rental | | Mobile Home | |
| | | Private Sales | X | | |

Furnished ___ Unfurnished X Number of Rooms 6 Number of Bedrooms 3 Habitable Area 840

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 14,500.00

Age of Structure: 1966 Taxes \$ _____ Equity \$ _____ Distance Moved Away 12 blocks

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

| Type | Ck # | Date | Amount |
|---------------|---------|----------|------------|
| RHP | 17 EH | 8/24/71 | \$9,500.00 |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Sales) | | | \$ |
| Fixed Moving | 26810 G | 9/2/71 | \$ 460.00 |
| Actual Move | | | \$ |
| Storage | | | \$ |
| Incidental | 194 EH | 12/15/71 | \$ 34.00 |
| Interest | | | \$ |

Purchase Price \$ 14,500.00
 Down Payment \$ _____
 RHP \$ 9,500.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$9,940.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

| Date | | Relocation Worker |
|---------|--|-------------------|
| 1/15/71 | Flyer delivered by Wilson Smith. Receptive | WSJ |
| 1/19/71 | Mrs. Nora Booker came into the office with her neighbor Jewel Denson (3316 N. Gantenbein). She is hard to understand. She is a widow; now owns her home but definitely wants to rent when she moves, possible in HAP Housing. She says she only receives \$58.00 monthly from Social Security. Her age is 65. Assigned to JC to take her to MCW to see if she can get Old Age Assistance and food stamps. | SLC |
| 2/9/71 | Survey: Same above information, will not buy, possible HAP | CD |
| 5/10/71 | Talked with Mrs. Booker. She had received letter from PDC Real Estate and wanted to get appointment to negotiate sale of her house. She seemed ready and willing to sell. Also, talked about relocation and what we could do to help her. CD make appointment with Mrs. Lyons for 11:00 a.m., May 12. | CD |
| 5/12/71 | Mrs. Booker came to Emanuel Site Office as per appointment. Met with Mr. Hand. | CD |
| 5/13/71 | Went to Mrs. Booker's to see her about rent supplement housing. She filled out an application. | CD |
| 6/2/71 | Took Mrs. Booker to see rent supplement housing. The apt. available was upstairs and she didn't want to go upstairs. Located 606 N.E. Sacramento. She likes new apt., but not the steps. | CD |
| 6/10/71 | Mrs. Booker signed option today. | CD |
| 6/11/71 | Took Mrs. Booker out to Emerson Apts. 5312-14 N.E. 13th Avenue - rent supplement housing. The apt. shown her was a new 1 bedroom with wall to wall carpets stove and refrigerator, patio, landscaped with parking. All utilities paid rent to her \$49.00 per month, washing facilities are in the building. Mrs. Booker was pleased and felt we had found something she really wanted because there were no steps to climb and it was close to her church at 6th and Prescott. I will fill out necessary forms and get HUD approval then she only has to make deposit and first months rent. She has signed her option. | CD |
| 7/11/71 | Mrs. Booker has a limited income based on Social Security & Welfare. She has a problem hearing what is said to her. She feels that buying a house and paying taxes is beyond her earning power. I agreed and feel that living in multi-unit housing will afford more protection and good safe, sanitary housing. She will be able to keep money received from sale of her house and live in 70% rent supplement payment to help her in renting new apt. | CD |
| 7/15/71 | Talked with Mrs. Booker. She needs a certificate of death for her husband Johnie Booker. I went and got one for her, paid \$3.00 for it and collected \$3.00 from Mrs. Booker. | CD |
| 7/21/71 | Took Mrs. Booker out to new apt. with her friend who lives on Commercial & Cook (white house). She wanted her friend to see it. She and friend went through the apartment and both were very pleased. Mrs. Booker indicated that she could put down her first months payment. At this point I went over the fact that she could if she wanted to, buy a house. I tried to make it very clear to her that there were other alternatives for her. She said | CD |

INTERVIEW REGISTER

| Date | | Relocation Worker |
|----------|--|-------------------|
| | she had found what she wanted and paid the balance of June and all of July's rent. She has her key and plans to move June 28, 1971 | CD |
| 7/23/71 | Had phone call from Wiley Real Estate, Jeff Chamberlin, who wanted to know what benefits Mrs. Booker would get. I refused to discuss Mrs. Booker with him for reasons outlined in our directive dated 6/17/71. He stated that he had been sent by Legal Aid to find Mrs. Booker. Mrs. Booker went out to see a house that cost \$18,000.00. She said "she liked the house, but did not want to be obligated for taxes". She has made it clear to PDC that she has no intention of buying a house from the very first contact with her. | CD |
| 8/10/71 | Mrs. Hart called, said she got appointment with Barnes now. I told her I had made an appointment and was leaving and would try and catch them at J. Barnes office. I got there late (talking with skipper) But J. Barnes made appointment for 11:00 a.m. 8/11/71. I told Mrs. Hart. | CD |
| 8/11/71 | Went to meet Mrs. Hart, Mr. Barnes and Mrs. Booker at Mr. Barnes office. Mr. Barnes instructed Mrs. Booker on signing from for obtaining money needed for buying house at 829 N.E. Beech St. Asked Mr. Barnes for permission to inventory furniture. It was o.k.. Forms are ready for processing. Called Mr. Mertens concerning liens appearing on title report (\$229.38). Told him these could be paid out of (moving allowance) and (moving cost). Mr. Merten consulted with Barne and felt it would be alright and instructed me to arrange fixed or moving expense allowance & relocation allowance under new relocation act of 1970. | CD |
| 11/16/71 | Mrs. Booker called to complain about her furnace. I checked it out. It is working as it should. She also complained there was no hot water in shower. Showed her how to open control to make water flow into tub and how to open valve at shower head. | CD |

↓
Home
maintenance
Counseling

MEMORANDUM

Date August 5, 1971

TO: The File
FROM: Ben Webb
SUBJECT: Booker, Elnora - 259 N. Cook

On August 5, 1971 a meeting was held at the C-CAP Office with Jim Barnes of Legal Aid; the client, Mrs. Booker; Mrs. Hart from Albina Realty; Ollie Norville, PDC Attorney; and Ben Webb, PDC staff, for the purpose of discussing Mrs. Booker's relocation benefits. We reached agreement on all points. Mrs. Booker wants to buy a house at 829 N.E. Beech - cost, \$14,500.

8/13/71 - Ben Webb telephoned Mr. Barnes of Legal Aid, to clear the position with respect to the July 1 letter from Charles J. Merten. Mr. Barnes said that it had been decided to let things stand as they are, because Mrs. Booker would not make a good witness. We next discussed Mrs. Booker's ability to look after herself and properly care for the property. Mr. Barnes agreed that Mrs. Booker was a near incompetent and that she has a tendency to sign any piece of paper that anyone puts before her and would, therefore, be an ideal victim for any of the high-pressure siding salesmen and other types of salesmen that like to prey on people like Mrs. Booker. He further stated that in his judgment it would be possible for Legal Aid to appoint a guardian to look after Mrs. Booker and that he would investigate the possibilities.

In our judgment this seems to confirm Mr. Daniels' original opinion that Mrs. Booker needs help and that she would have been better off in a rent subsidy house, in which case she would have had the \$5,000 received from the sale of her house as a cushion, and would still have to pay less than \$50 a month rent for an apartment that was renting for \$150.

BCW:ch

C.H. SEND ORIGINAL AND ONE
COPY TO EMANUELE
B.B. LAY ONE COPY IN EACH FILE

TO ~~DON SILVEY~~ EMANUELE AT
SUBJECT Displacees relocated in NDP Rehab. funded areas. DATE May 8, 1974

The following properties have had HRP assistance;

BOAKLE, Elnora

829 N.E. Beech

No. 313/3HRP398 - Contract dated 12/14/72 - Off workload 1/23/73

GREEN, Beatrice (Dye, Jonas)

506 N.E. Ivy

493/4HRP585 - Contract dated 1/28/74 - Off workload 2/14/74

PLEASE REPLY TO → SIGNED C. Ray Wilson

Don:

AS YOU KNOW HUD HAS DECIDED THAT ONLY IN
THE CASE OF PERSONS RELOCATED SINCE 6/30/73 WILL THE
PRG REHAB. BE PAID OUT OF RELOCATION GRANTS. WITH RESPECT
TO THE ABOVE TWO PERSONS ELNORA BOAKLE WAS RELOCATED
PRIOR TO 6/30/73. BEATRICE GREEN WAS NOT ONE OF
OUR DISPLACEES. JONAS DYE IS ONE OF OUR DISPLACEES
BUT HE IS ONLY A TENANT OF BEATRICE GREEN

DATE 7/5/74

SIGNED

J.C. Webb

FORM W-80
ORIGINAL

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
ELECTRICAL DIVISION

Certificate No. **61494**

CERTIFICATE OF INSPECTION

Permit No. 100549

9-22, 1971

THIS IS TO CERTIFY, That the electrical

[equipment installed
work done]

under the above permit at

Street and Number 829 NE Bach

Owned by Robert Turner

Division of the Bureau of Buildings, and found to comply with the Ordinances of the City of Portland. has been inspected by the Electrician

Contractor Same

CHIEF ELECTRICAL INSPECTOR

By George Sandwick

NOTE—Any alteration of, or change in, any electrical wiring or apparatus makes this certificate void, unless a permit is issued for such alteration or change.

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISION

CERTIFICATE OF INSPECTION

Permit No. 172890

8-11-71 19

THIS IS TO CERTIFY, That the plumbing work done under the above

permit at 829 NE Buck

Owned by Robert Turner

has been inspected by the Plumbing Division of the Bureau of Buildings and found to comply with the Ordinances of the City of Portland.

FINAL INSPECTION

8-19-71 19

Contractor Mc Coy Plog

By Frank E. Schofield
PLUMBING INSPECTOR.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 194 EH

DATE December 15, 19 71

PAY TO **Elnora Booker**

\$ 34.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|---------|
| | | Reimbursement for Settlement Costs per claim filed. From §29 N.E. Beech (Am4-8) | \$34.00 |

Account Distribution

| NO. | TITLE | AMOUNT |
|--------|---|---------|
| E 1501 | Relocation Payments (Settlement Costs) | \$34.00 |

Elnora Booker
12/16/71

AC

Mus

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

| | |
|--|---|
| NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201 | PROJECT NAME (If applicable) <p style="text-align: center; font-size: 1.2em;">Emanuel Hospital Project</p> PROJECT NUMBER <p style="text-align: center; font-size: 1.2em;">ORE R-20</p> |
|--|---|

INSTRUCTIONS: Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted with this claim.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. IDENTIFICATION OF CLAIMANT

| | |
|--|---|
| Name (as shown in deed to local agency or in condemnation proceeding) <p style="text-align: center; font-size: 1.2em;">BOOKER, Elnora</p> | Address (Include ZIP code) 829 N. E. Beech Portland, Oregon |
|--|---|

2. IDENTIFICATION OF PROPERTY

| | |
|---|---|
| a. Address or Legal Description <p style="text-align: center; font-size: 1.2em;">829 NE Beech, Portland, Oregon (replacement dwelling)</p> | c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Parcel Number(s) <p style="text-align: center; font-size: 1.2em;">A-4-8 (on site)</p> | |

3. SETTLEMENT COSTS INCURRED BY CLAIMANT IN TRANSFERRING PROPERTY TO LOCAL AGENCY

| ITEM (a) | COSTS INCURRED BY CLAIMANT | | | FOR LOCAL AGENCY USE |
|----------------|--|----------------------------------|--|------------------------|
| | CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b) | PAID DIRECTLY BY CLAIMANT (c) | AMOUNT CLAIMED (Col. (b) + (c)) (d) | AMOUNT APPROVED (e) |
| 1/2 escrow fee | \$ 32.50 | \$ | \$ 32.50 | \$ 32.50 |
| Recording deed | 1.50 | | 1.50 | 1.50 |
| TOTAL | \$ 34.00 | \$ | \$ 34.00 | \$ 34.00 |

4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)

attached copy of Pioneer National Title Insurance Co.
escrow closing statement

5. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

December 6th, 1971

Date

Elnora Booker

Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP claim filed 8/11/71, paid 8/24/71, sum of \$9,500.00

B. DETAIL OF COSTS COVERING MORTGAGE PREPAYMENT PENALTY AND COSTS ALLOCABLE TO PERIOD SUBSEQUENT TO TRANSFER OF TITLE (Show basis for, and amount of, reimbursement due claimant for (1) any mortgage prepayment penalty, or (2) any taxes or public service charges paid by, or charged to, claimant for any period subsequent to vesting title or possession in the local agency, if the amount claimed was paid directly by claimant or if the computation is not shown on the settlement statement.)

C. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNT OF REIMBURSEMENT CLAIMED AND AMOUNT APPROVED FOR PAYMENT

D. CERTIFICATION

I CERTIFY that I have examined this claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this

claim is hereby approved and payment is authorized in the total amount of \$ 34.00

12-10-71
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 34.00 by check No. 194 EH dated 12/15/71

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 386603

ESCROW STATEMENT

September 24, 1971

PROPERTY ADDRESS **Booker, Elnora**
829 N. E. Beech

| DESCRIPTION | Debit | Credit |
|---|------------------|------------------|
| Lot 8, Block 5, LINCOLN PARK | | |
| Funds deposited by Portland Development Comm. | | 9,960 00 |
| XXXX Deposit on closing | | 4,570 62 |
| Title Insurance Policy No. | | |
| Escrow Fee 1/2 | 32 50 | |
| Taxes 1971-72 pro-rata share 7-1-71 to 10-25-71 | | 86 12 |
| City Liens | | |
| Reconveyance | | |
| RECORDING | | |
| Deed Turner to Brooker | 1 50 | |
| Deed to | | |
| Mortgage to | | |
| Trust Deed to | 44 00 | |
| Release of Mortgage to | | |
| Reconveyance | | |
| Contract between and | | |
| _____ % Interest Adjustment on \$ _____ from _____ to _____ | | |
| Insurance pro rata on \$ _____ from _____ to _____ | | |
| Paid for real estate commission | | |
| Paid Turner for deed | 14,500 00 | |
| Paid for | | |
| Balance - Our Check Herewith Refund | 82 74 | |
| Balance - Debit | | |
| TOTAL | 14,616 74 | 14,616 74 |

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Jean Egberg
(Mrs.) Jean Egberg, Escrow Officer

Emanuel

September 22, 1971

Pioneer National Title Insurance Company
421 S.W. Stark Street
Portland, Oregon 97204

Attention: Mrs. Jean Egberg

Gentlemen:

Re: Escrow #386603
Mrs. Elenora Booker

Confirming our telephone conversation this morning with Mrs. Jean Egberg regarding the above-numbered escrow, we wish to amend our instructions as follows:

You are hereby instructed to release the \$9,960.00 held in Escrow No. 386603 to Mrs. Booker upon closing.

Yours very truly,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch

September 9, 1971

Pioneer National Title Company
421 S.W. Stark
Portland, Oregon 97204

Attention: Mrs. Jean Egberg

Gentlemen:

Re: Escrow for Elnora Booker

Enclosed are our Warrants Nos. 17 EH and 26810 G in the combined amount of \$9,960.00, representing a Replacement Housing Payment, a dislocation allowance, and a fixed moving payment, to be held in escrow until you have received written notice from the Portland Development Commission that Mrs. Booker has purchased and does occupy standard housing.

Also enclosed is the escrow copy of the earnest money agreement with addendum. A letter of instructions from Albina Real Estate follows.

The Portland Development Commission is prepared to make payment for certain closing costs incurred by Mrs. Booker, not to include reserves. Please send an itemized statement of these costs as soon as possible so that funds will be available on a timely basis.

Yours very truly,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW/AC:ch
Enclosures

cc: Mr. J. Holman Barnes



Pioneer National Title Insurance Company

421 S.W. STARK STREET • PORTLAND, OREGON 97204 • TELEPHONE 224-0550

September 23, 1971

OREGON DIVISION

Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon
Attn: Ben Webb

ESCROW NO. 386603
RE: Turner-Booker-Albina Real
Estate

RECEIVED

SEP 24 1971

PORTLAND DEVELOPMENT COMMISSION

Gentlemen:

In connection with the above numbered Escrow, we enclose the following:

(XXX) Statement of Receipts and Disbursements

() Our check # _____ in the sum of \$ _____

- | | | | |
|--|---------------|------------------------|------------|
| () Deed recorded records of _____ | County, _____ | Book _____ | Page _____ |
| () Mortgage recorded records of _____ | County, _____ | Book _____ | Page _____ |
| () Note dated _____ | | in the sum of \$ _____ | |
| () Title Insurance Policy No. _____ | | in the sum of \$ _____ | |
| () Fire Insurance Policy in the amount \$ _____ | | | |

Please forward any reimbursement of funds to
Mrs. Elnora Booker; 829 N.E. Beech, Portland, Oregon.

Any other documents to which you are entitled will be forwarded as soon as they are available.

Yours very truly,

Pioneer National Title Insurance Company

By: _____

(Mrs.) Jean Egberg, Escrow Officer

C O P Y

421 SW STARK STREET PORTLAND, OREGON 97204

OREGON DIVISION

ESCROW DEPARTMENT

ATTN: Jean Egberg

Gentlemen:

We are prepared to issue title insurance policy in the usual form insuring the title to the land described on the attached description sheet:

Vestee: **ROBERT TURNER and ESTELLE TURNER,**
as tenants by the entirety.

Dated as of **September 9**, 19**71** at 8:00 a.m.

cc: **Albina Real Estate**
cc: **Elnora Booker**
cc: **Estella Turner**

Pioneer National Title Insurance Company

By

R. Paul Aragon

Subject to the usual printed exceptions and stipulations.

Notes: 1970-71 taxes, \$269.59; paid. (Acct. No. 49710-0730 Code 001)

1. We are unable to complete our search of the judgment records covering the name Robert Turner for the reason that there are numerous judgments of record against persons of similar names. We enclose herewith Statement of Identity which should be filled out completely and returned to us. This Statement will enable us to complete our search.

Notes: Proof should be furnished that the following judgment is not against Elnora Booker, the prospective purchaser herein:

Judgment in favor of Retail Credit Ass'n of Portland, Ore, Inc. a corp. and against Elnora Booker and Johnnie Booker, husband and wife, entered December 28, 1964 in Docket 60 page 42 line 23-24, State Circuit Court; Face \$104.00 \$29.24; Costs \$14.00 \$2.00.

Report No. **386603**

-----END OF REPORT-----

PRELIMINARY REPORT ONLY

RPA:rac - unit I

DESCRIPTION SHEET

See page 1 for vesting and encumbrances, if any.

Description of the tract of land which is the subject of this report:

Lot 8, Block 5, LINCOLN PARK, in the City of Portland, County of Multnomah and State of Oregon.

Report No.

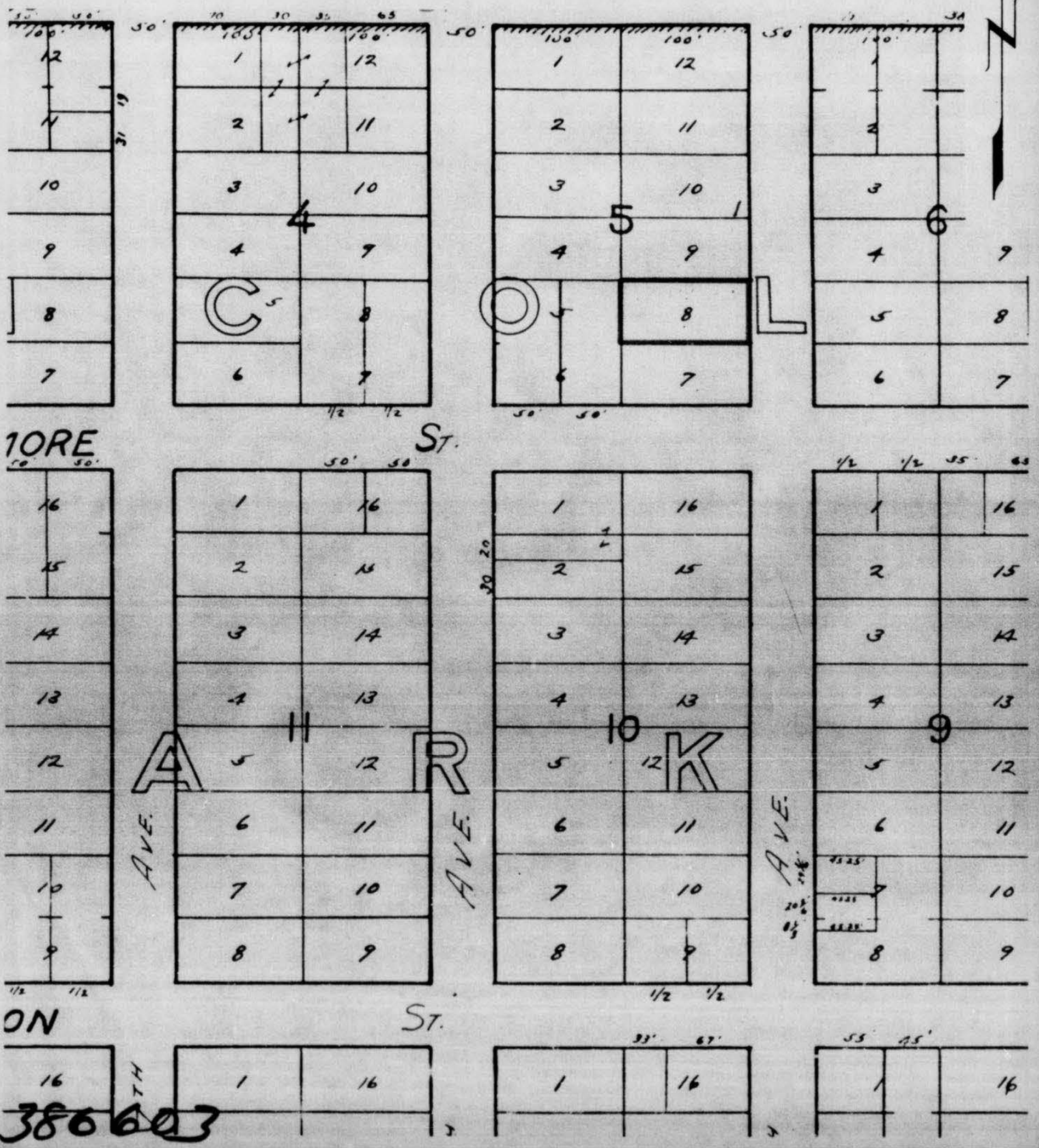
386603

2378

E-69

The sketch below is made solely for the purpose of assisting in locating said premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Pioneer National Title Insurance Company
Title and Trust Division



386603

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 26810 G

DATE September 2, 19 71

PAY TO THE
ORDER OF

Pioneer National Title Insurance Company

\$ 460.00

DOLLARS

NON-NEGOTIABLE

THE FIRST NATIONAL BANK OF OREGON
S.W. Fifth and College Branch
Portland, Oregon

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|-----------------|
| | | Deposit in escrow for ELENORA BOOKER, 259 N. Cook (A-4-88) as follows: Dislocation allowance \$200.00 Fixed payment - own furn. <u>260.00</u> | <u>\$460.00</u> |

Account Distribution

| NO. | TITLE | AMOUNT |
|-------|---|-------------|
| E1501 | Relocation Payments (Fixed - own furn. - Ind.) | EH \$460.00 |

AC

BJ

August 31, 1971

Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Gentlemen:

This is to authorize Portland Development Commission to place my dislocation allowance in the amount of \$200.00 and my fixed moving payment in the amount of \$260.00 in my escrow account at Pioneer National Title Insurance Company for replacement of money used to pay liens against property at 259 N. Cook recently sold to Portland Development Commission. Any balance to be disbursed to me directly at the time of move.

Sincerely,

Elnora Booker
Elnora Booker

August 31, 1971

Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Gentlemen:

This is to authorize Portland Development Commission to place my dislocation allowance in the amount of \$200.00 and my fixed moving payment in the amount of \$260.00 in my escrow account at Pioneer National Title Insurance Company for replacement of money used to pay liens against property at 259 N. Cook recently sold to Portland Development Commission. Any balance to be disbursed to me directly at the time of move.

Sincerely,

Elnora Booker

*Sent to Barnes For Mrs. Bookers
Legal A.d. — Mrs Hart From
Signature — Albina Real Estate
to Mrs Booker to legal aid*

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

| | |
|---|--|
| NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201 | PROJECT NAME (If applicable) Emanuel Project <hr/> PROJECT NUMBER Ore. R-20 |
|---|--|

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

| | |
|---|--------------------------------|
| 1. FULL NAME OF CLAIMANT (1) Elnora Booker | 2. DATE(S) OF MOVE 9 27 -71 |
|---|--------------------------------|

| | |
|---|---|
| 3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 259 N. Cook A-4-8 b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>1953</u> | 4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 829 N.E. Beech St. b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form. |
|---|---|

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

DISLOCATION ALLOWANCE

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 200.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

| | | |
|---------------------------------------|--------------------------|--|
| 7. NAME OF MOVING COMPANY (OR PERSON) | 8. MOVER'S TELEPHONE NO. | 9. ADDRESS OF MOVING COMPANY (OR PERSON) |
|---------------------------------------|--------------------------|--|

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

| | |
|---|----|
| a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) | \$ |
| b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) | \$ |
| c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.) | \$ |

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

August 11, 1971 x *Elnora Booker*
 Date Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Elnora Booker
259 N. Cook
Portland, Oregon

NAME OF LOCAL AGENCY

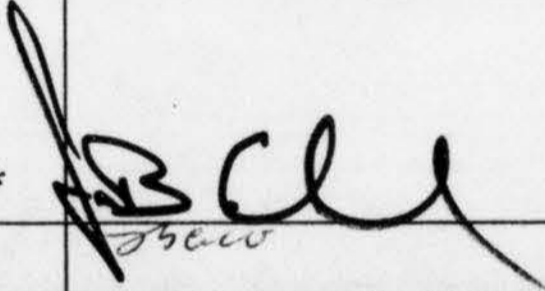
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

| ITEM | AMOUNT | AUTHORIZED SIGNATURE | DATE |
|---|--------------|---|--------|
| 1. Initial claim, moving expenses and direct loss of property | |  | 9-2-71 |
| a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____ | \$ 200.00 ** | | |
| b. Reimbursement for actual direct loss of property | \$ | | |
| 2. Supplementary claim(s) for storage costs: | | | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs | \$ | | |

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

| DATE | CHECK NUMBER | AMOUNT | DATE | CHECK NUMBER | AMOUNT |
|--------|--------------|---------------------|------|--------------|--------|
| 9/2/71 | 268106 | \$ 200.00 <i>of</i> | | | \$ |
| | | | | | |
| | | | | | |
| | | | | | |

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** DISLOCATION ALLOWANCE

CLAIM FOR RELOCATION PAYMENT

(Families and Individuals)

HUD-6140.1

(4-66)

| | |
|---|---|
| NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201 | PROJECT NAME (If applicable) Emanuel Project |
| | PROJECT NUMBER Ore. R-20 |

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

| | | |
|---|-------|--|
| 1. FULL NAME OF CLAIMANT Elnora Booker | (1) | 2. DATE(S) OF MOVE 9/27/71 |
| 3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 259 N. Cook b. Apt., Floor, or Room No. <u>House</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>1953</u> | A-4-8 | 4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 829 N.E. Beech St. b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form. |

| | | |
|---|--|--|
| 5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) | | Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs |
| 6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) | | \$ 260.00 |

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

| | | |
|---------------------------------------|--------------------------|---|
| 7. NAME OF MOVING COMPANY (OR PERSON) | 8. MOVER'S TELEPHONE NO. | 9. ADDRESS AND ZIP CODE OF MOVING COMPANY (OR PERSON) |
|---------------------------------------|--------------------------|---|

| |
|--|
| 10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover. |
|--|

| | |
|---|----|
| 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS | |
| a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) | \$ |
| b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) | \$ |
| c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.) | \$ |

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

August 11, 1971

Date

x Elnora Booker
Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Elnora Booker
829 N.E. Beech Street
Portland, Oregon

NAME OF LOCAL AGENCY

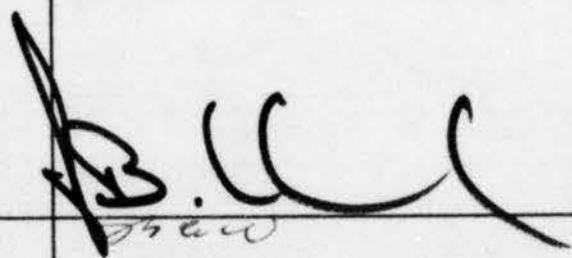
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

| ITEM | AMOUNT | AUTHORIZED SIGNATURE | DATE |
|--|-----------|---|--------|
| 1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____ | \$ 260.00 |  | 9-2-71 |
| b. Reimbursement for actual direct loss of property | \$ | | |
| 2. Supplementary claim(s) for storage costs: | | | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs | \$ | | |

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

| DATE | CHECK NUMBER | AMOUNT | DATE | CHECK NUMBER | AMOUNT |
|--------|--------------|-----------|------|--------------|--------|
| 9/2/71 | 268106 | \$ 260.00 | | | \$ |
| | | | | | |
| | | | | | |
| | | | | | |

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

Dwelling Unit Inventory

3 Beds & Springs
 _____ Bedroom Chair
2 Breakfast Table
5 Breakfast Table Chairs
 _____ Bridge Lamp & Shade
 _____ Buffet
1 Chest of Drawers
1 Coffee Table
1 Couch
 _____ Davenport
1 Desk & Chair
 _____ Dining Table
 _____ Dining Chairs
 _____ Dresser
2 End Table
 _____ Floor Lamp & Shade
2 Mirror

_____ Night Stand
2 Occasional Chair
1 Overstuffed Chair
 _____ Overstuffed Rocker
✓ Range
1 Refrigerator: Brand _____
1 Rocker
 _____ Rug & Pad: Size _____
 _____ Stool
3 Table Lamp & Shade
 _____ Table, small
 _____ Vanity & Bench
1 Suitcases
2 Trunks
✓ Cartons, Boxes, Etc.
✓ Clothes
✓ Bedding & Linens

Miscellaneous (List Items)

Sewing Mach.
T.V. ?
Ottoman
TV trays
Vacuum Cleaner
Hamper

China Closet
Washing Machine
Mrs Becker has many
odds & ends - Miscellaneous
items - She has packed
boxes & barrels of house
hold goods -

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 17 EH

DATE August 24, 1971

PAY TO Pioneer National Title Insurance Company

\$ 9,500.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|---|------------|
| | | Deposit in escrow for Elnora Booker, replacement housing payment per claim filed. Move from 259 N. Cook (Parcel A-4-8). | \$9,500.00 |

Account Distribution

| NO. | TITLE | AMOUNT |
|-------|------------------------------------|------------|
| E1501 | Relocation Payments (Rep. Housing) | \$9,500.00 |

BD

CPM

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

| | |
|--|---|
| NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201 | PROJECT NAME (If Applicable) Emanuel Project |
| | PROJECT NUMBER Ore. R-20 |

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

| | |
|---|------------------------------------|
| 1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> Elnora Booker | 3. DATE OF DISPLACEMENT 9/27/71 |
|---|------------------------------------|

2. Family Individual

4. DWELLING UNIT FROM WHICH YOU MOVED A-4-8

a. Address: 259 N. Cook
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:
1953
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

e. 3 No. of Bedrooms

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 829 N.E. Beech Street
Portland, Oregon

b. Number of bedrooms: 3

c. Purchase price: \$ 14,500.

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract:
Month-Day-Year

(2) Date you moved into this dwelling:
Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract:
Month-Day-Year

(2) Date of settlement:
Month-Day-Year

(3) Date you expect to occupy:
Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

August 11, 1971
Date

Elnora Booker
Signature of Owner-Occupant

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

| | |
|---|----------------------|
| 1. Average sales price for a standard dwelling suitable for the claimant., or actual purchase price <i>(From approved Form HUD-6155) of replacement house whichever is less</i> | \$ <u>14,500.00</u> |
| 2. Acquisition payment received by the claimant for his single- or two-family dwelling. | \$ <u>5,000.00</u> |
| 3. Line 1 minus line 2. | \$ <u>9,500.00</u> |
| 4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i> | \$ <u>none</u> |
| 5. Amount of any Additional Relocation Payment,* previously paid. <i>*Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).</i> | \$ <u>none</u> |
| 6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment. | \$ <u>none</u> |
| 7. Total <i>(line 5 and 6)</i> | \$ <u> </u> |
| 8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i> | \$ <u>9,500.00</u> |

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

_____ *Month-Day-Year*

Date Occupancy Established:

_____ *Month-Day-Year*

I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment of the amount shown on Line 8 above is authorized.

8-19-71
Date


Authorized Signature

| | | | |
|-------------------|------------------------|----------------------------------|---------------------------|
| RECORD OF PAYMENT | DATE <u>8/24/71</u> | WARRANT CHECK NO. <u>17EH</u> | AMOUNT <u>9,500.00</u> |
|-------------------|------------------------|----------------------------------|---------------------------|

| | |
|--|---|
| U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT | NAME OF CLAIMANT Elnora Booker <hr/> NAME OF DISPLACING AGENCY Portland Development Commission |
|--|---|

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)

| | | | |
|---|--|--|------------------------------------|
| 1. Did the claimant own the single- or two-family dwelling at the time of acquisition? Initial Date of Ownership: <u>1953</u> <i>Month-Day-Year</i> | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Date of Acquisition: _____ <i>Month-Day-Year</i> | | | |

| | | | |
|---|--|--|------------------------------------|
| 2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations? Initial Date of Ownership: <u>1953</u> <i>Month-Day-Year</i> | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Date of Initiation of Negotiations: _____ <i>Month-Day-Year</i> | | | |

| | | | |
|--|--|--|--|
| 3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations? Initial Date of Ownership: _____ <i>Month-Day-Year</i> | | | |
| Date of HUD Approval of the Project: _____ <i>Month-Day-Year</i> | | | |

| | | | |
|--|--|--|--|
| 4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Date of Displacement: _____ <i>Month-Day-Year</i> | | | |
| Date of Purchase of Replacement Housing: _____ <i>Month-Day-Year</i> | | | |
| Date of Occupancy of Replacement Housing: _____ <i>Month-Day-Year</i> | | | |

| | | | |
|---|--|--|--|
| 5. Has the replacement housing been inspected and found to be standard? <i>(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)</i> | | | |
| Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i> | | | |

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

September 22, 1971

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 829 N.E. Beech Street

Attn: Chet Daniels

Gentlemen:

287-0886
A reinspection was made by the Housing Division of the one-story, wood frame, three bedroom, single-family dwelling and built-in garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

July 26, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director
Building Division
C. C. Crank, Chief
Electrical Division
R. A. Niedermeyer, Chief
Plumbing Division
George W. Wallace, Chief
Permit Division
Albert Clerc, Chief
Housing Division
S. J. Chegwidan, Chief

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 829 N. E. Beech Street

Attn: Mr. Daniels

Gentlemen:

As the result of a displaced person and at your request an inspection was made by the Housing Division of the one-story, wood frame, three bedroom, single-family dwelling and built-in garage at the above address.

Our inspector reports the structure complies with City Housing Regulations at this time except for obvious deficiencies in the plumbing and electrical installation. We are referring the structure to the respective divisions for their report, and you will be notified of their findings.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit, so that a letter of certification may be issued.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidan

Herb

S. J. Chegwidan
Chief Housing Inspector

CHF:vo
cc: Plumbing & Electrical Div.

Schofield
Mr. Roberts

August 6, 1971

MEMORANDUM

TO: Ben C. Webb
FROM: Harold D. Hand
SUBJECT: Parcel No. A-4-8
BOOKER, Elnora
Emanuel Hospital Project

At your request I inspected the property at 829 N.E. Beech Street on August 5, 1971. It is my opinion that \$14,500 is a reasonable asking price.

STAN

WE HAD A MEETING WITH LEGAL AID ON AUG 5, 1971 ON THIS CASE. WE AGREED ON AN RHP OF \$9,500 WHICH ADDED TO THE \$5,000 ACQUISITION PRICE = THE \$14,500.

PLEASE GET AN RHP APPLICATION FROM CLIENT AND SEND THE ENTIRE FILE DOWN.

JHCU

7/9/71 contacted Mrs Hart, Real Estate sales woman
she needs sellers signature & would have to
arrange meeting with Mr. Barnes and Mrs Booker
7/10/71 Put call in for Mr. Barnes.



Standard Law Publishing Co. ©
Portland, Oregon 97204 SS

EARNEST MONEY RECEIPT

RECEIVED FROM Alvina B. Cook, a single woman,

City Portland State Oregon August 5, 1971

the sum of Two hundred dollars and no cents (hereinafter called "purchase") Dollars (\$ 200.00)

in the form of note (CASH, CHECK, DRAFT) as earnest money and in part payment for the purchase of the following described real estate situated in the City of Portland, County of Multnomah, State of Oregon to-wit: 529 N.E. Beach Street

which we have this day sold to said purchaser for the sum of Fourteen thousand five hundred dollars Dollars (\$ 14,500.00)

on the following terms, to-wit: The sum, hereinabove received for, of Two hundred dollars Dollars (\$ 200.00)

• (On _____, 19____, as additional earnest money, the sum of _____ Dollars (\$ _____)

• (On owners acceptance, _____ Dollars (\$ _____)

Upon acceptance of title and delivery of • { deed, _____ the sum of Fourteen thousand three hundred Dollars (\$ 14,300.00)

Balance of _____ Dollars (\$ _____)

payable as follows: See Addendum #1 attached.

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course of seller's expense, preliminary to closing. Seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title. Seller may furnish purchaser an abstract of title prepared by a reliable abstract company. It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and, None

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached linealms, attached television antenna, all shrubs and trees and all fixtures except None

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: None

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW, THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER.

Possession of said premises is to be delivered to purchaser on or before Thirty days after closing hereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address 3120 N. Williams Avenue ALBINA REAL ESTATE Broker
Phone 282-5571 By Ora Hart, Sales Representative

AGREEMENT TO PURCHASE

August 5 1971

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$14,500.00, as set forth above and grant to said agent a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be in name of Alvina B. Cook, a single woman

Address 259 N. Cook Purchaser Alvina B. Cook (S E A L)
Phone 287-0682 (S E A L)

AGREEMENT TO SELL

August 11 1971

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided; also the said deed when stated.

Address 829 NE Beach Seller Estella Turner (S E A L)
Phone 287-9609 Robert Turner (S E A L)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance. Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. DATE: Alvina B. Cook Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on _____, 19____. Return receipt card received and attached to broker's copy _____, 19____.

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$1,000.00 for services rendered in this transaction. In the event of a forfeiture of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at/or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named above.

NOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 810 "HANDY PAD", TO BE SEPARATELY SIGNED BY BUYER AND SELLER.

Seller Estella Turner (S E A L)
Robert Turner (S E A L)

ADDENDUM #1

August 10, 1971

This offer is made subject to Portland Development Commission acceptance, at which time this sale will be closed ^{AND} the purchase price, which shall be paid in the following manner: \$5,000.00 to be paid the seller at close of sale, at which time the purchaser is to be given possession of the property. The balance, the sum of \$9,500.00, shall be paid to the seller under the terms as provided in the uniform Relocation Act of 1970.





Form No. 378 (Revised)
Stevens-Mott Law Publishing Co.
Portland, Oregon 97204

REAL ESTATE RECEIPT

RECEIVED FROM: Elnora Booker, a single woman.

the sum of Two hundred dollars and no cents
in the form of Note
as earnest money and in part payment for the purchase of the
following described real estate situated in the City of Portland,
County of Multnomah, State of Oregon, to-wit:
839 N.E. Beech Street

which we have this day sold to said purchaser
for the sum of Fourteen thousand five hundred dollars
on the following terms, to-wit: The sum, hereinabove receipted for, of Two hundred dollars
* (On _____ 19____ as additional earnest money, the sum of _____
Upon acceptance of title and delivery of _____ the sum of Fourteen thousand three hundred _____
Balance of _____
payable as follows: See Addendum #1 attached.

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course of seller's expense, preliminary to closing,
seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's stated title.
It is agreed that if seller does not approve this sale within the period allowed by the contract, or if the title to the said premises is not
insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be
refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions
within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein receipted for (including said
additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.
The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions,
reservations in federal patents, easements of record and _____ None

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment, water heater, electric light
fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, installed linoleum,
attached television antenna, all shrubs and trees and all fixtures except _____ None

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property to be purchased:
_____ None

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Same, interest, premiums for annuity, insurance and other matters shall be
pro-rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Impositions
to be discharged by seller may be paid at his option out of purchase money at date of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED BY ESCROW,
THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER.

Possession of said premises is to be delivered to purchaser on or before _____ Thirty days after closing
_____ and _____ hereafter as written laws and regulations may permit
apply. This contract is binding upon the heirs, executors, administrators, successors and assigns of both seller and purchaser.
However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be
entitled to recover reasonable attorney's fees to be fixed by the court.

Address: 3120 N. Williams Avenue ALBINA REAL ESTATE
Phone: 262-5471 One Real Estate Representative

AGREEMENT TO PURCHASE

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$14,300.00, or as much more or less as may be
agreed to in writing hereafter to cover seller's complete taxes, liens, charges, which shall be paid by the seller and be subject to escrow, said sum to be
in name of Elnora Booker, a single woman
Address: 259 N. Cook
Phone: 287-0682

AGREEMENT TO SELL

I hereby agree and accept the sale of above described property and the price and conditions as set forth in above contract, and to
above provided, also the said deed when stated.
Address: _____
Phone: _____

DELIVER PROMPTLY TO PURCHASER, either personally or by registered mail, a copy hereof showing seller's completion.
Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller
showing acceptance. DATE: _____
Copy hereof showing seller's completion and signature by registered mail
to purchaser's attorney and
before receipt requested by
before receipt was received
and attached to broker's copy.

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$1,000.00 for services rendered in the transaction of this sale. If a signature
of the depositor is above provided, the said deposit shall be paid to or retained by the broker. If no signature is provided, the said deposit shall be paid to the
said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of insuring title and interest thereon, if any, as well as any other
amounts payable by me prior to closing. I acknowledge receipt of a copy of this contract money hereby having my signature, and that of the purchaser herein stated.

NOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 378
"HANDY PAD", TO BE SEPARATELY SIGNED BY BUYER AND
SELLER.

Marmaduke, Aschenbrenner, Merten & Saltveit
Attorneys at Law

Salmon Street Terminal Bldg.
Suite 213 • 1008 S.W. Sixth Ave.
Portland, Oregon 97204
(503) 227-3157

Don H. Marmaduke
L. A. Aschenbrenner
Charles J. Merten
Noreen K. Saltveit

PLACE IN FILE

July 1, 1971
RECEIVED

JUL 2 1971

| | |
|-----------|-------------------------|
| EX. DIR. | |
| A. DIR. | |
| D. OPER. | |
| SP. ASST. | |
| | <i>11/16</i> |
| | <i>10/11/71 copy 72</i> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Mr. John Kenward
Executive Director
Portland Development Commission
1700 S.W. 4th Avenue
Portland, Oregon

Re: Elnora Booker
Portland Development Commission
No. A-4-8

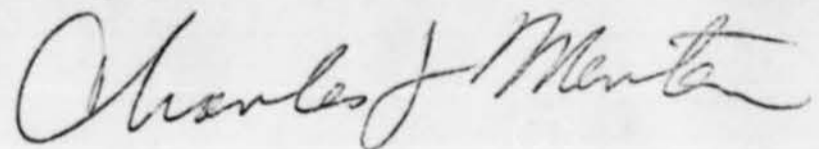
Dear Mr. Kenward:

Following up my hand delivered letter of 6-30-71, please be advised that Mrs. Booker revokes and rescinds the purported real estate option purportedly granted to Portland Development Commission by her on 6-10-71, for further reason that no consideration was given to her for said option, nor promised to her.

You are further directed to address all communications regarding this matter to me and that neither you nor any agent or employee of Portland Development Commission, or anyone acting on Portland Development Commission's behalf is to contact, call, see, talk to, or communicate directly with Mrs. Booker. You are further advised that any attempt to evict her from her home will be treated as a trespass by Mrs. Booker.

If Portland Development Commission intends to claim any right or interest in Mrs. Booker's property as a result of the purported option agreement, please advise me of that fact immediately.

Very truly yours,



Charles J. Merten
Attorney at Law

CJM:sb

1008 SW 6th

Room 213

97204

Marmaduke, Aschenbrenner, Merten & Saltveit
Attorneys at Law

Don H. Marmaduke
L. A. Aschenbrenner
Charles J. Merten
Noreen K. Saltveit

Salmon Street Terminal Bldg.
Suite 213 • 1008 S.W. Sixth Ave.
Portland, Oregon 97204
(503) 227-3157

June 30, 1971

John B. Kenward
Executive Director
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon

Re: Mrs. Elnora Booker
259 N. Cook Street
Portland, Oregon
Emanuel Hospital Project
No. A-4-8

RECEIVED

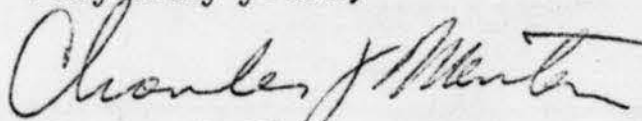
JUN 30 1971
4:30 P.M.

PORTLAND DEVELOPMENT COMMISSION

Dear Mr. Kenward:

I represent Mrs. Booker. On her behalf I hereby rescind any and all option agreements, earnest money agreements, or contracts to sell or otherwise transfer to Portland Development Commission the property of Mrs. Booker at the above Cook Street address. The basis of this action is the conduct and statements of certain PDC employees inducing her to sign said agreements, which conduct and statements constitute, in my legal opinion, fraud, deceit, and coercion.

Very truly yours,


Charles J. Merten

CJM:sp

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

8/11/71
Date

Emera Backus
Signature of Claimant

(If more than one claimant, each should sign)

(Keep this copy for your record)

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

May 24, 1971

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that ~~_____ Mrs. Elnora Booker _____~~,
of ~~_____ 259 N. Cook Street _____~~, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render ~~_____ Mrs. Booker _____~~
_____ in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

1-00990-0670 BOOKER, ELNORA & JOHNNIE

MAP: 2730
ZONE: A25
RATIO: 1401
LVY C:001

259 N COOK ST
PORTLAND OREGON

97227

ALBINA ADD

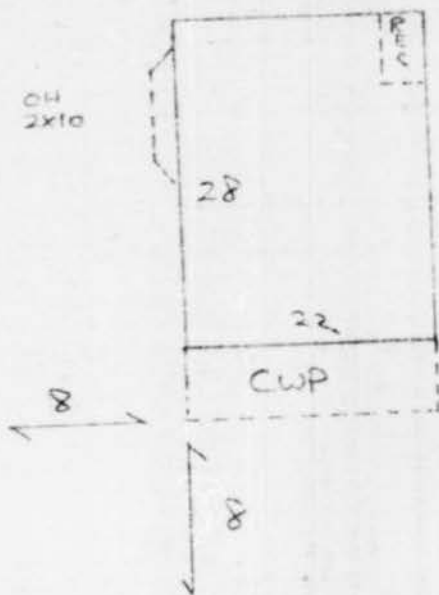
LOT BLOCK

W 1/2 OF

9 4

PROPERTY ADDRESS: 259 N COOK ST
PORTLAND

APPEALS:



AVE. OR ST.

1 1/2 20'



259 N. Cook AVE. OR ST.
FRONT OF BUILDING

FUNC: C.Y.P.

REMARKS: C.Y.P. Not best land use

COND: C.Y.P. Very poor cond in & out, in need of heavy repairs.

REMARKS:

| SUMMARY - ASSESSED VALUATION - REAL PROPERTY | | | | | | SIGN. DATE |
|--|------------|--------|------|------|-------|------------|
| ASSESS YEAR | MIN RIGHTS | TIMBER | LAND | IMPS | TOTAL | |
| 1968 | | | 1750 | 1900 | 3650 | 212 2/3 |
| 1971 | | | 1820 | 1970 | 3,790 | U.D |

| DATE | CHECKED | REVIEWED | BLDG COUNT | INDEX | RE-CHECKED | NOTIFIED | DEPUTY |
|---------|---------|----------|------------|-------|------------|----------|--------|
| 3-29-68 | | 3-28-68 | | | | | |
| | | J. Kubli | | | | | |

KUBLI

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst C. ... Date of survey 2/9/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 12 Structure No. 12 Census Block No. 24 Census Tract No. 22A
 Street Address 259 N. COOK Apartment No. —

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

| | Name | Family relation | Age | Sex | Occupation |
|----|-----------------|-------------------|-----|-----|------------|
| 1. | BOOKER, ELENORA | Head of household | 65 | F | — |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs: Distance

| Names of jobholders | Names of employers | Street address where jobs are located to work | |
|---------------------|--------------------|---|--------------|
| | | | |
| | | | |

2. Monthly income from jobs and from all other sources received by persons in this household:

| Names of persons in this household who have income from any source | Amount of income per month | |
|--|-----------------------------|---------------------------------|
| | In month before this survey | In an average month during 1970 |
| Mrs Booker | \$ 58.00 | \$ soc sec. |
| | | |
| Total family or household income per month | \$ 58.00 | \$ |

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) HAP
2. Transportation, number of autos owned —, use bus —, walk
3. Will rent house —, apartment , expect to pay rent, including utilities, at \$ 14.50 per mo. (Furniture is owned, yes , no —, stove and refrigerator owned, yes , no —)
4. Will buy house in price range \$ —, down payment of \$ —, monthly payment of \$ —
5. If now buying this house, how much are payments on contract or mortgage monthly \$ none
6. Size of unit to be sought, number of bedrooms 1, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit —
7. Other characteristics W O B I M

HOUSING RESOURCES SURVEY
To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst Comucci Date 2/9/71 Surveyed 2/9/71 Tabulator _____ Date _____
 Dwelling Unit No. 12 Structure No. 12 Census Block No. 24 Census Tract No. 224
 Street Address 259 N COOK ST Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Comucci NAME & ADDRESS OF OWNER: BOOKER, ELMORA NAME & ADDRESS OF PROP. MGR: _____
 _____ 259 N COOK _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? (X) Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

| | |
|----------------------------------|-------|
| <u>1</u> One-family house | _____ |
| _____ Apt. in a house | _____ |
| _____ Apt. in apt. bldg. or plex | _____ |
| _____ Apt. in comm. bldg. | _____ |
| _____ Mobile home or trailer | _____ |

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

616 Sq. ft. in first floor (county figure)
1232 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1909 Date structure was originally built

B. Market value data for one-family dwelling

| | | |
|--------------|----------------|----------------------------|
| | Market value | Computed value per sq. ft. |
| Land | \$ <u>1820</u> | \$ _____ |
| Improvements | <u>1970</u> | _____ |
| Total | <u>3790</u> | _____ |

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

| | | |
|--------------|-----------------------------------|--|
| | Market value for entire structure | Computed value per sq. ft. for this dw. unit |
| Land | \$ _____ | \$ _____ |
| Improvements | _____ | _____ |
| Total | _____ | _____ |

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

| | | | |
|----------------------|-----------|-----------|----------------------|
| Monthly average | Cash rent | Utilities | Total paid by renter |
| Rent | \$ _____ | _____ | \$ _____ |
| Electricity | _____ | \$ _____ | _____ |
| Gas | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |
| Heat (oil, or other) | _____ | _____ | _____ |
| Total | \$ _____ | \$ _____ | \$ _____ |

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant _____, owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Enora B. Bailey

6/15/71
date