

	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, ELNORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISION

CERTIFICATE OF INSPECTION

Permit No. 173060 8-17- 1971

THIS IS TO CERTIFY, That the plumbing work done under the above
permit at 4715 NE 12

Owned by Mr. L. Muller

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

J.H.A. OK 8-16-71 1971

Contractor Walker Plumbing By Frank E. Schofield
PLUMBING INSPECTOR.

REC'D
8-18-71

FORM W 245

(3-67)

City of Portland, Oregon
BUREAU OF BUILDING
Electrical Division

NOTICE

DATE

8-6-71

PERMIT No.

100382

ADDRESS

4715

NE

12

The CITY ELECTRICAL INSPECTOR called on this date to inspect

_____ and could not
enter the premises **PLEASE CALL THE ELECTRICAL DIVISION, 228-
6141, Before 9:30 A. M.** so that an inspection may be made and the records
completed. Such inspection is concerned with possible life and fire hazard in the
electrical installation at your premises.

Sandwich

Inspector

RESIDENTIAL RELOCATION RECORD

Project Name 1 Parcel No. A-4-11 Advisor JC
 Client's Name Bowles, Boie Phone _____
 Address 233 n. Cook Ethn Black Age 58

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

Family Composition

Total Number in Family 2
2 wife, husband

Other:

Relation	Age	Relation	Age
WIFE	52		

Economic Data

Employer Rich Manuf. \$ 480.00
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (480.00)

- 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 6-26-71 Date of Info pamphlet delivery 6-26-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

4-51

(a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 7-16-71
 Date of Acquisition 8-23-71
 Date of letter of intent _____
 Date of move 8-23-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1906
 Size of Habitable Area 682
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ _____ Utilities _____
 Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ 6500⁰⁰ Amenities _____

Distance Moved - 27 blocks.

REPLACEMENT DWELLING UNIT

Address 4715 N. 8 12th LPA Referred _____ Self Referred

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

Outside city Outside state
 Age of Housing Unit 1948
 Size of Habitable Area 933
 No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 13,330.00
 Taxes \$ 300.24
 RHP or TACO (including incidental costs) \$ 6,800

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

No. of Housing Referrals to:

0 Standard Sales
 _____ Standard Rent

Agency Referrals: NO

_____ MCW _____ HAP _____ OTHER (_____)
 _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 7-22-71 Ck # 9366 Type RHP Amount \$ 6,800-
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BOWLES, Evie RELOCATION ADVISOR JC
 ADDRESS 233 N. Cook PHONE 284-0815 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 58 PARCEL NO. A-4-11
 MARITAL STATUS Married TENURE Owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 6-26-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE No DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>April, 1951</u>
INITIATION OF NEGOTIATIONS: <u>July 16, 1971</u>
DATE OF ACQUISITION: <u>August 23, 1971</u>

ECONOMIC DATA

Employer Rich Manufacturing \$ 480.00
 Address 8186 N. Columbia
 MCW _____
 Social Security _____
 Pension _____
 Other _____
TOTAL MONTHLY INCOME \$ 480.00

FAMILY COMPOSITION

Name	Relation	Age
Pearlie Mae	Wife	52

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		X
Subsidized Rental		
Public Housing		
Private Rental		
Private Sales	X	

Age of Structure 1906 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 6,500.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 682

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
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 _____

Address 4715 N.E. 12th Phone 284-0815 Date of Move 8/23/71

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 5 Number of Bedrooms 2 Habitable Area 933

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 13,330

Age of Structure: 1948 Taxes \$ _____ Equity \$ _____ Distance Moved Away 27 blocks

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$6,800.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26668 G	Aug 31, 71	\$ 460.00
Actual Move			\$
Storage			\$
Incidental	62 EH	9/29/71	\$ 33.50
Interest			\$

Purchase Price \$13,330.00
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. Pioneer National Title Insurance Co. OFFICER Jean Egberg

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered by Wilson Smith. Receptive.	JC
2/16/71	Survey: Will buy comp. housing N.E. (E. of Union Avenue) 3 bedrooms, full basement, all on one floor.	JC
6/26/71	<p>Mr. and Mrs. Bowles were in the office with their son Willie who helps them in handling their affairs. They wanted to discuss relocation benefits available to them. They were quite upset about the amount offered for their property, but when relocation benefits were explained they calmed down a bit (their complaint had been that for the price offered for the real estate they could not replace the house in another area). They are easier to talk to when their son is with them as both Mr. and Mrs. Bowles are quite emotional. They have signed an earnest money agreement for a property at 4715 NE 12th (this property has been inspected by the building inspector and lacks only a pressure relief valve and drainpipe on the hot water tank). However, they have put down only \$1.00 on the earnest money and would like to look a bit more before they decide to make sure that they are doing the best they can when they move - we encouraged them to look at many properties and offered our assistance. They do like the house at 12th and probably will buy it but need to be assured that they are getting a good deal on it.</p>	

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Bowles, Eric RELOCATION ADVISOR JC

ADDRESS 233 N. Cook PHONE 284-0815 PROJECT NAME Emanuel OPE R-20

SEX M ETHN B VETERAN _____ AGE 58 PARCEL NO. R-20

MARITAL STATUS _____ TENURE Owner

DISABILITY _____ INDIV FAMILY

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE:	<u>4-1951</u>
INITIATION OF NEGOTIATIONS:	<u>7-16-71</u>
DATE OF ACQUISITION:	<u>Aug 23, 71</u>

INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED 1-15-71

NOTICE TO MOVE NO DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

ECONOMIC DATA

Employer Rich Manufacturing \$ 480.00
 Address 886 N. Columbia
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 480.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Eric</u>	<u>Head of Household</u>	<u>58</u>
<u>Pearl</u>	<u>Wife</u>	<u>52</u>

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1906</u>	No. Rooms <u>6</u>
Subsidized Rental	Multiple Family		<input checked="" type="checkbox"/>	No. Bedrooms <u>3</u>	Furn. <u> </u> Unfurn. <input checked="" type="checkbox"/>
Public Housing	Duplex			Utilities \$ <u> </u>	Monthly Payments (Rent) \$ <u>45.00</u>
Private Rental	Mobile Home			Acquisition Price \$ <u> </u>	Taxes \$ <u> </u> Equity \$ <u> </u>
Private Sales		<input checked="" type="checkbox"/>		Liens \$ <u> </u>	

Size of Habitable Area 7682

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
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 _____

Address 4715 NE 12th Phone 384-0815 Date of Move 7/10/71

WHERE RELOCATED:

				S	SS
Same City	<input checked="" type="checkbox"/>	Subsidized Sales		<input checked="" type="checkbox"/>	
Outside City		Subsidized Rental			
Out of State		Public Housing			
		Private Rental			
		Private Sales	<input checked="" type="checkbox"/>		
		Single Family			
		Multiple Family			
		Duplex			
		Mobile Home			

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities \$ ___ Monthly Payments (Rent) \$ 150.00 Purchase Price \$ ___

Age of Structure: ___ Taxes \$ ___ Equity \$ ___ Distance Moved Away ___

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$ <u>6,800.00</u>
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	<u>266684</u>	<u>Aug 31 71</u>	\$ <u>460.00</u>
Actual Move			\$
Storage			\$
Incidental	<u>62EH</u>	<u>9-29-71</u>	\$ <u>33.50</u>
Interest			\$

Purchase Price \$ 13,330.00
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 7,260.00

REALTOR: _____ ESCROW CO. Pioneer Natl Title Ins. Co. OFFICER Jan Egberg

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 936 G

DATE July 22, 1971

PAY TO Pioneer National Title Insurance Co.

\$ 6,800.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4000

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Deposit in escrow for Evie D. Bowles, replacement housing payment per claim filed. Parcel A-4-12 - From 223 N. Cook to 4715 N. E. 12th Avenue.	\$6,800.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Hous. Payment (Rep. Housing)	\$6,800.00

BD

CPM

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT <p style="text-align: center;">Mr. & Mrs. Evie D. Bowles</p> <hr/> NAME OF DISPLACING AGENCY <p style="text-align: center;">Portland Development Commission</p>
--	--

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: Date of Acquisition: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>April 1951</u> <i>Month-Day-Year</i> </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					

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: Date of Initiation of Negotiations: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>April 1951</u> <i>Month-Day-Year</i> </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					

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: Date of HUD Approval of the Project: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td></td> <td></td> </tr> </table>	YES	NO		
YES	NO				

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Date of Displacement: Date of Purchase of Replacement Housing: Date of Occupancy of Replacement Housing: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					

5. Has the replacement housing been inspected and found to be standard? (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).) Date previously substandard dwelling was inspected and found to be standard: <div style="text-align: center;"> <hr style="width: 100px; border: 0; border-top: 1px solid black;"/> <i>Month-Day-Year</i> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					

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.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 6,500
3. Line 1 minus line 2.	\$ 8,139
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>	\$ 6,800
Relocation Act 1970	
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ _____
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.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ 6,800
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ _____

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:

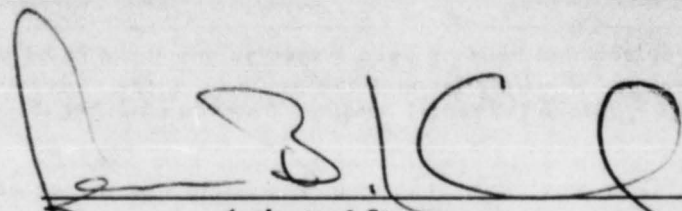
Date Occupancy Established:

Month-Day-Year

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.

7-22-71
Date



Authorized Signature
Executive Director

WARRANT

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT
	7/22/71	9366	\$ 6,800

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. (as shown in deed to displacing agency or in condemnation proceeding)	(F)	3. DATE OF DISPLACEMENT
Mr. and Mrs. Evie D. Bowles		
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>		

4. DWELLING UNIT FROM WHICH YOU MOVED A-4-12

a. Address: 223 N. Cook

b. Date you first occupied this dwelling unit as the owner:
April 1951
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

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 4715 N.E. 12th Avenue
Portland, Oregon 97212

b. Number of bedrooms: 2

c. Purchase price: \$ 13,300

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.

X _____ Date

Evie D Bowles
Signature of Owner-Occupant

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

May 24, 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. Chegwiddden, Chief

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

Re: 4715 N.E. 12 Avenue

Attn: Mr. Crowley

Gentlemen:

At your request an inspection was made by the Housing Division of the one-story, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

Our inspection indicates compliance with City of Portland Housing regulations except for the following substandard condition:

1. The hot water tank lacks an A.S.M.E. approved pressure relief valve and drainpipe.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the correction has been completed, under proper permit where required, and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm
cc: Plumbing Division

7-15-71
 Jim -
 Mr. Miller bought
 this receipt in
 RE: Bowles

Office Phone
 239-8898 Area 503
JOB ORDER
REX L. WALKER
 PLUMBING & HEATING CO.
 208 N.E. Alberta Street, Portland, Oregon 97211

PAM
 THOMAS

DATE 7-15-71 FOR CALLS
 FROM 239-693-1942
 BY George J. Miller
2502 Carolina Lane
Yonkers, Wash.
4915 N.W. 17
1 - Bl-57 Eye Water Nts.

NO.	DATE	TIME	NO.	TIME	NO.	SAT.
-----	------	------	-----	------	-----	------

1 - Bl-57 Eye Water Nts. 139.85
 2 - Bl-57 Eye Water Nts.
 3 - Bl-57 Eye Water Nts.
 4 - Bl-57 Eye Water Nts.
 5 - Bl-57 Eye Water Nts.
 6 - Bl-57 Eye Water Nts.
 7 - Bl-57 Eye Water Nts.
 8 - Bl-57 Eye Water Nts.
 9 - Bl-57 Eye Water Nts.
 10 - Bl-57 Eye Water Nts.

[Handwritten signature]

KNOW ALL MEN BY THESE PRESENTS, that GEORGE J. MILLER and LELA K. MILLER, husband and wife, the party of the first part, for and in consideration of Ten Dollars (\$10.00) to them in hand paid, do hereby bargain, give and grant to EVIE D. BOWLES, and PEARLIE M. BOWLES, husband and wife, the party of the second part, for the period commencing with the date hereof and extending to and through August 9, 1971, the sole, exclusive and irrevocable right and option to purchase that certain real estate situate, lying and being in the County of Multnomah and State of Oregon, described as follows:

Lot Eleven (11) in Block Eight (8), Highland, within the corporate limits of the City of Portland, County of Multnomah, State of Oregon, also known as 4715 N. E. 12th Avenue, Portland, Oregon.

SUBJECT TO: Existing easements of record, if any, and zoning, building and use restrictions.

At and for the agreed price of THIRTEEN THOUSAND, THREE HUNDRED DOLLARS (\$13,300) to be paid in the manner and form as follows:

Ten Dollars (\$10.00) option money, above receipted for, to apply against purchase price; balance payable in cash at closing.

First party shall furnish Title Insurance.

This sale includes the electric range, living room carpet, all drapes and a new hot water heater, at no extra cost.

This sale is contingent on the second party receiving assurance that they will receive adequate funds from the Portland Development commission to purchase the house.

Signed in Portland, Oregon on July 9, 1971.

APPROVED

Evie D. Bowles

Geo. J. Miller

Pearlie M. Bowles

Lela K. Miller

Parties of Second Part

Parties of First Part

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 26668 G

DATE August 31, 19 71

PAY TO THE
ORDER OF

Evie D. Bowles

\$ 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
		Reimbursement per Claims for Relocation Payment. Move from 223 N. Cook (A-4-12) to 4715 N.E. 12th. Dislocation Allowance \$200.00 Fixed Payment - own furn. <u>260.00</u>	<u>\$460.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - family)	\$460.00

Partial mail Bowles

9-2-71

ac

BD

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)

BOWLES, Evie & Pearlie Mae
4715 N.E. 12th Avenue
Portland, Oregon

NAME OF LOCAL AGENCY

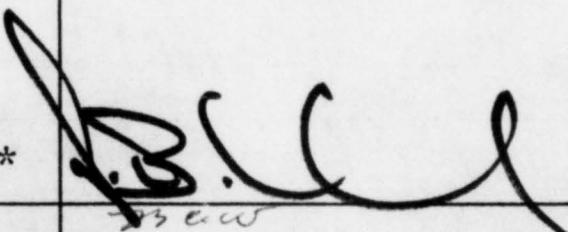
Portland Development Commission

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 \$ _____	\$ 200.00 **		8-31-71
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
8/31/71	266686	\$ 200.00			\$

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 BOWLES, Evie & Pearlle Mae	2. DATE(S) OF MOVE 8/23/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 223 N. Cook A-4-12 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>April 1951</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 4715 N.E. 12th Avenue b. Apt., Floor, or Room No. _____ 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 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 <input checked="" type="checkbox"/> 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) <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.

8-23-71

Date

Evie D Bowles

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

BOWLES, Evie & Pearlle Mae
4715 N.E. 12th Avenue
Portland, Oregon

CLAIM FOR RELOCATION PAYMENT

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

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		8-31-71
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
8/31/71	266686	\$ 260.00			\$

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

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

BOWLES, Evie & Pearlle Mae

(F)

2. DATE(S) OF MOVE

8/23/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

A-4-12

223 N. Cook

b. Apt., Floor, or Room No. house

c. Was it furnished with your own furniture? Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6

e. Date you moved into this address: April 1951

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

4715 N.E. 12th Avenue

b. Apt., Floor, or Room No. house

c. Were household goods moved to or from storage? Yes 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) (6 Rooms)

Check c if applicable:

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 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.

8-23-71

Date

Evie D. Bowles

Signature of claimant

(Over)

DATED this 23 day of Aug 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
233 N. Cook, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Pauline MacBauder
(firm name)

by: _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 62 EH

DATE September 29, 1971

PAY TO **Evie D. & Pearlle Mae Bowles**

\$ **33.50**

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 - (parcel A-4-12)	\$33.50

Account Distribution

NO.	TITLE		AMOUNT
E1501	Rdo Payments (Settlement costs)	EH	\$33.50

Pearlle Mae Bowles

AC

BD

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)

Emanuel Project

PROJECT NUMBER

Ore. R-20

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)

Evie D. & Pearlmae Mae Bowles

(f)

Address (Include ZIP code)

4715 N. E. 12th
Portland, Oregon

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description

Lot 11, Block 8, Highland
City of Portland, State of Oregon

(A 4-12)

c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?

Yes No

b. Parcel Number(s)

3. SETTLEMENT COSTS INCURRED BY CLAIMANT

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)
One-half share escrow fee	\$ 32.00	\$	\$ 32.00	\$ 32.00
Recording Deed	1.50		1.50	1.50
TOTAL	\$ 33.50	\$	\$ 33.50	\$ 33.50

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

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.

9-3-70

Date

Evie D Bowles

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

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 \$ 33.50.

9-28-71
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid \$ 33.50 by WARRANT check No. 62 EH dated 9/29/71 BJ

In the event that the time limit hereunder shall fall on any day this office is not open for business, such date will extend to the next business day.

ESCROW INSTRUCTIONS

Escrow No. 385722

PIONEER NATIONAL TITLE INSURANCE COMPANY: Portland, Oregon, August 19 71
First performance: You have been handed the sum of \$10.00 Earnest Money;

which you are authorized to use in connection with your above numbered Escrow upon payment for my account of credit the above sum plus credit for funds transferred from escrow # 385120, \$1,277.55, plus credit for additional funds transferred from escrow # 385120, \$7,000.00; plus credit for 1971-72 pro-rata share of taxes, from 7-1-71 to 8-25-71 (estimate, based on 1970-71 taxes) \$50.04.

and when you can least your Owner's Title Insurance Policy in your usual form, containing the printed exceptions usual in such policies (with your liability thereunder not to exceed \$3,300.00) on the following described real property situated in the County of Multnomah and State of Oregon, to-wit: Lot 11, Block 8, City of HIGHLAND, in the City of Portland, State of Oregon;

which will show abore title to said property vested in EVIE D. BOWLES and PEARLIE MAE BOWLES, husband and wife;

Building restrictions and conditions (if any) affecting the use and occupancy of said property as the same may now appear of record.

Mortgage—dead of trust, executed by _____ to secure the payment of \$ _____

subject to: 1971-72 taxes, due but not yet payable;

I authorize you to collect or pay, before the closing of this Escrow, the following:

1. One-half share escrow fee, \$32.00.
2. Recording deed, \$1.50.
3. George J. Miller, et us, demand for deed, \$13,300.00
4. Refund for overdeposit to the undersigned, \$4.09.

You are hereby authorized to use 8-25-71 for tax pro-rations.

It is hereby understood and agreed that all matters regarding fire insurance will be handled outside of this escrow.

It is understood that water and utility charges will be adjusted between the seller and buyer outside this escrow. In any act in this escrow relating to fire insurance, including adjustments, if any, you shall be fully protected in assuming that each policy is in force and that the necessary premium therefor has been paid.

You will file for record the necessary legal instruments and then pay off such incumbrances of record as may exist at the time of filing such instruments, to wit the title as above stated, and shall not be held responsible for any liens that may attach after such filing or recording.

You are not required to ascertain compliance with any "consumer credit protection", "truth in lending", or similar law, and it is agreed you will have no liability for loss or damage arising out of noncompliance with such laws.

All funds retained in this escrow shall be deposited with other escrow funds in a general escrow account or accounts of Pioneer National Title Insurance Company with any State or National bank, and may be transferred to any other such general escrow account or accounts. All disbursements shall be made by check of Pioneer National Title Insurance Company.

All adjustments to be made on a basis of 30-day month. When requested to do so, a copy of the closing statement showing disbursements, in accordance with these instructions, may be delivered to the seller or the purchaser of the transaction, the mortgage or its agent or to my attorney.

Any amendments of or supplements to any instructions must be in writing.

If you are unable to comply with the instructions within _____ days after this, said money and/or instruments shall thereafter be returned to me on my written demand, but in the absence of such demand you will proceed to comply with these instructions as soon as possible thereafter.

Notwithstanding any instructions heretofore contained to the contrary, when time is of the essence in requiring performance of any condition of this escrow and delivery of the documents or monies upon which full compliance and performance is conditioned it is not made until the last day limited and defined herein, no matter of such performance or compliance shall be binding upon you unless made prior to 3:00 p.m. on the last day limited for performance, and the parties hereto agree that in the event tender of full performance is made subsequent to 3:00 p.m. on said day, that you are authorized to perform duties imposed hereunder upon the next following business day without liability for delay in the closing of this escrow.

Mail papers to: _____

Evie D. Bowles

PEARLIE MAE BOWLES

Receipt of money and/or instruments heretofore mentioned is hereby acknowledged.

PIONEER NATIONAL TITLE INSURANCE COMPANY

MEMORANDUM

August 26, 1971

TO: Ben Webb
FROM: Emanuel Site Office
SUBJECT: Release of RHP from Escrow

Escrow Company Pioneer National Title Ins. Co.

Escrow No. 385120

Parcel No. A-4-12

Name BOWLES, Evie D. & Pearlle Mae

Moving Date 8/23/71

The above client has relocated and does occupy the property which they purchased at 4715 N.E. 12th Avenue. The City Bureau of Buildings reports that the structure complies with City Housing Regulations.

Please authorize the release of the replacement housing payment in the amount of \$ 5,000.00.

Relocation Voucher

August 27, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 385120
BOWLES, Evie D. and
Pearlie Mae

Gentlemen:

You have in the above-identified escrow account
a \$6,800 Replacement Housing Payment in accordance with our
Instructions of August 2, 1971.

This is to certify that Mr. and Mrs. Bowles have
acquired and moved into a standard structure located at
4715 N. E. 12th Avenue. You are hereby authorized to
release the \$6,800 Replacement Housing Payment and disburse
it in such manner as directed by Mr. and Mrs. Bowles.

Yours very truly,

John B. Kenward
Executive Director

JBK:dl

A-4-12

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.

Date

Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and
Property Management

Bowles

Dwelling Unit Inventory

QUANTITY

IIII Beds & Springs

 Bedroom Chair

 1 Breakfast Table

IIII Breakfast Table Chairs

 Bridge Lamp & Shade

 1 Buffet

 Chest of Drawers

 11 Coffee Table

 11 Couch

 1 Davenport

 Desk

 1 Dining Table

 6 Dining Chairs

 IIII Dresser

 11 End Table

 Floor Lamp & Shade

 IIII Mirror, wall

QUANTITY

 11 Night Stand

 II Occasional Chair

 1 Overstuffed Chair

 1 Overstuffed Rocker

 Range - Gas

 111 Refrigerator: Brand Norge

 11 Rocker

 111 Rug & Pad: Size 9x12

 11 Stool

 Table Lamp & Shade

 11 Table, small

 Vanity & Bench

 Suitcases

 111 Trunks

 Cartons, Boxes, Etc.

 Clothes

 Bedding & Linens

Miscellaneous (List Items)

<u>1</u> Combination - TV - Rad - Record Player	<u> </u> Lawn Mower
<u> 1 </u> TV	<u> </u> Washing Machine
<u> 1 </u> What-not	<u> </u> Tools
<u> </u> Sewing Machine	<u> </u> Telephone Bench
<u> 1 </u> Utel-e Table	<u> </u> Vacuum Cleaner
<u> </u> Electric Roaster & Stand	<u> </u>

COMMENTS:

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

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. (as shown in deed to displacing agency or in condemnation proceeding) <u>Bawles</u>	3. DATE OF DISPLACEMENT
--	-------------------------

2. Family Individual

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 223 N. COOK

b. Date you first occupied this dwelling unit as the owner:
Apr 1951
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

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 4715 N.E. 12th AVE

b. Number of bedrooms: 2

c. Purchase price: \$ 13,500

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.

Date

Signature of Owner-Occupant

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT <hr/> NAME OF DISPLACING AGENCY
--	---

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?	YES	NO
Initial Date of Ownership: Date of Acquisition: <u>APR 1951</u> <u>Apr 1951</u> <i>Month-Day-Year</i> <i>Month-Day-Year</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	YES	NO
Initial Date of Ownership: Date of Initiation of Negotiations: <u>Apr 1951</u> _____ <i>Month-Day-Year</i> <i>Month-Day-Year</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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?	YES	NO
Initial Date of Ownership: Date of HUD Approval of the Project: _____ _____ <i>Month-Day-Year</i> <i>Month-Day-Year</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	YES	NO
Date of Displacement: Date of Purchase of Replacement Housing: Date of Occupancy of Replacement Housing: _____ _____ _____ <i>Month-Day-Year</i> <i>Month-Day-Year</i> <i>Month-Day-Year</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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>	YES	NO
Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. (From approved Form HUD-6155)	\$ <u>14,639</u>
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ <u>6,500</u>
3. Line 1 minus line 2.	\$ <u>8,139</u>
4. Amount of Replacement Housing Payment (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.)	\$ <u>7,000</u>
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with Interim Instructions (See Circular 1370.3, paragraph 8).	\$ _____
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.	\$ _____
7. Total (line 5 and 6)	\$ <u>7,000</u>
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ _____

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:

Date Occupancy Established:

Month-Day-Year

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.

Date

Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

OWNER'S
EARNEST MONEY RECEIPT

RECEIVED OF Portland, Ore. 1-7- 1971
Evie D. Bowles & Pearlle Mae Bowles

hereinafter mentioned as the purchaser,
the sum of _____ (\$ _____) Dollars
as earnest money and in part payment for the purchase of the following described real estate situated in the
City of Portland, County of Mult., State of Ore.,
and more particularly described as follows, to-wit:

4715 N.E. 12th

which we have this day sold to the said purchaser
for the sum of Twelve Thousand Five Hundred Dollars \$ 12,500 ;
on the following terms, to-wit: The earnest money hereinabove received for \$ _____ ;
upon acceptance of title and delivery of deed or delivery of contract . . . \$ _____ ; \$ _____ ;
balance of _____ Dollars \$ 12,500 ;
payable as follows

upon satisfactory sale to P.D.C. of Purchasers
Present Home at 223 N. Cook St.

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith
at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title
insurance, and such report shall be conclusive evidence as to status of seller's title. No Exceptions

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with
a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the
said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 30
days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the
seller as liquidated damages, and this contract shall thereupon 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 to date except Zoning
Ordinances, building restrictions, taxes due and payable for the current fiscal year and No Exceptions

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Rents,
interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of
the consummation of the sale herein or delivery of possession, whichever first occurs.

Possession of said premises is to be delivered to purchaser on or before closing, 19____. Time is of the essence
hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser 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, and if an appeal is taken from any judgment or decree
entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's
fees.

Special conditions:

644-7300

Joe M. Reid

Owners

I hereby agree to purchase the above property and to pay the price of Twelve Thousand
Five Hundred & No/100 (\$ 12,500.) Dollars as specified above.

Address 223 - N. Cook
Phone AT 4-0815
Joe At. 1-7972

Purchaser Evie D Bowles
Pearlle Mae Bowles

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 28, 1971

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

Attn: Mr. Crolley

Re: 4715 N. E. 12 Avenue

Gentlemen:

A reinspection was made of the one-story, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard condition has been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:vo

BOWLES, EVIE.

BOWLES, Evie



4715 N. E. 12th STREET

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 JPC Date of survey 2/16/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 5 Structure No. 8 Census Block No. 24 Census Tract No. 22A
 Street Address 223 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. <u>Bowles, Evie</u>	<u>Head of household</u>	<u>58</u>	<u>M</u>	<u>FOUNDRYMAN</u>
2. <u>Bowles, Pearl</u>	<u>WIFE</u>	<u>52</u>	<u>F</u>	<u>HOUSEWIFE</u>
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
<u>EVIE Bowles</u>	<u>Rich Mfg</u>	<u>866 N. COLUMBIA Blvd</u>	<u>5 1/2</u>
_____	_____	_____	_____
_____	_____	_____	_____

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
<u>Bowles, EVIE</u>	<u>\$ 480.-</u>	<u>\$ 480.00</u>
_____	_____	_____
_____	_____	_____
Total family or household income per month	\$ _____	\$ _____

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

1. Location (indicate approximate cross streets) NE - EAST of Union Ave
2. Transportation, number of autos owned 1, use bus _____, walk 1
3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ comparable, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 3, 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 QC Date 2/16/71 Surveyed 2/16/71 Tabulator _____ Date _____
 Dwelling Unit No. 8 Structure No. 8 Census Block No. 24 Census Tract No. 22A
 Street Address 223 N. COOK Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: _____ NAME & ADDRESS OF OWNER BOWLES, EVIE D + PEARLIE NAME & ADDRESS OF PROP. MGR: _____
223 N. COOK
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? (✓) Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>✓</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 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

✓ Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

682 Sq. ft. in first floor (county figure)
682 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
1906 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2960</u>	\$ _____
Improvements	<u>2490</u>	_____
Total	<u>5450</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

1 1-00990-0710

GROSSMAN, ALBERT A &
JEANNETTE H
BY BOWLES EVIE D & PEARLIE

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

223 N COOK ST
PORTLAND OREGON

97227

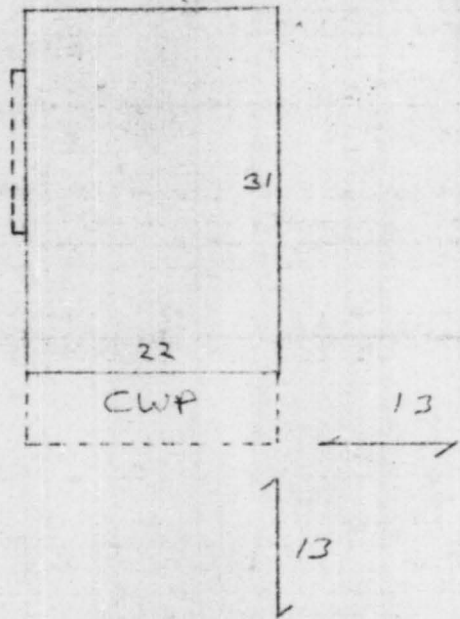
ALBINA ADD

LOT BLOCK

12 4

PROPERTY ADDRESS: 223 N COOK ST
PORTLAND

APPEALS:



AVE. OR ST.

223 N Cook
FRONT OF BUILDING AVE. OR ST.



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS.	TOTAL	SIGN. DATE
1968			2850	2400	5250	213.2 18 '68
1971			2,960	2,490	5,450	UD

FUNCT. G A P
 ECON. G A *Not best land use*
 COND. G A P
 REMARKS

INSP. OUTSIDE	DATE	SIGN	DEPUTY
CHECKED	REVIEWED	BLDG. COUNT	INDEX
DATE	RE-CHECKED	NOTIFIED	
BY			

DATE 2 19 68 SIGN *Kan Polunin*
 DATE 29 '68 REVIEWED *3-28-68*
 BY *Fisher*

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.

Orville D Bowles

7-16-71

date