

	DESCRIPTION	ROLL NO	ODOMETER
A 3-16	CLARK, L.C. 227 N. FARGO		
E-3-6	CLARK, RAY E. 2649 N. COMMERCIAL #2		
RS 3-5	CLINTON, LEO C. 2732 N. VANCOUVER		
R 9-3	COLLINS, FRED 3137 N. GANTENBEIN		
A-2-4	COOK, LESTER 3102 N. GANTENBEIN		
E 4-8	COOPER, BERTHA 323 N. RUSSELL		
RS 3-7	COREY, WALTER 2722 N. VANCOUVER		
E 4-8	CORLEY, FREDERICKA 327 N. RUSSELL		
E 3-7	CORNWELL, ALLEN 542 N. KNOTT		
RS 4-7	COUEY, SEARCY 111 N. RUSSELL #1		
A -3-9	CRITTENDEN, BETTY JEAN 3222 N. GANTENBEIN		
RS 4-9	DAVENPORT, CLARENCE 7 N. RUSSELL #2		
	DAVIS, FLOYD W. 2860 N. WILLIAMS AVENUE		
RS 4-9	DEMME, FRANK 7 N. RUSSELL		
A-4-7	DENSON, JEWEL (MRS.) .3316 N. GANTENBEIN		
A-2-4	DENT, DAVID 3110 N. GANTENBEIN		
A 3-5	DeWEESE, CARL 232 N. COOK		
A 2-8	DIAL, OSCAR 3111 N. VANCOUVER		

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. RS35 Advisor JCC
 Client's Name Clinton, Leo Phone _____
 Address 2732 N. Vancouver Ethn Black Age 45

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

Family Composition

Total Number in Family 2
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>WIFE</u>			

Economic Data

Employer Exec (welder) \$ 700.00

Address _____

Other Source of Income _____ \$

Total Monthly Income \$ (700.00)

- 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 2-12-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1948

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

Date of initiation of negotiations for purchase of property 9-23-71

Date of Acquisition 10-20-71

Date of letter of intent _____

Date of move 11-8-71

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 1895
 ✓ Size of Habitable Area 698
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ _____ Utilities _____
 Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ 6500⁰⁰ Amenities _____

REPLACEMENT DWELLING UNIT

Address 934 N. SUMNER. 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 1931
 Size of Habitable Area 914
 No. of Rooms 4 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 17800⁰⁰
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ 11,300

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:

0 MCW 0 HAP 0 OTHER (_____)
0 Food Stamp 0 Legal Aid 0 Other (_____)

Benefits Received

Date 10-29-73 Ck # 116EH Type 11,300- Amount \$ _____
 Date 11-9-71 Ck # 27656G Type 420- Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CLINTON, Leo C. RELOCATION ADVISOR JCC
 ADDRESS 2732 N. Vancouver PHONE 287-4573 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 45 PARCEL NO. RS 3-5
 MARITAL STATUS Married TENURE Owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 2-12-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE No DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>1948</u>
INITIATION OF NEGOTIATIONS:	<u>9/23/71</u>
DATE OF ACQUISITION:	<u>10/20/71</u>

ECONOMIC DATA

Employer Esco (Welder) \$ 700.00
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 700.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Willie Mae</u>	<u>Mother</u>	<u>65</u>

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1895</u> No. Rooms <u>5</u> No. Bedrooms <u>3</u> Furn. <u>Unfurn</u> Utilities \$ _____ Monthly Payments (Rent) \$ _____ Acquisition Price <u>\$6,500</u> Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental	Multiple Family		X	
Public Housing	Duplex			
Private Rental	Mobile Home			
Private Sales		X		
Size of Habitable Area	<u>698</u>			

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

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 934 N. Sumner Phone _____ Date of Move November 8, 1971

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 4 Number of Bedrooms 1 Habitable Area 914

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ _____

Age of Structure: 1931 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	116 FH	10/29/71	\$ 11,300.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27656 G	11/9/71	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 17,800.00
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 11,720.00

Peioeer National

REALTOR: _____ ESCROW CO. _____ Title Insurance Co. OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/15/71 Flyer: delivered by James Crolley

2/12/71 Survey: Will buy comparable housing - 4 bedroom - N.E. Portland Bvd. -
Ainsworth.

11/11/71 Received key to 2732 N. Vancouver

Own/occ

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL RS 3.5

NAME Clinton Leo C. ADDRESS 2732 N Vancouver APT NO. _____

PHONE 287-4573 INITIAL INTERVIEW _____ SEX M W _____ NW B AGE 45

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age
<u>Willie Mae</u>	<u>wife</u>	<u>65</u>

Employer: Name Esco (united) \$ 700.00
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent _____, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn x Furn _____ No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) _____
 moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hsg. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1/15/71 Flyer delivered by James Crolley.

2/12/71 surveyor will buy comparable hq - 4 bedroom

NE - Portland Blvd - Alameda, JC

11-11-71 Received key to 2732 N. VANCOUVER CRM.

November 2, 1971

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

RE: Escrow Account no. 387-702
CLINTON, Leo & Willie Mae

Gentlemen:

Enclosed is our warrant no. 116 EH in the amount of \$11,300.00, representing a replacement housing payment to be deposited to subject escrow for disbursement to Leo and Willie Mae Clinton upon written authorization by the Commission that they have purchased and do occupy standard housing at 934 N. Sumner, Portland, Oregon.

Please call us if you have any questions.

Yours very truly,

W. Stanley Jones
Relocation Supervisor

WSJ:slc
enc.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 116 EH

DATE October 29, 1971

PAY TO **Pioneer National Title Insurance Co.**

\$ **11,300.00**

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 Leo Clinton - replacement housing payment for claim filed - move from 2732 N Vancouver (RS-3-5) ...	\$11,300.00

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relo Payment (RHP)	EH	\$11,300.00

AC

RD

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

CLINTON, Leo
934 N. Sumner
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97227

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.

1. Did the claimant own the dwelling at the time of acquisition? Yes No
Initial Date of Ownership: 1948 Date of Acquisition: 10/20/71 1948
Month-Day-Year Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? Yes No
Initial Date of Ownership: 1948 Date of Initiation of Negotiations: Sept. 23, 1971
Month-Day-Year Month-Day-Year

3. 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: _____
Month-Day-Year Month-Day-Year
Date of Occupancy of Replacement Housing: _____
Month-Day-Year

(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? Yes No
Issuance Date of Mortgage: _____ Date of Discharge of Mortgage: _____
Month-Day-Year Month-Day-Year
Date of Initiation of Negotiations: _____
Month-Day-Year

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.) Yes No

6. CERTIFICATION OF LOCAL 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. 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 in the amount of \$ 11,300.00 is authorized.

10-28-71
Date

[Signature]
Authorized Signature

7. RECORD OF PAYMENT

Date of Payment: 10/29/71

116E#

Amount: 11,300.00 BR

RHP-4

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

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 4.
Consult the displacing agency as to whether you need a Claimant's Report of Self-
Inspection of Replacement Dwelling 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)

CLINTON, Leo & Willie Mae

Family Individual

2. DATE OF DISPLACEMENT
Parcel No. RS-3-5

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 2732 N. Vancouver, Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner 1948
Month-Day-Year
3. Number of bedrooms in the dwelling 3
4. Date of initiation of negotiations for local agency acquisition of dwelling X
Month-Day-Year
5. Payment made by local agency for the dwelling \$ 6,500.00

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
934 N. Sumner, Portland, Oregon 97211
7. Number of bedrooms in replacement dwelling 3
8. Purchase price of the replacement dwelling \$ 17,800.00

9. Complete either a or b:

a. If you have purchased and occupy the replacement dwelling:

Date you signed purchase agreement _____ Date of settlement _____
Month-Day-Year Month-Day-Year

b. If you have purchased but do not yet occupy the replacement dwelling:

Date you signed purchase contract 9/16/71 Date of settlement _____
Month-Day-Year Month-Day-Year

Date you expect to occupy X _____
Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment

 x Schedule Comparative

B. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved \$ _____
2. Number of monthly payments remaining on the mortgage _____
3. Annual interest rate of mortgage on the dwelling from which you moved _____%
4. Annual interest rate of mortgage on the replacement dwelling _____%
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located _____%

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

Listing of documents submitted herewith in support of amounts entered in Column (d) above: Documentation for the above claim must be submitted.

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, 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.

10-28-71
Date

Leo Clinton
Signature of Owner-Occupant(s)

(For Local Agency Use Only)
 WORKSHEET FOR COMPUTATION OF REPLACEMENT
 HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

CLINTON, Leo
 934 N. Sumner
 Portland, Oregon 97211

Crolley, J.
 (Name)

10/26/71
 (Date)

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

- | | | |
|---|------|------------------|
| 1. Amount of differential payment (Block B, Line 6) | \$ | <u>11,300.00</u> |
| 2. Plus interest payment (Block C, Step 4, Last line) | + \$ | _____ |
| 3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) | + \$ | _____ |
| 4. Total (Sum of Lines 1, 2, and 3) | \$ | _____ |
| 5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) | - \$ | _____ |
| 6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) | | \$ _____ |

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

- | | | |
|--|----|------------------|
| 1. Actual purchase price of replacement dwelling | \$ | <u>17,800.00</u> |
| 2. Cost of comparable replacement dwelling (Cost based on:
<u> </u> x Schedule <u> </u> Comparative <u> </u> Other) | \$ | <u>17,887.00</u> |
| 3. Acquisition payment made by agency for claimant's former dwelling | \$ | <u>6,500.00</u> |

Computation

- | | | |
|--|------|---------------------|
| 4. Line 1 or Line 2, whichever is less | \$ | <u>17,800.00</u> |
| 5. Minus Line 3 | - \$ | <u>6,500.00</u> |
| 6. Amount of differential payment | | \$ <u>11,300.00</u> |

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

October 12, 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: 934 N. Sumner Street

Attn: Mr. Crolley

Gentlemen:

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

Our inspector reports the structures are in standard condition and comply with City regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm

cc: Merlin Schwanz
12240 S.W. Boones Ferry Rd.

Clinton, Leo

C. C. JUSTICE REALTY CO.

6501 N. INTERSTATE

285-3625

Portland, Oregon SEPTEMBER 16 19 71

RECEIVED OF LEO CLINTON, SINGLE, and WILLIE MAE CLINTON, single

the sum of \$ 100.00 cash as earnest money and in part payment on this agreement to purchase from C. C. Justice Realty Co., Agent for owner, the following described property situated in PORTLAND, MULTNOMAH County, Oregon: LOT 5 - BLOCK 1 - PATTON'S & SUB, ALSO KNOWN AS 934 N. SUMNER, PORTLAND, OREGON, MULTNOMAH

AND all fixtures attached to the real property, including drapery rods, and curtain rods, screens, storm windows, TV antennas are to be left upon the premises.

at the agreed price of \$ 17,800.00 to be paid as follows: \$ Cash Contingent upon buyer receiving necessary funds from Portland Developing Commission

This sale is subject to acceptance by owner, who shall furnish title insurance showing good and marketable title. If owner does not approve sale in 5 days, or cannot furnish marketable title within 30 days, earnest money herein received for shall be refunded, but if owner approves sale and title is marketable and the purchaser fails to complete purchase as above specified, the earnest money herein received for shall be forfeited to the undersigned agent to the extent of agreed upon commission and residue to owner as liquidated damages. The taxes for the current fiscal year, rents if any, and premiums for existing insurance shall be adjusted pro rata between the seller and purchaser as of date of possession. Existing laws shall govern removal of tenants, if any. It is agreed that all funds and instruments relative to closing of deal shall be deposited in escrow with C. C. Justice Realty Co.

Time is the essence of this contract. Date of possession immediately after closing

C. C. JUSTICE REALTY CO. By C. F. RICHARDSON

I hereby agree to purchase above described property upon above mentioned terms and conditions, and acknowledge receipt of a copy of this earnest money receipt.

(Purchaser) LEO CLINTON WILLIE CLINTON

Phone 287-4573 Address 2732 N. VANCOUVER AVE

I approve and accept the above sale and agree to above mentioned terms and conditions and agree to pay forthwith to said agent a commission of \$ 1,068.00 for services rendered in this transaction, and acknowledge receipt of a copy of this earnest money receipt.

(Owner) Merlin L. Schwanz Karen S. Schwanz

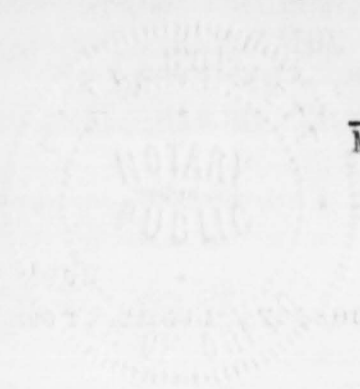
Date September 18, 1971 Phone 244-0742

I hereby acknowledge receipt of a copy of this earnest money receipt with all signatures.



I, Ruth Howlett, a notary public in and for the
County of Multnomah and State of Oregon, certify
this is a true copy of the original agreement.

Ruth Howlett
My Commission expires 9/26/71



PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 27656 G

DATE November 9, 19 71

PAY TO THE ORDER OF **Leo and Willie Mae Clinton**

\$ 420.00

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 Claim for Relocation Payment filed. Move from 2732 N. Vancouver (RS-3-5) to 934 N. Sumner. Dislocation Allowance \$200.00 Fixed payment - own furniture <u>220.00</u>	<u>\$420.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - family)	\$420.00

11/16/70 Willie Mae Clinton

SL

BD

CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)

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

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 (f)
CLINTON, Leo and Willie Mae

2. DATE(S) OF MOVE
11-8-71

3. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. <u>RS-3-5</u>
a. Address <u>2732 N. Vancouver, Portland, Oregon</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closes: <u>5</u>)
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>1948</u>
c. Was it furnished with your own furniture? <u> x </u> Yes <u> </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED	c. Were household goods moved to or from storage?
a. Address (include ZIP Code) <u>934 N. Sumner, Portland, Oregon 97217</u>	<u> </u> Yes <u> x </u> No
b. Apartment, Floor, or Room Number <u>---</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)	
Dislocation Allowance	<u>\$200.00</u>
Fixed Moving Payment (consult local agency)	<u>220.00</u>
Total	\$ <u>420.00</u>

6. 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.

November 8, 1971
Date

Leo Clinton
Signature of Claimant

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

Leo & Willie Mae Clinton
934 N. Sumner
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

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

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? Yes No

If "NO", explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?
 Yes No

If "Yes," explain basis for approved amount:


4. 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:

(form continued on next page)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>220.00</u>			<u>11-9-71</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</u>	<u>420.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

1/ Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>11/9/71</u>	<u>276566</u>	<u>\$ 420.⁰⁰</u>			\$

Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>341</u>	Beds & Springs
<u>4</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>4</u>	Breakfast Table Chairs
<u> </u>	Bridge Lamp & Shade
<u> </u>	Buffet
<u>1</u>	Chest of Drawers
<u> </u>	Coffee Table
<u>1</u>	Couch
<u> </u>	Davenport
<u> </u>	Desk
<u>1</u>	Dining Table
<u>4</u>	Dining Chairs
<u>10</u>	Dresser
<u>111</u>	End Table
<u>1111</u>	Floor Lamp & Shade
<u> </u>	Mirror

<u>QUANTITY</u>	
<u> </u>	Night Stand
<u> </u>	Occasional Chair
<u>11</u>	Overstuffed Chair
<u> </u>	Overstuffed Rocker
<u>11</u>	Range
<u>1</u>	Refrigerator: Brand <u> </u>
<u>1</u>	Rocker
<u> </u>	Rug & Pad: Size <u> </u>
<u> </u>	Stool
<u>111111</u>	Table Lamp & Shade
<u>11</u>	Table, small
<u>111</u>	Vanity & Bench
<u>111111</u>	Suitcases
<u>1111111</u>	Trunks
<u>40</u>	Cartons, Boxes, Etc.
<u>5</u>	Clothes, <i>closet</i>
<u>4</u>	Bedding & Linens <i>64</i>

Miscellaneous (List Items)

1	T.V.
1	Book case
1	Washer machine

COMMENTS:

Clinton,

DATED this 11 day of NOV 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
2732 N. VANCOUVER AVE, 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.

x Leo Clinton

Went canning jar in shed.
Packing Map.
+ Store in front room

1371.1

APPENDIX B. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

(For Local Agency Use Only) WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	NAME AND ADDRESS OF CLAIMANT <i>Clinton, Leo</i>
	COMPUTATION PREPARED BY: <i>W. Kelley</i> _____ (Date) _____

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 11,300.
2. Plus interest payment (Block C, Step 4, Last line) + \$ _____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ _____
4. Total (Sum of Lines 1, 2, and 3) \$ _____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ _____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$ _____

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$ 17,800.
2. Cost of comparable replacement dwelling (Cost based on: Schedule Comparative Other) \$ 12,887.
3. Acquisition payment made by agency for claimant's former dwelling \$ 6,500.

Computation

4. Line 1 or Line 2, whichever is less \$ 17,800
5. Minus Line 3 - \$ 6,500
6. Amount of differential payment \$ 11,300.

[form continued on next page]

1371.1

APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS		PROJECT NAME (if applicable)
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY		PROJECT NUMBER
INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling 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)		2. DATE OF DISPLACEMENT
CLINTON, LEON WILCIE MAE		
3. INFORMATION IN SUPPORT OF CLAIM		
A. <u>Differential Payment</u>		
Part I. <u>Data on dwelling unit from which you moved</u>		
1. Address of dwelling unit from which you moved _____ 2732 N VANCOUVER		
2. Date you first occupied this dwelling as the owner _____ Month-Day-Year		
3. Number of bedrooms in the dwelling <u>3</u>		
4. Date of initiation of negotiations for local agency acquisition of dwelling _____ Month-Day-Year		
5. Payment made by local agency for the dwelling \$ <u>6500.00</u>		
Part II. <u>Data on dwelling unit to which you moved</u>		
6. Address of dwelling unit to which you moved (include ZIP Code) _____ 934 N. Sumner		
7. Number of bedrooms in replacement dwelling <u>3</u>		
8. Purchase price of the replacement dwelling \$ <u>17,800.00</u>		

[form continued on next page]

APPENDIX 7. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

<p>(For Local Agency Use Only)</p> <p>DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT RS-3-5</p> <hr/> <p>NAME OF LOCAL AGENCY</p>
<p>INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.</p>	
<p>1. Did the claimant own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: <u>1942</u> Date of Acquisition: _____</p> <p style="text-align:center;">Month-Day-Year Month-Day-Year</p>	
<p>2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: _____ Date of Initiation of Negotiations: _____</p> <p style="text-align:center;">Month-Day-Year Month-Day-Year</p>	
<p>3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Displacement: _____ Date of Purchase of Replacement Housing: _____</p> <p style="text-align:center;">Month-Day-Year Month-Day-Year</p> <p>Date of Occupancy of Replacement Housing: _____</p> <p style="text-align:center;">Month-Day-Year</p> <p>(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)</p>	
<p>4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issuance Date of Mortgage: _____ Date of Discharge of Mortgage: _____</p> <p style="text-align:center;">Month-Day-Year Month-Day-Year</p> <p>Date of Initiation of Negotiations: _____</p> <p style="text-align:center;">Month-Day-Year</p>	
<p>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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. CERTIFICATION OF LOCAL AGENCY</p> <p>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. 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 in the amount of \$ _____ is authorized.</p> <p style="text-align:center;">_____ _____</p> <p style="text-align:center;">Date Authorized Signature</p>	
<p>7. RECORD OF PAYMENT</p> <p>Date of payment: _____ Check number: _____ Amount: \$ _____</p>	

November 15, 1971

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

ATTENTION: Escrow Department

Re: Escrow Account No. 387-702
CLINTON, Leo & Willie Mae

Gentlemen:

You have in the above identified escrow account the sum of \$11,300.00 as a replacement housing payment in accordance with our instructions of November 2, 1971.

This is to certify that Mr. and Mrs. Clinton have purchased and do occupy a standard structure which complies with City Housing Regulations at 934 N. Sumner, Portland, Oregon. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Clinton.

Yours very truly,

W. Stanley Jones
Relocation Supervisor

WSJ:sic

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 OC Date of survey 2/12/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 27 Structure No. 4 Census Block No. 61 Census Tract No. 22 A
 Street Address 2732 N Vancouver 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>Clinton Leo</u>	<u>Head of household</u>	<u>45</u>	<u>M</u>	<u>WELDER</u>
2. <u>CLINTON WILHEMIA</u>		<u>65</u>	<u>F</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:

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Leo Clinton</u>	<u>ESCO.</u>		<u>8</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>700.00</u>	\$ <u>10.00</u>
_____	_____	_____
_____	_____	_____
Total family or household income per month	\$ <u>700.00</u>	\$ _____

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

1. Location (indicate approximate cross streets) N.E. 1st St & 2nd St
2. Transportation, number of autos owned , use bus _____, walk _____
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 \$ _____, 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 4, kitchen 1, dining room _____, 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

Date _____

Analyst QC Surveyed 2/12/71 Tabulator _____ Date _____
 Dwelling Unit No. 27 Structure No. 4 Census Block No. 61 Census Tract No. 22A
 Street Address 2732 N Vancouver Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>Leo Clinton</u> <u>2732 N Vancouver</u>	NAME & ADDRESS OF OWNER <u>Leo Clinton</u> <u>2732 N Vancouver</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>287-4573</u>	TELEPHONE: <u>287-4573</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? (<input checked="" type="checkbox"/>) Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>✓</u> One-family house	No. of units in bldg. _____
_____ 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

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

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
4/10/67 Date of last appraisal
1895 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1140</u>	\$ _____
Improvements	<u>1870</u>	_____
Total	<u>3010</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 1-68430-0720 CLINTON, LEO C

MAP: 2730

ZONE: M3

RATIO: 1301

LVY C: 001

2732 N VANCOUVER AVE

PORTLAND, OREGON

97227

1 HR 27

RAILROAD SHOPS ADD

LOT BLOCK

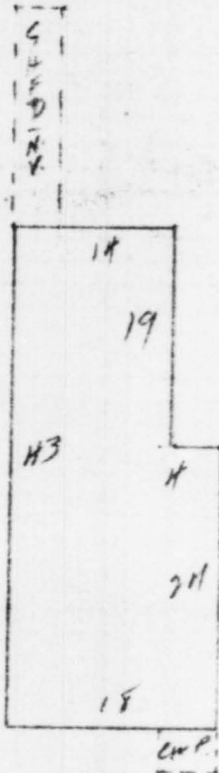
N 21.5' OF

3

3

PROPERTY ADDRESS: 2732 N VANCOUVER AVE
PORTLAND

APPEALS:

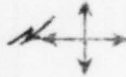


AVE. OR ST.

ASSESS YEAR	MIN RIGHTS	SUMMARY ASSESSED VALUATION			REAL PROPERTY	SIGN DATE
		TIMBER	LAND	IMPS		
67			190	290	480	
68			1,100	1,800	2,900	0710
71			1140	1870	3,010	0D

N. VANCOUVER AVE
FRONT OF BUILDING

AVE. OR ST.



REMARKS: 1905 Dist. R.P.A.
7-13-67

REMARKS: 1905 Dist. R.P.A.
7-13-67

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED
NOV 22 '07		AS 2 '07			AS 2 '07	
BY	DASTID	DASTID			GREEN	

FORM 47 REV 1-76

PURCHASE PRICE	DATE	Bk. & PAGE	REMARKS

ZONING	SITE ADJUSTMENTS
M-3	ROAD TYPE D C P
	TOPOGRAPHY Level
AREA IMPROVEMENTS	VIEW
SIDEWALKS & CURBS	OTHER
WATER	
SEWERS	DEPTH FACTOR
	STANDARD DEPTH
OTHER	EFFECTIVE DEPTH

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE	VALUE
1,935#		\$65	-10% Size	\$55	1,100

TOTAL AREA	SUB-TOTAL
REMARKS: A reduction of 10% was made because of the lack of size.	SITE ADJ. TOTAL APPR. VALUE 1,100
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRaiser Miller	DATE 4-10-67
	19 APPR. VALUE

ACCOUNT NO.		CLASS		STORY		AREA		BASE FACTOR	
65430-02		30		1		295		650	
ADDRESS 2732 N. YAN		CON. BR		W.P.F.W. BEAM		F.H. 3.4		1.2 1.4 .23 160	
BSM ROOMS		LAV		BATH					
FLOORS		D S		Lino		Tile		Hdw Con. 18 170	
ROOF		H F		Alum.		Comp Shk		Shk Tile Built-Up	
EXTER.		B S		Shks		Siding		Blk Stucc Brk P.D	
INTER		L P		Drywall		Ins S		Hdw Br Ave 60	
PLUMBING FACILITY		Siph		D.W.		Toil		WB WC Enc	
Quantity		1		1		1		1	
HEAT		H W		Pkge.		Pipe		Floor Oil Gas Elect H.A	
FIREPLACE		Ins.		O.S.		S D T		1-Str 2-Str	
ATTIC		Unf.		Fin.		B.R.		Bath Lav H 3.4 1.2 1.1	
2ND STY		B.R.		Bath		Lav		H	
BAY								DORMERS	
MISC									
MISC		VF & H		R & O.		VF		Tile	
OUTSIDE		100' Conc.		B.T.		Sprinkler		Y.L.	

FIRST FLOOR	GARAGE	TOTAL
Rec. Hall	Class	
Serv. Hall	Type	
Liv. Rm	Dim	SUB 330 330
Din. Area	Dim	6070 6070
Fam. Rm	Fdn	30 1821
Nook	Floor	
Kitchen	Floor	
Utility	Const	
Bedroom	Roof	
Bath	Roof	
Lav	Misc	
Den	Misc	
TOTAL DEPRECIATED REPLACEMENT COST		1821

MISC	BUILT	ADJUSTMENT	AGE	APPR. VALUE
ATTACHED	1895	ADJUSTMENT	34	1965
Dim. 4 x 19				
Fdn. P.W.				
Const. H.V.				
Roof				
MISC.				
Dim. X				
Fdn.				
Const.				
Roof				