

	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 _____ Parcel No. RS4-7 Advisor VC
 Client's Name Covey Seay Phone _____
 Address 111 N Russell Ethn Black Age 50

- 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	40		

Economic Data

Employer Part. wife and Iron works \$ 450.00
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (450.00)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) FHA 235 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 12-17-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1970
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 11-15-71
 Date of Acquisition 12-2-71
 Date of letter of intent _____
 Date of move 5-1-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1911

Size of Habitable Area 5000

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 45⁰⁰ Utilities 1700

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 4816 N. MISSOURI 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 1941

Size of Habitable Area 900

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 16500

Taxes \$ 366.91

RHP or TACO (including incidental costs) \$ _____

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: NONE

MCW

Food Stamp

HAP

Legal Aid

OTHER (_____)

Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME COUEY, Searcy RELOCATION ADVISOR JC

ADDRESS 111 N. Russell Apt. #1 PHONE 281-0994 PROJECT NAME Emanuel ORE R-20

SEX M ETHN B VETERAN AGE 50 PARCEL NO. RS 4-7

MARITAL STATUS Married TENURE Tenant

DISABILITY INDIV FAMILY X

ELIGIBLE FOR: PUBLIC HOUSING FHA 235 X

RENT SUPPLEMENT OTHER

DATE ON SITE:	<u>January, 1970</u>
INITIATION OF NEGOTIATIONS:	<u>11/15/71</u>
DATE OF ACQUISITION:	<u>12/2/71</u>

INITIAL INTERVIEW DEC 17 1971 DATE INFO PAMPHLET DELIVERED

NOTICE TO MOVE Yes DATES EFFECTIVE 12/2/71 EXPIRATION DATE 3/30/72

NOTIFY IN CASE OF EMERGENCY

ECONOMIC DATA

Employer Portland Wire & Iron Works \$450.00
 Address
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$450.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Viola</u>	<u>Wife</u>	<u>40</u>

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	<u>Single Family</u>		<u>X</u>
Subsidized Rental	<u>Multiple Family</u>		
Public Housing	<u>Duplex</u>		
Private Rental	<u>X Mobile Home</u>		
Private Sales			

Age of Structure 1911 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ 17.00
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 5,000 sq. ft.

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 X LPA Referred _____

Address 4816 N. Missouri Phone _____ Date of Move May 1, 1972

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

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 16,500

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

Name of Moving Company _____ Name of Realtor Gordon Nagel

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$ _____
TACO (Rental)			\$ _____
TACO (Rental)			\$ _____
TACO (Rental)			\$ _____
TACO (Rental)			\$ _____
TACO (Sales)	306 EH	2/24/72	\$ 2,721.88
Fixed Moving	29528 G	3/7/72	\$ 460.00
Actual Move			\$ _____
Storage			\$ _____
Incidental			\$ _____
Interest			\$ _____

Purchase Price \$ _____
 Down Payment \$ 2,650.00
 RHP \$ 2,721.88
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 3,181.88

REALTOR: Gordon Nagel ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
12/14/71	Visited with Mr. Couey. Explained benefits. He wants to purchase on 235, will come into office	JC
1/12/71	Mrs. Couey called - have found a house they are interested in. Will look at it today. They are being aided by her employer, Mr. Gordon V. Nagel, 222-3731 (Office) Realtor 223-7519 4816 N. Missouri (House)	JC
1/15/71	Flyer: delivered - No contact made. Information obtained from owner.	JC
2/10/71	Survey: Would like to buy in Irvington or Woodlawn, & Walnut Park Areas.	JC

Donant

(f)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R-20 PARCEL RS 4-7
 NAME Covey, Searcy ADDRESS 111 N Russell APT NO. ✓
 PHONE 281-0994 INITIAL INTERVIEW _____ SEX M W _____ NW B AGE 50
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1 yr.

FAMILY COMPOSITION

Name	Relation	Age
<u>Viola</u>	<u>wife</u>	<u>40</u>

Employer: Name Port. Wire & Iron \$ 450.00
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME

Rent 45.00, Inc. Heat _____ Water _____ Gas 12 Gar _____ Elec 5 Unfurn _____ 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 - no contact made. Info. obtained from owner.

2/10/71 Survey: would like to buy in Irvington or Woodlawn, or Walnut Park areas. JC

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 29528 G

DATE March 7, 1972

PAY TO THE ORDER OF **Searcy and Viola Couey**

\$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 for Relocation Payment for Tenants per claim filed. Move from 111 N. Russell (RS-4-7).	
		Dislocation Allowance \$200.00 Fixed Payment - own furniture <u>260.00</u>	<u>\$460.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$460.00

3-9-72

Received
Viola Couey

JMM



title insurance

escrows

ESCROW NO.270859.....

Searcy Couey

Battaglia Transaction

February 24, 1972

Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204
Phone 222-3651

ESCROW DEPARTMENT STATEMENT

WASHINGTON COUNTY OFFICE
12012 S. W. CANYON ROAD
BEAVERTON, OREGON 97005
646-8181

CLACKAMAS COUNTY OFFICE
112 - 11TH STREET
OREGON CITY, OREGON 97045
656-5243

EAST SIDE OFFICE
1350 S. E. 122ND AVENUE
PORTLAND, OREGON 97233
255-9103

DESCRIPTION	DEBITS		CREDITS	
	\$		\$	
Deposit			12,000	00
Demand	16,500	00		
Title Insurance Policy ALTA	50	00		
Broker's Commission				
Escrow Fee 1/2	33	50		
Taxes				
RECORDING				
Deed to	2	00		
Trust Deed to				
Mortgage to	6	00		
Release of to				
Taxes Prorated 2-1-72 to 7-1-72	152	88		
Insurance Prorated nil				
Fuel Prorated nil				
Rents Prorated nil				
Transaction Stamps	18	15		
Survey	15	00		
Loan Fee	170	00		
Credit Report	6	60		
Realty Tax Service	12	50		
Interest 10 days	39	96		
Reserves	175	00		
Loan Esc. Fee	25	00		
Fire Insurance Premium	29	00		
Fire Insurance Reserves	4	90		
Balance Due			5,240	49
Balance—Our Check Herewith				
TOTAL	17,240	49	17,240	49

2518.62

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

Title Insurance Company of Oregon
BY Darlene Skury

February 25, 1972

Title Insurance Co.
425 S. W. Fourth Avenue
Portland, Oregon 97204

Attn: Escrow Dept.

Re: Escrow Account No. 270859
COUEY, Searcy and Viola

Gentlemen:

Enclosed is our warrant, number 306 EH, in the sum of \$2,721.88 to be deposited to the above subject escrow account to be applied towards the purchase of the house at 4816 N. Missouri, Portland, Oregon in the following manner:

Apply on Downpayment	\$ 2,650.00
" " Title Ins. Policy	25.00
" " Escrow Fee	16.75
" " Recording Mortgage	3.00
" " Recording Deed	1.00
" " Transfer Stamps	9.08
" " Survey	7.50
" " Credit Report	3.30
" " Realty Tax Service	6.25

Please send us a copy of the closing statement verifying that the above sum was applied as stated, and also certifying that Mr. and Mrs. Couey deposited an additional \$721.88 that was also applied to the purchase of said house as follows: a total of \$71.88 applied to cover the balance of the above listed closing expenses, and \$650.00 applied towards the downpayment.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:sic

enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 306 EH

DATE February 24, 1972

PAY TO **Title Insurance Company**

\$2,721.88

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 Searcy and Viola Couey, RHP for Tenants per claim filed. From 111 N. Russell (RS-4-7). Lump sum payment	\$2,721.88

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$2,721.88

AR

MW

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	Emanuel Hospital Project PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. 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. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

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

COUEY, Searcy and Viola

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-7

a. Address: 111 N. Russell, Portland, Oregon
b. Apartment or room number: #1
c. Number of bedrooms: 2

d. Monthly rental: \$ 45.00
e. Date you moved out of this dwelling: _____
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____
b. Apartment or room number: _____
c. Number of bedrooms: _____

d. Monthly rental: \$ _____
e. Date you moved into this dwelling: _____
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): 4816 N. Missouri, Portland, Oregon
b. Number of bedrooms: 2
c. Downpayment: \$ 2,650.00

d. Incidental expenses (total from table on next page): \$ 71.88
e. Date you purchased this dwelling: _____

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____
b. Address of dwelling unit to which you moved (include ZIP code): _____
c. Date of move: _____
Month-Day-Year

d. Monthly rental for temporary unit: \$ _____
e. Will you require temporary housing for more than 3 months?
 Yes No
If "Yes", total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 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, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

February 16, 1972^e

Date

Stacy Conway
Signature of Claimant(s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

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)
Title Ins. Policy	\$ 50.00	\$	\$ 50.00	\$ 25.00
$\frac{1}{2}$ Escrow Fee	33.50		33.50	16.75
Recording Mortgage	6.00		6.00	3.00
Recording Deed	2.00		2.00	1.00
Transfer Stamps	18.15		18.15	9.08
Survey	15.00		15.00	7.50
Credit Report	6.60		6.60	3.30
Realty Tax Service	12.50		12.50	6.25
TOTAL	\$ 143.75	\$	\$ 143.75 ^{1/}	\$ 71.88

^{1/} Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above: Documentation must be provided to support any claim for incurred costs.

NAME & ADDRESS OF CLIENT:

Searcy Conroy

COMPUTATION PREPARED BY:

Stanley James C.

Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

- | | | |
|---|----------------|-------------------|
| 1. Amount necessary for downpayment | 16500.00 (20%) | \$ <u>3300.00</u> |
| 2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) | | \$ <u>143.75</u> |

Computation

- | | | |
|---------------------------------------|--|-------------------|
| 3. Base amount (Sum of Lines 1 and 2) | | \$ <u>3443.75</u> |
|---------------------------------------|--|-------------------|

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.

- | | | |
|--|--|--|
| 4. Amount on Line 3 in excess of \$2,000 | | |
|--|--|--|

Line 3	\$ <u>3443.75</u>	
	- \$ <u>2,000.00</u>	

\$ 1443.75

- | | | |
|----------------------------------|--|--|
| 5. Amount on Line 4 divided by 2 | | |
|----------------------------------|--|--|

Line 4	\$ <u>1443.75</u>	
	2	

\$ 721.88

- | | | |
|---|--|------------------|
| 6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) | | \$ <u>721.88</u> |
|---|--|------------------|

- | | | |
|--|--|--|
| 7. Base amount (Sum of amount on Line 6 and \$2,000) | | |
|--|--|--|

Line 6	\$ <u>721.88</u>	
	+ \$ <u>2,000.00</u>	

\$ 2721.88

- | | | |
|-------------------------------------|--|--|
| 8. Amount of downpayment assistance | | |
|-------------------------------------|--|--|

a. Amount on Line 3 or Line 7	\$ <u>2721.88</u>	
-------------------------------	-------------------	--

b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment)	- \$ _____	
---	------------	--

\$ 2721.88

(Enter this amount in the space provided in Block 4 on page one of this form.)

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME OF CLAIMANT COUEY, Searcy and Viola

Parcel No. RS-4-7

NAME OF LOCAL AGENCY Portland Development Commission

1. Did the claimant rent or own the dwelling at the time of acquisition? Yes No

Tenant's initial date of rental: 1970

Date of Acquisition: 12/2/71

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: 1970

Date of Initiation of Negotiations: X

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. 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 \$ 2,721.88 is authorized.

2-24-72
Date

[Handwritten Signature]
Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment	2/24/72	306 EH	\$2,721.88 S.S.
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	<u>2/24/72</u>	<u>306 EH</u>	<u>\$2,721.88 S.S.</u>
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME _____

PROJECT NO. R-20

1. Full name of claimant: Searcy & Viola Coney Family Individual
2. Dwelling unit from which you moved: Parcel No. RS-4-7
 a. Address 111 N. Russell c. Number of bedrooms 2
 b. Apartment or room number 1 d. Monthly rental \$ 450
 e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address _____ c. Number of bedrooms _____
 b. Apartment or room number _____ d. Monthly rental \$ _____
 e. Date moved in _____
4. Dwelling unit to which you moved (PURCHASE)
 a. Address 4816 N. MISSOURI c. Downpayment \$ 2581.13
 b. Number of bedrooms 2 d. Incidental expenses \$ 143.75
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

1. Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental JAN 1970
 Date of acquisition 12-2-71
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase 1970
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ 2721.88)



Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204
Phone 222-3651

WASHINGTON COUNTY OFFICE
12012 S. W. CANYON ROAD
BEAVERTON, OREGON 97005
646-8181

CLACKAMAS COUNTY OFFICE
112 - 11TH STREET
OREGON CITY, OREGON 97045
656-5243

EAST SIDE OFFICE
1350 S. E. 122ND AVENUE
PORTLAND, OREGON 97233
255-9103

title insurance

escrows

ESCROW NO. 270859

ESCROW DEPARTMENT STATEMENT

Koray Co. Inc.
Portland

50
17
69

2-10, 19*72*

DESCRIPTION	DEBITS		CREDITS	
	\$		\$	
Deposit				
Demand				<i>10,500.00</i>
Title Insurance Policy <i>Standard</i>	<i>16,500.00</i>	<i>00</i>	<i>50.00</i>	✓
Broker's Commission				
Escrow Fee <i>172</i>			<i>33.50</i>	✓
Taxes				
RECORDING				
Deed to			<i>200</i>	✓
Trust Deed to				
Mortgage to			<i>600</i>	✓
Release of to				
Taxes Prorated <i>2-1-72</i>			<i>152.88</i>	
Insurance Prorated <i>4.00</i>				
Fuel Prorated <i>nil</i>				
Rents Prorated <i>nil</i>				
<i>Rans stamps</i>			<i>18.15</i>	✓
<i>Survey</i>			<i>15.00</i>	✓
<i>Loan fee</i>			<i>155.00</i>	
<i>Credit Report</i>			<i>6.60</i>	✓
<i>Realty Tax Service</i>			<i>12.50</i>	✓
<i>Interest</i>			<i>34.96</i>	
<i>Rebills</i>			<i>140.00</i>	
<i>Ins. Premium</i>		<i>29.90</i>		
<i>Ins. Reserve</i>		<i>4.90</i>		
Balance Due				<i>6660.49</i>
Balance—Our Check Herewith				
TOTAL	<i>17,160.49</i>		<i>17,160.49</i>	

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

143.75 (71.86)

Title Insurance Company of Oregon

BY.....

February 15, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attention: James Crolley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2,721.88 payable to Title Insurance Company of Oregon, and deposit same in my escrow account at said Title Insurance Company, 425 S. W. Fourth Avenue, escrow account no. 270859, for the purchase of the house at 4816 N. Missouri.

Henry Crolley

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

February 22, 1972

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

Re: 4816 N. Missouri 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 vacant one-story, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC :mfm
cc: Ralph Gordon Nagel

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital 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 Family Individual

COUEY, Searcy and Viola

2. DATE(S) OF MOVE February 29, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-4-7

a. Address 111 North Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number #1

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5 plus storage

e. Date you moved into this address: 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 4816 N. Missouri, Portland, Oregon 97217

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?

Yes No

If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance \$200.00

Fixed Moving Payment 260.00

(Consult local agency)

Total \$ 460.00

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.

3-1-72

Date

Searcy Couey
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:

Searcy and Viola Couey
4816 N. Missouri
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW 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: 2-29-72
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:

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
<p>A. Fixed Payment and Dislocation Allowance</p> <p>1. Fixed payment \$ <u>260.00</u></p> <p>2. Dislocation allowance \$ <u>200.00</u></p> <p>3. Total \$ <u>460.00</u></p>	<p>\$</p> <p><u>460.00</u></p>		<p><u>3-6-72</u></p>
<p>B. Actual Moving and Related Expenses</p> <p>1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____</p> <p>2. Supplementary payment (s) for storage costs:</p> <p>3. Final payment for moving expenses covering storage and related costs</p>	<p>\$</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Seamus Casey + Vida Project _____
2. Date(s) of move 3-1-72 2-29-72 Parcel No. RS-4-7
3. Dwelling unit from which you moved:
 Address 111 N. 2nd St No. of rooms 5 Plus Stg
 _____ Furnished Unfurnished Date you moved into this unit 1970
4. Dwelling unit to which you moved:
 Address 4816 N. 22nd St
 Were goods moved to or from storage? _____ Yes No

5. Total claim \$ _____

 FIXED PAYMENT: \$200 + \$260.00 = \$460.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
 _____ a. reimburse client (show paid bill)
 _____ b. pay mover directly (show bill)
 _____ c. let local agency contract with mover
10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
 _____ initial _____ supplementary _____ final
- B. Storage period
 1. Total period: _____ months. Check one: _____ Actual _____ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- | | | |
|------------------------------------|----------|-----------------|
| C. Storage Costs | | <u>Approved</u> |
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
 _____ reimburse client (attach receipt or paid bill)
 _____ pay storage company directly (attach bill)

Dwelling Unit Inventory

2/29/72

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

5 Night Stand
 _____ Occasional Chair
 _____ Overstuffed Chair
 _____ Overstuffed Rocker
 _____ Range
 _____ Refrigerator: Brand _____
 _____ Rocker
2 Rug & Pad: Size 9x12
9x9
 _____ Stool
2 Table Lamp & Shade
5 Table, small
 _____ Vanity & Bench
4 Suitcases
1 Trunks
50 Cartons, Boxes, Etc.
3 Clothes
7 Bedding & Linens

Miscellaneous (List Items)

1 | Stereo - Records Player & Speakers
 1 | Book Cabinet
 3 | TV & Tables + Plus Stand
 1 | Vacuum Cleaner
 1 | Sweeper
 1 | Rug Cleaner

1 | Plants
 1 | Book case lge
 1 | Washer

COMMENTS:

DATED this 01 day of March 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 111 N
Russell, 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.

(Print name)
by: Viola C. Culp

February 15, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attention: James Croliey

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2,721.88 payable to Title Insurance Company of Oregon, and deposit same in my escrow account at said Title Insurance Company, 425 S. W. Fourth Avenue, escrow account no. 270859, for the purchase of the house at 4816 N. Missouri.

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
135 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 233-8169

December 17, 1971

Mr. and Mrs. Searcy Couey
111 N. Russell
Portland, Oregon 97227

Dear Mr. and Mrs. Couey:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. The project is designed to accomplish the removal of structurally substandard buildings, to eliminate blighting influences, to modify the street system and to make land available to Emanuel Hospital, a non-profit organization, for the development of necessary facilities for a medical and hospital complex.

Ownership (possession) of this property was vested in (granted) the Portland Development Commission on December 2nd, 1971. Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter therefore is to advise you that we require you to surrender possession of the ~~above~~ subject premises not later than March 30th, 1972. Any extension of this date must have the written approval of the commission.

Those persons or families displaced by urban renewal activity, who qualify for low-cost public housing, are entitled to a priority for any vacancy which may exist in public housing or housing leased by the Housing Authority of Portland. If you have any questions or wish more information please call on us at 235 N. Monroe Street, 233-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations. We will appreciate your keeping us advised of your moving plans.

Yours very truly,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

RS-4-7

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 QC Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 13 Structure No. 4 Census Block No. 78 Census Tract No. 22A
 Street Address 111 N Russell Apartment No. A-

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:

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Covey, Searcy</u>	<u>Head of household</u>	<u>50</u>	<u>M</u>	<u>Foundry worker</u>
2.	<u>" Viola</u>	<u>wife</u>	<u>40</u>	<u>F</u>	<u>Domestic</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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
<u>Searcy Covey</u>	<u>Port. Work + Iron</u>	<u>SE, PORTLAND</u>	

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>Searcy Covey</u>	<u>\$ 450.00</u>	<u>\$ 450.00</u>
<u>Total family or household income per month</u>	<u>\$ 450.00</u>	<u>\$ 450.00</u>

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

1. Location (indicate approximate cross streets) N.E. Hamilton - Woodlawn + adjacent areas
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 \$ didn't know, down payment of \$ ARP, monthly payment of \$ 60.00
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 2, 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

Date _____

Analyst JK Surveyed 2/10/71 Tabulator _____ Date _____
 Dwelling Unit No. 15 Structure No. 4 Census Block No. 78 Census Tract No. 22A
 Street Address 111 N Russell Apartment No. A
 Legal Description _____

NAME OF OCCUPANT: <u>M M COVER SEARBY</u> <u>111 N Russell</u>	NAME & ADDRESS OF OWNER <u>Lewis A. Gress</u> <u>6403 SW Dover</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>281-0994</u>	TELEPHONE: <u>246-7175</u>	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	<u> </u>
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg. or plex	<u> </u>
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>2</u>
<u> </u> Mobile home or trailer	<u> </u>

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

2500 Sq. ft. in first floor (county figure)
5000 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)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
4/4/67 Date of last appraisal
1911 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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	\$ <u>5720</u>	\$ _____
Improvements	<u>16640</u>	_____
Total	<u>22360</u>	_____

_____ 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	\$ <u>45.00</u>	_____	\$ _____
Electricity	_____	\$ <u>5.00</u>	_____
Gas	_____	<u>12.00</u>	_____
Water	<u>w/rent</u>	_____	_____
Heat (oil, or other)	<u>gas</u>	_____	_____
Total	\$ <u>45.00</u>	\$ <u>17.00</u>	\$ <u>62.00</u>

Deposits required of renter
 Advance rent \$ 45.00, 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 1-68430-1140 GRESS, LEWIS J & BARBARA

MAP: 2730

ZONE: M3

RATIO: 1301

LVY C: 001

113 N RUSSELL ST

PORTLAND, OREGON

97227

RAILROAD SHOPS ADD

LOT

BLOCK

E 50' OF

5

& 6

4

EXC W 10' IN ST

N 10' OF W 50' OF

5

4

PROPERTY ADDRESS:

109 N RUSSELL ST

PORTLAND

APPEALS:



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
67			1230	3630	4860	
68			5,500	16,000	21,500	07/02
71			5720	16,640	22,360	08/21/63

FRONT OF BUILDING

DATE: _____

REMARKS

N. Russell St

AVE OR STREET



DATE: _____

OUTSIDE

SIGNED

CHECKED: _____ ENTERED: _____ BDO. COUNT: _____ INDEX: _____ RECHECKED: _____ NOTIFIED: _____

APR 2 '67

APR 2 '67

7-11-67

SAVING

6-22-67

MARKET DATA
 PURCHASE PRICE TYPE DATA BK & PAGE REMARKS
 ACCESS & INGRESS *Highway*
 SIZE & SHAPE *50 x 90 + 10 x 90*
 SITE UTILIZATION *Store w/ Fitt. above + Parking Lot*
 TRACKAGE
 PLOTTAGE
 TOTAL ADJ
 RATE USED SQ FT *X* FRNT FT *X* ACRE

LAND SUPPORT DATA
 COMMERCIAL SITE ADJUSTMENTS

LONG SITE ADJUSTMENTS

ROAD TYPE	D	G	D
M-3			
TOPOGRAPHY	Level		
VIEW			
OTHER			
DEPTH FACTOR			
STANDARD DEPTH			100
EFFECTIVE DEPTH			90

COMPUTATIONS

LAND DESCRIPTION	SIZE SQ ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D UNIT VALUE	VALUE
50 x 90	50'	100.00	Depth	95.55	4800
700 #		7.80			700
SUB-TOTAL					5,500

TOTAL AREA
 REMARKS *Frontage from N. Route 11*
 APPRAISER DATE *4/17/52*



AVE OR STREET

REMARKS

R A YEAR APPRAISER

BUILDING APPRAISAL Business Clothing Store + Repair YEAR 19 68

Address 109-11-13 N. Kensington Ave. PHOENIX, ARIZONA

1 STORY LUMP SUMS

ADJ. SQ. FT. ITEMS	ADJ. SQ. FT.	LUMP SUMS
470	470	4,250
38	38	
62	62	
504	504	2,030
		800
		4,780

TOTALS	622	13,800
NET ADJ.	1,209	46,822
REPL COST	1,209	46,822
INDEX	120	16.0
ADJ. FACTOR	92	46,822
FACTOR	92	46,822

REPL COST	1,209	46,822
INDEX	120	16.0
ADJ. FACTOR	92	46,822
FACTOR	92	46,822

BUILT PERMIT	57	1811	15
CONST	CONST	CONST	CONST
ROOF	ROOF	ROOF	ROOF
FDN.	FDN.	FDN.	FDN.

TOTAL REPL COST	66	30,500
DEPR	66	30,500
INCOME APPROACH	16	22
BLDG. RESIDUAL	16	22
MARKET APPROACH	16	22
BLDG. RESIDUAL	16	22
IMPROVEMENTS VALUE CONCLUSION	19	
DEPR F.M. VALUE	19	
DEPR F.M. VALUE	19	
DEPR F.M. VALUE	19	

APPEAL SUPPORT DATA

FLOOR	TENANT	TYPE OF BUSINESS	REPORTED PER MONTH	REPORTED PER YEAR	WARRANTED PER YEAR
1ST	SO	40	20	300	4,100
2ND	SO	40	20	300	4,100
3RD	SO	40	20	300	4,100

OPERATING EXPENSE SCHEDULE	TOTAL GROSS INCOME	4,100
INSURANCE		
HEAT		
LIGHT		
WATER		
GARBAGE		
TELEPHONE		
SUPPLIES		
ADVERTISING		
WAGES		
REPAIRS		
TOTALS		13,800
NET ADJ.		1,209
REPL COST		46,822
INDEX		120
ADJ. FACTOR		92
FACTOR		92

WARRANTED GROSS INCOME	4,100
VACANCY ALLOW	
OPERATING EXP	3,200
PERM. REPR. CHARGES	
LAND CHARGES	
TOTAL OPERATING	2,900
NET INCOME TO BUILDING	2,900
REPR. CHARGES	
CAP. RATE METHOD	
NET INC. 5%	145
REPR. VALUE RESIDUAL	16

MARKET DATA APPROACH	
GROSS MULTIPLE	
APPROACH	
GROSS MULTIPLE	
PROPERTY VALUE	
LAND VALUE	
BUILDING VALUE RESIDUAL	