

	DESCRIPTION	ROLL NO	ODOMETER
AB 1-3	DOWNING, JACK L. 2803 N. COMMERCIAL		
A 2-4	DREW, JOHN 3102 N. GANTENBEIN		
A 4-7	DUMAS, LUCILLE 3316 N. GANTENBEIN		
A 4-7	DYE, JONAS 3316 N. GANTENBEIN		
RS 3-4	EADEN, ALEX, JR. 2740 N. VANCOUVER		
A 2-5	EDWARDS, CHESTER 227 N. MONROE		
A 4-11	ELLIS, ROSCOE 233 N. COOK		
R 8-9	FAULKNER, FANNIE 327 N. FARGO		
E 2-5	MACK, FERRELL A. 2732 N. KERBY		
R 9-7	FIELD, HERBERT 417 N. MONROE		
E 2-7	FISCHMAN, STEPHEN M. 553 N. KNOTT		
E 3-7	FLORES, JESSIE 540 N. KNOTT		
E-4-7	FLOWERS, LONNIE 423 N. RUSSELL		
A 2-8	FRAHS, THEODORE 3111 N. VANCOUVER		
AB 3-2	FRARY, MYRA L. 2932 N. COMMERCIAL		
R 10-2	FRYKMAN, MARGARET 3137 N. COMMERCIAL		
R 10-10	GARNETT, ALBERT 529 N. MONROE		
RS 3-6	GLASS, LILLIAN (CONLEY) 2728 N. VANCOUVER		



RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. AB1-3 Advisor VC

Client's Name Downing, Jack Phone _____

Address 2803 N. Commercial Ethn white Age 50

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

Family Composition

Total Number in Family 3

2 wife, husband

Other: Relation Age Relation Age

wife			
mother			

Economic Data

Employer Steen Fette \$

Address _____

Other Source of Income

Emanuel (Wsp. (N.N.)) \$ 1000.00

Total Monthly Income \$ ()

Eligible for Public Housing ☐ YES ☒ NO

Eligible for Welfare ☐ YES ☒ NO

Eligible for (Other) ☐ YES ☒ NO

Presently Receiving Welfare ☐ YES ☒ NO

Other Assistance _____

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 6-29-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1921

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

Date of initiation of negotiations for purchase of property

7-12-71

Date of Acquisition

8-12-71

Date of letter of intent

8-20-71

Date of move

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 1901

Size of Habitable Area 2299

Furnished with claimant's furniture
☒ YES ☐ NO

Total Number of Rooms 8 Rent Paid \$ _____ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 14,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 4825 N. Skidmore 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 1958

Size of Habitable Area 1386

No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 28,950.00

Taxes \$ 629.64

RHP or TACO (including incidental costs) \$ 11,000

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 9-5-71 Ck # 966 G Type RHP Amount \$ 11,000

Date 10-7-71 Ck # 83EH Type MC Amount \$ 597.40

Date 10-7-71 Ck # 84EH Type INCI Amount \$ 74.50

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DOWNING, Jack L. RELOCATION ADVISOR JC
 ADDRESS 2803 N. Commercial PHONE 287-5918 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN W VETERAN AGE 50 PARCEL NO. AB 1-3
 MARITAL STATUS Married TENURE Owner
 DISABILITY INDIV FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 6-29-71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE No DATES EFFECTIVE ---- EXPIRATION DATE -----
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:	<u>1921</u>
INITIATION OF NEGOTIATIONS:	<u>July 12, 1971</u>
DATE OF ACQUISITION:	<u>August 12, 1971</u>

ECONOMIC DATA

Employer (Steamfitter) \$
 Address
 MCW
 Social Security
 Pension
 Other
 (Wife) R.N. - Emanuel Hospital
 TOTAL MONTHLY - INCOME \$ 1,000.00
 (Combined)

FAMILY COMPOSITION

Name	Relation	Age
Lois	Wife	
Adella	Mother	

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>1901</u>	No. Rooms <u>8</u>
Subsidized Rental		Multiple Family		X	No. Bedrooms <u>3</u>	Furn. <u> </u> Unfurn. <u>X</u>
Public Housing		Duplex			Utilities \$ <u> </u>	
Private Rental		Mobile Home			Monthly Payments (Rent) \$ <u> </u>	
Private Sales	X				Acquisition Price \$ <u>14,000</u>	

Size of Habitable Area Taxes \$ Equity \$
 Liens \$

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 X

Address 4825 N. Skidmore Phone _____ Date of Move August 20, 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 _____ Number of Rooms _____ Number of Bedrooms 3 Habitable Area _____

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

Age of Structure: 1958 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company Greyhound Van Lines Name of Realtor Gibson Bowles

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	966 G	8.5/71	\$11,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	83 EH	10/7/71	\$ 597.40
Actual Move			\$
Storage			\$
Incidental	84 EH	10/7/71	\$ 74.50
Interest			\$

Purchase Price \$28,950.00

Down Payment \$ _____

RHP \$11,000.00

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$11,671.90

REALTOR: Gibson Bowles ESCROW CO. Pioneer National Title Insurance Co. OFFICER Joan Egberg

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered by James Crolley. Not receptive. Daughter later called - explained that she was hard of hearing - so appeared uncooperative.	
2/22/71	Survey: Will buy - Prefer 39th & Glisan area. Nicest hime in area - will be difficult to replace, has been rewired, plumbed - etc. Large house - huge rooms. Congenial - but realize they will have to pay large sum for comparable. House built by relatives so has sentimental value only	WSJ
6/29/71	Visited Client to deliver our letter of this date. I was invited in and had about an hours discussion of the problem. Clients were friendly but anxious to move ahead. They cannot understand why it is taking so long to tell them the amount of their RHP.	

November 4, 1971

Mr. and Mrs. Jack Downing
4825 N. E. Skidmore
Portland, Oregon 97218

Dear Mr. and Mrs. Downing:

Enclosed is our warrant, number 84 EH, in the sum of Seventy-four and 50/100 dollars which represents payment of the incidental expenses incurred by you in connection with the purchase of your new home that were reimburseable by the Portland Development Commission.

Please call us if we can be of any further assistance to you.

Very truly yours,

S. L. Cannucci

SLC:ms

enc.

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 84 EHDATE October 7, 19 71PAY TO **Jack L. & Lois J. Downing**\$ **74.50****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 - Acquisition of property @ 2803 N Commercial (AB 1-3)	\$74.50

Account Distribution

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Settlement Costs)		\$74.50

sl

BD

11 October, 1971

Greyhound Van Lines, Inc.
Post Office Box No. 95202
Chicago, Illinois 60690

Gentlemen:

Enclosed is our warrant number 83 EH in the sum of Five Hundred Ninety-seven and 40/100 dollars which represents payment of your account no. 7107291 for the move of Jack Downing from 2803 N. Commercial to 4825 N. E. Skidmore, Portland, Oregon. I am enclosing a copy of your invoice for your convenience.

Thank you for your cooperation in this matter.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:sic
enc.

cc: Mr. Jack Downing
4825 N.E. Skidmore
Portland, Oregon

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 83 EHDATE October 7, 19 71PAY TO **Greyhound Van Lines, Inc.**

\$597.40

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
9-17-71	#107291	Moving expenses - Jack Downing family from 2803 N. Commercial (AB 1-3) to 4825 NE Skidmore Per claim for relocation filed...	\$597.40

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments (Moving - Family)	EH \$597.40

*AL**BD*

APPENDIX 4. GUIDEFORM CLAIM FOR RELOCATION PAYMENT FOR
MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201		PROJECT NUMBER ORE R-20
<p>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), complete items 1 through 12. If an item does not apply, write "None" in the space.</p> <p>PENALTY FOR FALSE OR FRAUDULENT CLAIMS: 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."</p>		
1. FULL NAME OF CLAIMANT Jack Downing (f)		
2. DATE(S) OF MOVE 8/20/71		
3. DOWLING UNIT FROM WHICH YOU MOVED (AB 1-3)		
a. Address: 2803 N. Commercial Portland, Oregon 97227		d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 8
b. Apartment, Floor, or Room Number: ---		e. Date you moved into this address: ---
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4. PREVIOUS UNIT TO WHICH YOU MOVED		
a. Address (include ZIP Code) 4825 N. Skidmore Portland, Oregon 97211		c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number: ---		
5. TYPE OF PAYMENT CLAIMED		
Check a or b after consulting local agency: <input checked="" type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) <input type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
6. TOTAL CLAIM (If claim is for fixed payment, consult local agency. If claim is for reimbursement of actual moving expenses and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 597.40		
DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT		
7. NAME OF MOVING COMPANY (OR PERSON) Greyhound Van Lines., Inc.	8. MOVER'S TELEPHONE NUMBER 288-7321	9. ADDRESS OF MOVING COMPANY (OR PERSON) P. O. Box 4405 Portland, Oregon

[Form continued on next page]

1371.1

CHAPTER 6 APPENDIX 5

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$			
2. Dislocation allowance \$ 200.00			
3. Total \$			
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$	597.40 **	<i>[Signature]</i> Acting Director	10-5-71
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
10/7/71	53 EH 40	\$597.40			\$

**Actual Moving Expenses

1371.1

CHAPTER 6, APPENDIX 5

APPENDIX 5. GUIDELINE DETERMINATION OF ELIGIBILITY FOR RELOCATION
PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

(For Local Agency Use Only) DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)	NAME AND ADDRESS OF CLAIMANT Jack Downing 4825 N. Skidmore, Portland 97217 NAME OF LOCAL AGENCY Portland Development Commission
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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]

1371.1

CHAPTER 6 - APPENDIX II

EXPLANATION OF CLAIMS AND SUPPORTING DOCUMENTS

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/or other contractors, 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, and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
- ☐ c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

Date

ok - Mrs. Downing approved above
method of payment with signature below

11. AMOUNT OF ACTUAL COSTS

- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$ 554.90
- b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) \$ 42.50
- c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) \$

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.

9/28/71
Date

Mrs. Jack L. Downing
Signature of Claimant

[form continued on next page]

INVOICE

GREYHOUND VAN LINES, INC.

13 EAST LAKE STREET

NORTHLAKE, ILLINOIS 60164



BILLING DATE		
MO.	DAY	YR.
9	17	71

Portland Development Comm
Attn; Mr Stan Jones
235 N Monroe
Portland Oregon 97227

ACCOUNT
CODE

7107291

WAREHOUSE
CODE

PLEASE REMIT TO:
P. O. BOX 95202
CHICAGO, ILLINOIS 60690

A/C Mr. Jack Downing

DUE DATE			GREYHOUND ORDER NUMBERS	SHIPPER AND/OR DESCRIPTION	STORAGE CHARGE	INSURANCE OR VALUATION CHARGE	B. OF L. AND TOTAL	
MO.	DAY	YR.						
			OR 69-319	Local Move On 8-19-20-71				
				From 2803 N Commerical Portland Ore				
				To; 4825 N E Skidmore Portland Oregon				
				Drayage;			205	20
				3 men packing 8 hrs @ 25.65 per hr			246	00
				3 men and loading 8 hrs @ 30.75 per hr			69	50
				Packing; Material			34	20
				Un Packing 1 man 4 hrs @ 8.55 per hr				
				Transit Ins 17,000.00 @ 2.50 per M			42	50
				Total;			597	40

FORM 412 (7-71)

PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR REMITTANCE

WORK ORDER

GREYHOUND STORAGE

No. **22410**

LOCATION **Portland 69**

CUSTOMER'S NAME Jack Downing		TEL. NO. 287-5918	ORDER NO. OR69-319
FROM 2803 N. Commerical	TO 4825 N.E. Skidmore		
CITY Portland, Oregon	CITY Portland, Oregon	LOT NO.	

To GREYHOUND STORAGE CONTRACTOR **Lawrence Tenn #2-3059** AT **Portland, Oregon**
 You are hereby directed to perform the work specified below for the customer in the name of ☐ GVL ☐ GS ON **8/19/71** **PACK**
 ACCOUNT NAME **Portland Development Comm/235 N. Monroe/Pld,Ore/Stan Jones** ☐ COD ☒ Billed

PACKING OR UNPACKING UNDER TARIFF

MATERIAL	EST.	ACT.	MATERIAL	EST.	ACT.	EST. CRATE SIZES	ACTUAL CRATE SIZES
Barrels 8 with cell pks 15.80	168	15	Mattress Ctns. 1K/6S	7			
Cartons-Less than 1 1/2 CF			Mattress Covers				
1 1/2 CF 19.80	10	23	Boxes-Not Over 5 CF				
3 CF	20		Over 5 CF, not over 8 CF				
4 1/2 CF 14.00	20	20	Over 8 CF (See crates)				
6 1/2 CF	5		Crates				
10 CF			Labor-Explain				
Wardrobes 16.50	4	3	Mirror/Pictures 6.00	4	1		

SPECIAL INSTRUCTIONS:

*Pkg matt. Retd
11 1/2, 10 4 1/2, &
5 1/2*

<input type="checkbox"/> PICK UP AND HOLD PURCHASE ORDER NO. _____ WEIGHT _____	CHARGES
<input type="checkbox"/> TERMINATE S.I.T. AND PLACE IN PERMANENT STORAGE UNDER ORDER NO. _____	
<input type="checkbox"/> STORAGE-IN-TRANSIT PICKUP/DELIVERY _____ LBS. _____ MI. @ _____ CWT.	
<input type="checkbox"/> STORAGE-IN-TRANSIT-1st 30 DAYS _____ LBS. _____ CWT.	
<input type="checkbox"/> STORAGE-IN-TRANSIT-2nd 30 DAYS _____ LBS. _____ CWT.	
<input type="checkbox"/> INTRA-STATE REMOVAL _____ LBS. _____ MI. @ _____ CWT.	
<input checked="" type="checkbox"/> DRAYAGE 3 MEN AND VAN LOADING 8 HOURS @ \$25.65 PER HOUR	
3 MEN AND VAN UNLOADING 8 HOURS @ \$21.75 PER HOUR	
MILEAGE CHARGE _____	
DRIVING TIME _____ HOURS @ _____ PER HOUR	
<input checked="" type="checkbox"/> PACKING (AS ABOVE) TOTAL CHARGE PACKING MATERIAL	69.50
<input checked="" type="checkbox"/> UNPACKING 1 MAN 4 HRS @ \$8.55/Hr.	34.20
<input type="checkbox"/> WARDROBE RENTAL _____	
<input type="checkbox"/> PIANO CARRY _____	
<input type="checkbox"/> CRATING OTHER THAN ON PACKING JOB _____	
<input type="checkbox"/> WRAPPING <input type="checkbox"/> WAREHOUSE HANDLING <input type="checkbox"/> PALLETIZING _____	
<input type="checkbox"/> WAREHOUSE LABOR IN _____ CU. FT. @ _____ PER CU. FT.	
<input type="checkbox"/> WAREHOUSE LABOR OUT _____ CU. FT. @ _____ PER CU. FT.	
<input type="checkbox"/> STORAGE _____ CU. FT. @ _____ PER CU. FT. PER MONTH	
<input type="checkbox"/> ACCESS OR LABOR _____ HOURS @ _____ PER HOUR	
<input checked="" type="checkbox"/> TRANSIT INSURANCE \$17,000.00 @ \$2.50 PER M.	42.50
<input type="checkbox"/> WAREHOUSE INSURANCE \$ _____ @ \$ _____ PER M. PER MONTH	

BALANCE DUE FOR A/C OF ☐ GVL ☐ GS ☐ OTHERS _____

TOTAL CHARGES **597.40**

DRIVER OR CONTRACTOR SIGNATURE Bill Hicks	THE ABOVE WORK HAS BEEN SATISFACTORILY PERFORMED 8/21/71	EXCEPTIONS ARE TO BE LISTED ON REVERSE SIDE
CERTIFIED CORRECT Jack	COLLECTION'S REMITTED ON 8/21/71	
BRANCH MANAGER	DATE	

SHIPPER'S COPY

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

(For Local Agency Use Only)		NAME AND ADDRESS OF CLAIMANT AB 1-3 Mr. & Mrs. Jack L. Downing 4823 N.E. Skidmore, Portland, Oregon	
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS		NAME OF LOCAL AGENCY Portland Development Commission	
<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>12/30/67</u> Date of Acquisition: <u> </u> 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: <u>12/30/67</u> Date of Initiation of Negotiations: <u>6/15/71</u> 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: <u>8/20/71</u> Date of Purchase of Replacement Housing: <u> </u> Month-Day-Year Month-Day-Year</p> <p>Date of Occupancy of Replacement Housing: <u>8/20/71</u> 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 checked="" type="checkbox"/> No</p> <p>Issuance Date of Mortgage: <u> </u> Date of Discharge of Mortgage: <u> </u> Month-Day-Year Month-Day-Year</p> <p>Date of Initiation of Negotiations: <u> </u> 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 \$ <u>74.50</u> is authorized.</p> <p>_____ Date</p> <p><u> </u> Authorized Signature</p>			
<p>7. RECORD OF PAYMENT</p> <p>Date of payment: <u>10/17/71</u> WARRANT Check Number: <u>84EH</u> Amount: \$ <u>74.50</u></p>			

1371.1

CHAPTER 6 . APPENDIX 6

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)
escrow fee (1/2)	\$ 40.00	\$	\$ 40.00	\$ 40.00
recording deed	1.50		1.50	1.50
revenue stamps	33.00		33.00	33.00
TOTAL	\$ 74.50	\$	\$ 74.50	\$ 74.50

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

escrow statement

4. 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.

9/28/71

Date

Signature of Owner-Occupant (s)

FIDELITY ESCROW SERVICES, INC.

2014 N. E. 42nd Avenue

Portland, Oregon 97213

Telephone 287-2431

ESCROW STATEMENT

Escrow No. 5468

August 2 19 71

Jack L. Downing and Lois J. Downing, purchasers

Branch

	Debit	Credit
DESCRIPTION Tax Lot 40 of Block 3, IRVINGTON ACREAGE TRACTS 4825 N. E. Skidmore, Portland, Oregon		\$
Demand for deed	28,950.00	
Deposit earnest money		200.00
Deposit		
Title Insurance		
Escrow Fee one-half share	40.00	
Taxes pro-rata 7/1/71 - 8/13/71 based on 1970/71 taxes		78.70
City Liens		
RECORDING		
Deed Bauer & Woodhurst to Downing	1.50	
Deed to		
Mortgage to		
Mortgage to		
Release of Mortgage to		
Release of Mortgage to		
Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Multnomah County for revenue stamps	33.00	
Paid for		
Assignment of funds from Portland Development Commission		11,000.00
Balance XXXXXXXXXX cash from purchaser		3,745.80
Balance - Cash due to close from Portland Development Com.		14,000.00
TOTAL	29,024.50	29,024.50

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

FIDELITY ESCROW SERVICES, INC.

By

Winifred Monical
Winifred Monical

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 966 G

DATE August 5, 1971

PAY TO Pioneer National Title Insurance Co.

\$ 11,000.00

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
8/5/71		Deposit in Escrow Account for Jack L. Downing, replacement housing payment for claim filed. 2803 N. Commercial to 4825 N. E. Skidmore	\$11,000.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RPH)	EH \$11,000.00

BD

CRM

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**DETERMINATION OF ELIGIBILITY AND COMPUTATION OF
REPLACEMENT HOUSING PAYMENT**

NAME OF CLAIMANT

Jack L. Downing

NAME OF DISPLACING AGENCY

Portland Development Commission

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

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

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

YES NO

X

Initial Date of Ownership:

Date of Acquisition:

Month-Day-Year
Month-Day-Year2. Did the claimant own and occupy the single- or two-family dwelling at least one year
prior to the initiation of negotiations?

X

Initial Date of Ownership:

Date of Initiation of Negotiations:

Month-Day-Year
Month-Day-Year3. 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:

Month-Day-Year
Month-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

X

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-Year
Month-Day-Year
Month-Day-Year

5. Has the replacement housing been inspected and found to be standard?

X

*(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:

Month-Day-Year

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)		
Price determined by comparable method		\$ 25,000
2. Acquisition payment received by the claimant for his single- or two-family dwelling.		\$ 14,000
3. Line 1 minus line 2.		\$ 11,000
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.)		\$ 11,000
Uniform Relocation Act of 1970		
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)		\$
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)		\$ 11,000

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.

8-2-71

Date

[Signature]
Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT CHECK NO.	AMOUNT
	8/5/71	966G	11,000.00 <i>[initials]</i>

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) Jack L. Downing	3. DATE OF DISPLACEMENT 8-20-71
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED AB-1-3 a. Address: 2803 N. Commercial Portland, Oregon b. Date you first occupied this dwelling unit as the owner: * December 30, 1967 Month-Day-Year c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. DWELLING UNIT TO WHICH YOU MOVED a. Address (Include ZIP Code): 4825 N.E. Skidmore b. Number of bedrooms: 3 c. Purchase price: \$ 28,950 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: 8-20-71 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.

July 29, 1971
Date

* Jack L. Downing
Signature of Owner-Occupant

APPENDIX 4. GUIDEFORM CLAIM FOR RELOCATION PAYMENT FOR
MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)		PROJECT NAME (if applicable)
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY		PROJECT NUMBER
<p>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), complete items 1 through 12. If an item does not apply, write "None" in the space.</p> <p>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."</p>		
1. FULL NAME OF CLAIMANT		
2. DATE(S) OF MOVE <u>8/20/71</u>		
3. DWELLING UNIT FROM WHICH YOU MOVED		
a. Address <u>2803 N. 1st St. Phoenix, Arizona</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>2</u>	
b. Apartment, Floor, or Room Number <u>1st</u>	e. Date you moved into this address: <u>8/20/71</u>	
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4. DWELLING UNIT TO WHICH YOU MOVED		
a. Address (include ZIP Code) <u>4825 N. Skyway</u>	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete table, "Statement of Claim for Storage Costs"	
b. Apartment, Floor, or Room Number <u>1st</u>		
5. TYPE OF PAYMENT DESIRED		
Check a or b after consulting local agency:		Check c if applicable:
<input checked="" type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable)		<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
<input type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		
6. TOTAL CLAIM		
(If claim is for fixed payment, consult local agency. If claim is for reimbursement of actual moving expenses and/or storage costs, enter sum of lines 11a, 11b, and 11c below.)		
\$ <u>597.40</u>		
DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT		
7. NAME OF MOVING COMPANY (OR PERSON) <u>Chapman Van Lines, Inc.</u>	8. MOVER'S TELEPHONE NUMBER <u>288-7321</u>	9. ADDRESS OF MOVING COMPANY (OR PERSON) <u>P.O. Box 405 Phoenix, Arizona</u>

[Form continued on next page]

1371.1

CHAPTER 6 . APPENDIX 6

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)
Escrow Fee (1/2)	\$ 40.00		\$ 40.00	\$
Deed Fee	1.50		1.50	
Revenue Stamp	33.00		33.00	
TOTAL	\$ 74.50	\$	\$ 74.50	\$

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

Escrow Statements

4. 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.

Date

Signature of Owner-Occupant(s)

August 27, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 385382
DOWNING, Jack L. and
Lois J.

Gentlemen:

You have in the above-identified escrow account
a \$11,000 Replacement Housing Payment in accordance with
our instructions of August 6, 1971.

This is to certify that Mr. and Mrs. Downing have
acquired and moved into a standard structure located at
4825 N. E. Skidmore Street. You are hereby authorized to
release the Replacement Housing Payment and disburse it
in such manner as directed by Mr. and Mrs. Downing.

Yours very truly,

John B. Kenward
Executive Director

JBK:dl

AB-1-3

MEMORANDUM

Date 10 September, 1971

TO: Ben Webb

FROM: Emanuel Site Office

SUBJECT: Release of RHP from Escrow

Escrow Company Pioneer National Title Insurance Co.

Escrow No. 385382

Parcel No. AB 1-3

Name DOWNING, Jack L. and Lois J.

Moving Date 8/19-20/71

The above client has relocated and does occupy the property which they purchased at 4825 N. E. Skidmore. The City Bureau of Buildings reports that the structure complys with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 11,000.00.

Relocation Worker

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. 385382

Parcel No. AB 1-3

Name DOWNING, Jack L. & Lois J.

Moving Date 8/20/71

The above client has relocated and does occupy the property which they purchased at 4825 N.E. Skidmore. 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 \$ 11,000.00.

Relocation Worker

gc

August 4, 1971

(date)

Greyhound Storage-Van Lines, Inc.
P. O. Box 4405
Portland, Oregon 97208

Gentlemen:

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. [REDACTED].

Claimant: Jack Downing

Pickup Address: 2803 N. Commercial

Delivery Address: 4825 N. E. Skidmore

Time and Date: 8:00 a.m. 8/19/71

Rate: _____

Description: _____

GENERAL PROVISIONS:

Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,

W. Stanley Jones

WSJ:slc
enc.

August 6, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 385382
DOWNING, Jack L. and
Lois J.
Parcel No. AB-1-3
Emanuel Hospital Project

Gentlemen:

Enclosed is Warrant No. 966 G in the amount of \$11,000.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to Mr. and Mrs. Downing upon written authorization by the Commission that they have purchased and they do occupy standard housing.

Sincerely,

E.R. WILKEY

FOR Ben C. Webb, Chief
Relocation and Property
Management

BCW:dl
Enclosure (1)

ORDER FOR SERVICES—GREYHOUND STORAGE

OR69-319

1 Name Jack Downing		Tel. No. 287-5918		Requested Moving Date 8/19/71	
Pickup Address 2803 N. Commercial	Floor	Apt. No.	Delivery Address 4825 N. E. Skidmore	Apt. No.	Floor
City Ptld	Zone	State Ore.	City Ptld	Zone	State Ore.
Storage Warehouse Name			In Transit <input type="checkbox"/> Permanent <input type="checkbox"/>		

IMPORTANT—Shipper can be reached while goods are in transit or in permanent Storage at
Address _____ City _____

Phone _____
c/o Hotel, Company,
Relatives, etc.

Subject to the terms and conditions appearing on the reverse hereof and the rates current at the time of performance of services I hereby order the above services.

2 FROM _____ TO _____ MI. _____	INVOICE Portland Development Comm.
FROM _____ MI. _____	ATTENTION Stan Jones
FROM _____ MI. _____	STREET 235 N. Monroe
FROM _____ MI. _____	CITY Ptld, Ore. 97227
TOTAL CALCULATED MILEAGE _____	CHARGES AUTHORIZED BY _____
APPROVED MOVING DATE _____	C.O.D. <input type="checkbox"/> BILL <input checked="" type="checkbox"/> PREPAID <input type="checkbox"/>

RATE QUOTATIONS

3 LOCAL MOVES AND DRAYAGE	ESTIMATED COST	4 INTRA STATE MOVES AND S.I.T.	ESTIMATED COST
LOADING VAN AND 3 MEN 8 HRS. @ \$ 36.90 PER HR.	295.20	CU. FT. _____ TARIFF _____ PG. _____	
UNLOADING VAN AND _____ MEN _____ HRS. @ \$ _____ PER HR.		TO DEST. _____ LBS. _____ MI. @ _____ CWT.	
DRIVING TIME _____ HRS. @ \$ _____ PER HR.		TO OR FROM WHSE. _____ LBS. _____ MI. @ _____ CWT.	
MILEAGE _____ MI. @ \$ _____ PER MI.		Additional Transportation Charges For Restricted Areas _____ LBS. @ _____ CWT.	
EXTRA LABOR Packing 3 MEN 8 HRS. @ \$ 36.90 PER HR.	295.20	EXTRA PICK-UP AND DELIVERY _____	
\$17,000.00 TRANSIT INSURANCE @ \$ 2.50 M	42.50	\$ _____ TRANSIT INSURANCE @ \$ _____ M	
Rent on new containers	76.00	S.I.T. FOR EA. 30 DAY PERIOD (NOT OVER 60 DAYS) @ _____	
PACKING AND WARDROBE CHARGES _____		PACKING AND WARDROBE CHARGES _____	
HEAVY ITEMS No Parking Signs	8.00	OTHER CHARGES _____	
<input type="checkbox"/> PIANO <input checked="" type="checkbox"/> STOVE		OTHER CHARGES _____	
<input checked="" type="checkbox"/> DEEP FREEZE <input type="checkbox"/> REFRIGERATOR			
TOTAL ESTIMATED COST \$ 716.90		TOTAL ESTIMATED COST _____	
SIGNATURE ACKNOWLEDGES _____		SIGNATURE ACKNOWLEDGES _____	
AMOUNT PREPAID ONLY _____ AGENT _____ DEPOSIT \$ _____		AMOUNT PREPAID ONLY _____ AGENT _____ DEPOSIT \$ _____	

5 PROVIDE PERMANENT STORAGE FOR	ESTIMATED COST	6 PACKING INSTRUCTIONS	MATERIAL	EST.	MATERIAL	EST.
CU. FT. _____ MONTHLY RATE _____ PER CU. FT.		PACKER _____	BARRELS		CARTONS	
LABOR IN OR OUT _____ MEN _____ HRS. @ \$ _____ PER HR.		PACKING DATE _____ TIME with dividers			Not Over 1 1/2 CF	10
WRAPPING AND PALLETIZING _____		PACKER SIGNATURE _____			Over 1 1/2 CF	20
PERMANENT STORAGE INSURANCE _____					Not Over 3 CF	20
TOTAL					Over 3 CF	5
		BOXES, WOOD — CF			Not Over 7 CF	5
		CRATE — SIZE			Over 7 CF	1
					Not Over 10 CF	6
					One King MATTRESS	1
					6 single	6
					WARDROBES	4
						4

7 DECLARED RELEASED VALUE (ON LOCAL MOVES AND DRAYAGE AND INTRASTATE MOVES AND S.I.T.)

I (we) hereby declare valuation in excess of the limit set forth herein on the following: **Article of excess value att.**

The rate applicable on a shipment is dependent upon the released value as set out in current tariff, (on local moves not to exceed 30c per pound per article unless insurance coverage is ordered) therefore shippers are REQUIRED TO DECLARE IN WRITING the released value of the property stated in cents per pound, per article. The agreed or declared value of the property is hereby specifically stated to be not exceeding 30c per pound, per article.

I (we) hereby declare that the total sound value of my (our) property to be shipped via motor common carrier is \$ _____ at destination.

I (we) do (do not) desire transit insurance in the amount of \$ _____.

GREYHOUND STORAGE—GREYHOUND VAN LINES, INC., AGENT DATE **7/29**

BY **[Signature]** OWNER'S SIGNATURE **X**

ORIGINAL—TO GENERAL OFFICE—ATTACH TO DAILY BUSINESS REPORT PAYMENT MUST BE MADE BY CASH, CERTIFIED CHECK OR MONEY ORDER

PRICE QUOTED IS ESTIMATE ONLY. ACTUAL CHARGES WILL BE COMPUTED IN ACCORDANCE WITH TARIFF, LOCAL RATES AND ACTUAL HOURS AND MILEAGE

TABLE OF MEASUREMENTS

DATE 19

NAME OF SHIPPER

STREET ADDRESS

PHONE

SHIPPING FROM:

TO:

[illegible]

ESTIMATED COST OF SERVICES

GREYHOUND

VAN LINES, INC.



HEADQUARTERS: 13 E. LAKE STREET • NORTHLAKE, ILLINOIS 60164 • (312) 345-8120

GREYHOUND ORDER NO.

NAME OF SHIPPER	PHONE NUMBER	DATE	
ADDRESS OF SHIPPER	CITY	STATE	ZIP CODE
SHIPMENT MOVING FROM	CITY & STATE	COUNTY	RES OFF WH APT FLR ELEV
TO	CITY & STATE	COUNTY	RES OFF WH APT FLR ELEV
SHIPPER'S DESTINATION CONTACT	PHONE NUMBER		
PACKING DATE REQUESTED	LOADING DATE OR PERIOD OF TIME REQUESTED	DELIVERY DATE OR PERIOD OF TIME REQUESTED	

IMPORTANT NOTICE: This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

ESTIMATED COST OF SERVICES (BASED ON TARIFF)		MP ICC NO.	ESTIMATED CHARGES
TRANSPORTATION: EST. WT.	LBS.	MI. @ \$	PER 100 LBS.
VALUATION CHARGE: FOR LIABILITY ON PART OF CARRIER IN EXCESS OF THAT ASSUMED WHEN ITS LOWEST RATES ARE CHARGED.			
ON TRANSPORTATION: \$		@ 50¢ PER \$100 OR FRACTION THEREOF	
ON STORAGE-IN-TRANSIT		¢ PER CWT. (10% OF MONTHLY STORAGE RATE FOR EACH 30 DAYS OR FRACTION THEREOF)	
ADDITIONAL TRANSPORTATION CHARGES (Explain)	ORIGIN	DESTINATION	
PICK-UP OR DELIVERY FOR STORAGE IN TRANSIT	LBS. @ \$	PER 100 LBS.	
STORAGE-IN-TRANSIT AT	LBS. @	¢ PER 100 LBS.	FOR EA. 30 DAYS OR FRACTION THEREOF
WAREHOUSE HANDLING	LBS. @	¢ PER 100 LBS.	ONE TIME CHARGE
EXTRA PICK-UP OR DELIVERY AT			
SPECIAL SERVICING OF APPLIANCES			
HOISTING, LOWERING, OR CARRYING OF PIANOS, HEAVY ARTICLES (EXPLAIN)			
CONTAINERS (See Below)			
PACKING (See Below)			
UNPACKING (See Below)			
LABOR	MAN/MEN	HRS. @ \$	PER MAN HOURS
OTHER SERVICES (Explain)			
TOTAL ESTIMATED CHARGES			

If the total tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of tariff charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 15 days. Maximum amount to be paid on delivery of your C.O.D. shipment in cash, certified check or money order is (total estimated cost plus 10 percent): \$

	CONTAINERS			PACKING			UNPACKING		
	ESTIMATED NUMBER	PER EACH	TOTAL	ESTIMATED NUMBER	PER EACH	TOTAL	ESTIMATED NUMBER	PER EACH	TOTAL
BARRELS, DISH PACK, DRUM, ETC.		\$	\$		\$	\$		\$	\$
BOXES, NOT OVER 5 CU. FT.									
OVER 5 NOT OVER 6 CU. FT.									
CARTONS: LESS THAN 1½ CU. FT.									
1½ CU. FT.									
3 CU. FT.									
4½ CU. FT.									
6 CU. FT.									
6½ CU. FT.									
WARDROBE CARTON									
CRIB MATTRESS CARTON									
MATTRESS CARTON (NOT EXCEEDING 54" X 75")									
MATTRESS CARTON (EXCEEDING 54" X 75")									
MATTRESS COVER (PLASTIC OR PAPER)									
CRATES AND CONTAINERS (SPECIALLY DESIGNED FOR ARTICLES)									
PAINTINGS, GLASS OR MARBLE TOPS AND SIMILAR FRAGILE ARTICLES)									
GROSS MEASUREMENT OF CRATE OR CONTAINER									
	ESTIMATED CONTAINER COSTS \$			ESTIMATED PACKING COSTS \$			ESTIMATED UNPACKING COSTS \$		

NOTICE: It is mandatory that the total cubic footage shown on the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Summary of Information For Shippers of Household Goods as required by the Interstate Commerce Commission, he should be furnished at this time.

I HEREBY ACKNOWLEDGE that I have received from (CHECK ONE)

- the carrier supplying this estimate
- a carrier supplying another estimate
- other source

Summary of Information for Shippers of Household Goods, Form BOp 103.

(SIGNATURE AND TITLE OF ESTIMATOR)

2. SHIPPER

TABLE OF MEASUREMENTS ON REVERSE SIDE

SIGNATURE OF SHIPPER OR HIS REPRESENTATIVE GIVEN TO SHIPPER AT TIME OF ESTIMATE.

SERIAL N^o

MOVING/STORAGE ORDER No. Or 69- 319

DECLARATIONS

NAME OF SHIPPER/OWNER Jack Downing

TOTAL SOUND VALUE
OF ENTIRE SHIPMENT \$ 17,000.00(AT THE TIME IT IS TO BE
DELIVERED TO CARRIER)AMOUNT OF
INSURANCE \$ 17,000.00(SHOULD EQUAL VALUE OF
ENTIRE SHIPMENT)

TO BE TRANSPORTED ON OR ABOUT 8/19/71

FROM Ptld, Ore.

(Date)

TO Ptld, Ore.

(City and State)

VIA GVL

(City and State)

INSURANCE CHARGE \$ 42.50

TO BE STORED AT

FROM

19

INSURANCE CHARGE \$ PER \$100 OF PROPERTY AT RISK EACH MONTH PAYABLE
IN ADVANCE MONTHLY.

ADVICE OF INSURANCE, HOUSEHOLD GOODS

This is to Certify that insurance has been extended under Open Policy No. SP 003250 of the GENERAL FIRE AND CASUALTY COMPANY, at the Owner's expense, covering property as described and limited herein, accepted by Greyhound Van Lines, Inc., Greyhound Storage, Inc., Greyhound Storage of Virginia, Inc., Greyhound of Indiana, Inc., Delaware Valley Movers, Inc., Lightning Dispatch Corporation, Greyhound Van Lines of Canada Ltd., C. Barber Cartage, Ltd., J. J. Leshe Moving and Storage Ltd., Robertson Moving and Storage, Ltd., (Alberta Canada Corp.), Grove Moving and Storage Co., Ltd., (British Columbia Corp.), Lyon Van and Storage Co., Ltd., (British Columbia Corp.), herein called the Carrier or Warehouse, for moving or shipping, including packing, renovating, cleaning, repairing, or for storage, (as stated in the above Declarations) for the benefit of the named Shipper or Owner or Consignee, herein called the "Owner".

COVERAGE The insurance covers while in transit to premises designated by the Owner from the time the carrier named above takes custody of the insured property at the initial point of shipment, during packing or unpacking, while in warehouse or warehouse for consolidation pending delivery to final destination, and during the ordinary course of transportation including shipments by rail within the United States and Canada, until delivered at destination, also, (when evidenced in the Declarations above) while the insured is in storage at the address of the Warehouse shown above, against the following hazards:

While in transit on land and while in storage against all risks of physical loss or damage from any external cause but warranted free of loss or damage: Occasioned by wear and tear, dampness of atmosphere, extremes of temperature, deterioration, moth, vermin, inherent vice; due to any process or while actually being worked upon and resulting therefrom unless caused by fire; arising directly or indirectly from war, invasion, hostilities, rebellion, insurrection, seizure or destruction under quarantine or customs regulations, confiscation or by order of any government or public authority or risks of contraband or illegal transportation and/or trade.

PROPERTY INSURED Coverage hereunder applies only to property which consists principally of household Goods meaning personal effects and property used or to be used in a dwelling when a part of the equipment or supply of such dwelling; furniture, fixtures, equipment and the property of stores, museums, institutions, hospitals or other establishments; and articles, including objects of art, displays and exhibits, which because of their unusual nature or value require specialized handling and equipment usually employed in moving Household Goods.

PROPERTY NOT INSURED No insurance is granted hereunder with respect to accounts, bills, currency, deeds, evidence of debt, securities, trading stamps, money, notes, jewelry, watches, precious stones, unless declared to the carrier in writing prior to shipment, furs or garments trimmed with fur accepted for specific fur storage.

CO-INSURANCE If, at the time of loss, the actual cash value of the property insured is in excess of the Amount of Insurance stated in the Declarations, the Company shall be liable for no greater proportion of the loss for which the Company would otherwise be liable under the Insurance than such Amount of Insurance bears to the actual cash value of the property insured hereunder at the time when such loss shall happen.

LIMITS OF LIABILITY The Company shall not be liable for any loss or damage of the insured property in excess of the amount shown hereon, nor in any event for more than the actual value of the property at the time any loss or damage occurs and the loss or damage shall be ascertained or estimated according to such actual cash value with proper deductions for depreciation, however caused, and shall in no event exceed what it would cost to repair or replace the same with material of like kind and quality.

OTHER INSURANCE It is expressly agreed that this insurance shall not cover to the extent of any other insurance whether prior, simultaneous or subsequent hereto in date, and by whomsoever effected, directly or indirectly covering the same property, and the Company shall be liable for loss or damage only for the excess value beyond the amount of such other insurance.

NOTICE AND PROOF OF LOSS In the event the Owner has notice of any occurrence likely to give rise to a claim under the Policy, he shall give notice immediately to the General Fire and Casualty Company, and shall file with the Company a detailed sworn proof of loss within ninety (90) days after such loss or damage occurs, or after the Owner first had knowledge thereof. Failure of the Owner to give such notice or file such proof of loss shall invalidate any claim under the Policy.

PAYMENT OF LOSS All adjusted claims shall be paid or made good within thirty (30) days after presentation and acceptance of satisfactory proof of interest and loss at the office of the Company. No loss shall be paid if the Owner has collected the same from others.

PAIR AND SET In the event of loss of or damage to any article or articles which are a part of a set, the measure of loss of or damage to such article or articles shall be a reasonable and fair proportion of the total value of the set, giving consideration to the importance of said article or articles; but in no event shall such loss or damage be construed to mean total loss of set.

MACHINERY In case of loss or injury to any part of a machine consisting when complete for sale or use of several parts, the liability of the Company shall in no event exceed the value of the part lost or damaged.

ASSIGNMENT This Advice of Insurance shall be void if assigned or transferred without written consent of the Carrier or Warehouse or the Company.

CANCELLATION The insurance, so far as it attaches to any property in storage may be cancelled at any time by the Owner and it may be cancelled by the Company with or without the return or tender of any unearned premium, on thirty (30) days' written notice mailed to the Owner. Notice mailed to the address of the Owner stated herein shall be sufficient notice. In the event of cancellation, the unearned premium, if any, will thereafter be returned to the Owner.

A list of articles of excess value will be attached, by shipper/

At

State of

By

Date

7/27

19 71

Authorized Agent

Greyhound

1804 S. E. 32nd place

Parlor

- 1 Mirror
- 1 Painting
- 1 Stereo
- 3 Chair - Occ - Rocker - Strain.

xtra

Book Case

Record Cabinet

Table - Oblong

Chest of Drawers

Chest

2 Twin - bed - Spring mattress

Living Room

- 1 Credenza
- 1 Coffee table
- 1 Pot holder

Ashtray stand

TV. Tray stand

- 1 End table
- 2 Table lamp

1 Sofa

1 Love seat

1 TV

2 Arm Chair Stuffed

Recliner

Den

Sewing Machine

Sofa

Chairs

Dresser - Highboy

Morning Table

Kitchen

Refr

Table & 4 chairs - Dinette

Dining Room -

Table & 7 chairs

Buffet

China Cabinet

Tea Cart

Table - Small -

Hall - Down

Desk & chair - Telephone -

Table lamp

Hall - up

Desk

Stand - 4 shelves

Lamp.

#1 Bedroom

Dresser w/ mirror

Cedar Chest

2 bed + Spring - Twins - w Headboard
~~Chest~~

~~2 Night Stand~~

#2 bed

Extra

2 night stand

Extra

~~Chest~~

Dresser - Mr + Mrs. (Extra)

1 Lamp

End table - Lge

Wardrobe Closets.

#3

1 bed + Spring

Queen

2 Chest.

1 Dresser - Mr. + Mrs.

1 Night Stand

1. Radio

2 Lamps

Basement

Saw Radio
3 Tool Chests
Radio -
Cabinet 2 pieces -
- Wardrobe Closet - Extra
Cabinet - white
Freezer - 25 cu ft
Washer - X
Dryer - X
Refr. - X
Dinette -
Lawn Mower
Table & Chair X
Boxes - 15, 2, 3

4 Lawn Chairs

	#1	#2	#3	#4
Asking Price	29,950	29,900	27,500	28,900
Adjusted Selling Price	28,950	29,900	24,500	28,900 (?)
Average of Adjusted Selling Prices	\$ 28,050 27,770			
Asking Monthly Rental				
Adjusted Monthly Rental				
Average Adjusted Rental Prices	\$ _____ (x 24 = \$ _____)			

SUBJECT: (Use whichever is the lesser)

Market Value \$ _____ *Economic Rent \$ _____ *Contract Rent \$ _____
M. V. x 0.12 = \$ _____ E. R. x 24 = \$ _____ C. R. x 24 = \$ _____

Explain: (1) Adjustment of listed prices to selling price; (2) Use of non-comparable listings; (3) reasons for additive (4) Unusual details.

Note: Mrs. Downing now works across the street at Emanuel Hospital. She has no objection to increased distance to work, but would like it mentioned in comparable determination that she will probably need to buy car.

STATEMENT OF ADDITIVE ELIGIBILITY

(Occupant) has ☐ owned and occupied ☐ rented the dwelling at _____ (Address) since _____ (Date) and is, therefore, qualified effective _____ (Date) to receive the following:

☐ Replacement housing in the amount of \$ _____

☐ Rent supplement in the amount of \$ _____

To qualify, it is necessary for recipients to occupy decent, safe, and sanitary dwellings within 12 months. Owner occupants over 12 months may rent and receive the rent supplement, but must own and occupy within 12 months to qualify for replacement housing additive. The above is my determination of the amount of the additive payment. I understand that the additive payment may be used in connection with a Federal-aid highway project. I have no direct or indirect present or contemplated personal interest in this transaction, nor will I derive any benefit from the supplemental payment.

Right of Way Agent

Date

Reviewing Agent

Date

PLACE IN FILE

CAKE, JAUREGUY, HARDY, BUTTLER & MCEWEN

ATTORNEYS AT LAW

1408 STANDARD PLAZA

PORTLAND, OREGON 97204

226-7321

RALPH H. CAKE
NICHOLAS JAUREGUY
HERBERT C. HARDY
JOHN H. BUTTLER
DONALD W. MCEWEN
ROBERT L. WEISS
JONATHAN U. NEWMAN
JOHN R. FAUST, JR.
JOSEPH J. HANNA, JR.
DEAN P. GISVOLD
GEORGE C. REINMILLER
ROBERT D. RANKIN
JOHN S. MORRISON
THOMAS L. GALLAGHER, JR.

July 12, 1971

RECEIVED

JUL 13 1971

PORTLAND DEVELOPMENT COMMISSION

EX. DIR.	
A. DIR.	
D. CPER.	
SP. ASST.	
✓ NH	
✓ BW copy to	
✓ OIN copy to	

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

Attention: Harold Hand, Real Estate Supervisor

Re: Emanuel Hospital Project -
Jack L. and Lois Downing Property

Gentlemen:

My clients, Mr. and Mrs. Downing, own property located within the proposed Emanuel Hospital Project area. They have received an option containing an offering price for the purchase of their property.

I have discussed the terms of this option with the Downings and they have also talked with personnel in Portland Development Commission's relocation office. The relocation office has advised Mr. and Mrs. Downing that it is presently unable to determine the exact amount to which they will be entitled as benefits under the Federal Relocation Assistance Act. Mr. and Mrs. Downing are therefore unable to ascertain the total amount of money which will be available to them for the purpose of obtaining comparable replacement housing. Accordingly, please be advised that until such information is forthcoming, Mr. and Mrs. Downing refuse to negotiate further regarding the sale of their property pursuant to P.D.C.'s offer.

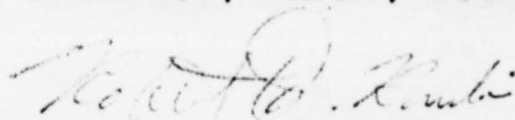
Further, as a result of P.D.C.'s policy of refusing to reveal factors considered in the appraisal and the amount for which their property was appraised, Mr. and Mrs. Downing are unable at this time to ascertain the accuracy or reasonableness of P.D.C.'s offer of \$14,000 for their property. Their refusal to negotiate further is therefore not to be construed as a waiver of any of their rights with regard to challenging the adequacy of P.D.C.'s alleged fair market value of their home.

Portland Development Commission
Attention: Harold Hand, Real Estate Supervisor
July 12, 1971
Page -2-

We trust that you will advise us at such time as P.D.C. is able to inform Mr. and Mrs. Downing as to the total amount of compensation and benefits to which they will be entitled as a result of the loss of their present home. We also wish to be advised if P.D.C. reconsiders its policy regarding disclosure of pertinent appraisal information.

Very truly yours,

CAKE, JAUREGUY, HARDY, BUTTLER & McEWEN


Robert D. Rankin

RDR:chw
cc: Mr. and Mrs. Downing

DRAFT

Mr. Russell H. Dawson, Area Director
Department of Housing & Urban Development
Portland Area Office
Fourth Floor, Exchange Building
514 S.W. Sixth Avenue
Portland, Oregon 97204

Attention: Miss Helen Benjamin

Dear Mr. Dawson:

Re: Rules & Regulations
42:90 Replacement Housing
Payments for Homeowners
Submission

Under instructions from our clients, Mr. and Mrs. Jack L. Downing, we submit herewith for your review our computation of cost of comparable replacement dwelling under the provisions of Paragraph 42.90 (c) (iii) of the Rules and Regulations of the Uniform Relocation Assistance and Real Property Acquisition and Policy Act of 1970.

Under the provisions of the regulations, if we compute a replacement housing payment by any method other than the schedular or comparable method, we must submit the computation to you for approval. We have been unable to compute the relocation housing payment for this client by either the schedular or comparable method for the following reasons:

- (1) The Downing house is structurally considerably different from most other houses in the area. It has very large rooms, with high ceilings. It has been in the family for many years and has had excellent care and has had extensive improvements which have customized the house for the Downing family.
- (2) Because of the large rooms, the Downings have furnished the house with oversized items of furniture. They therefore

will need a replacement dwelling that will accommodate their present furniture and allow them the space to which they are accustomed. They have not found a house as large as their present dwelling that they like and can afford, but they have found a smaller "open area" type house that functionally is comparable to their present house. The Downings are very much in love with the new house and have said that it is the only one that they have seen that they really like. We are anxious to help them in any way that we can.

In the computation we have considered seven properties. The subject property and offering number one are the properties that the client is to sell to the Commission and the one he wishes to purchase as a replacement dwelling, respectively. Offering number two through four are submitted as comparables. Offerings six and seven were found to be environmentally sub-standard and have been left in the schedules only because they demonstrate something that we have found to be true; viz., properties of this particular description selling for less than \$25,000 - \$28,000 are, for one reason or another, often sub-standard. Offering number five needs some work, but nonetheless appears to be comparable and standard. We are of the opinion that \$25,000 is the minimum cost of a comparable dwelling. Number five is not the property the Downings wish to purchase. However, we propose to consider it as a comparable for the purpose of establishing the maximum amount of the replacement housing payment.

We realize that you do not have the operating procedures to enable you to give us final approval. This submission is, therefore, for your review and objections only. If you have any serious objections, please let us hear from you within five days. In the absence of your serious objections within five days from the date of this letter, we propose to make the assurance of payment ^{of \$11,000} as indicated in the computation.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation & Property Management

RESIDENTIAL ADDITIVE DETERMINATION

File No. _____

☐ Sale☐ RentalOwner DOWNINGAddress 2803 N. Commercial☒ Occupant

Tenant _____

Address _____

☐ Occupant

ITEM	SUBJECT	OFFERING #1	OFFERING #2	OFFERING #3
Address	2803 N. Commercial	4825 N.E. Skidmore	4307 N.E. Flanders	4327 N.E. Flanders
No. of Rooms	BR Bath Total Rooms 3 2 2/3 8	BR Bath Total Rooms 3 2 2/3 6 Main Fl.	BR Bath Total Rooms 4 2 8	BR Bath Total Rooms 3 1 1/3 7
Type	2 Story Frame	1 Story	2 Story Frame	2 Story Frame
State of Int. Repair	Good Poor	Excellent Excellent	Good	Good
Type of Neighborhood	Environmentally poor	Good Residential	Good Residential	Good Residential
Street Improvements		Sidewalks Curbs	Sidewalks Curbs	Sidewalks Curbs
Availability of Public Services	3 Blocks	6 Blocks to bus	?	?
Lot Size	45' x 90'	60' x 100'	65' x 108'	55' x 105'
Year Built	1901	1958	1900	1912
Fireplace	No	Living room Basem. party room	Yes - L.R.	Yes - L.R.
Heating System	Gravity Gas	Oil Forced air	?	?
Basement	3/4 C.B.	FCB	FCB	FCB - Party room
Garage	Single In basement	Double Attached	Single	Single
Habitable Area	2299	1386	2876	2458
Total Area	3177	2772	4316	3707
Furnished or Unfurnished				
Extraordinary Amenities	Cut stone retaining wall Marble bathroom fixtures	Covered outdoor patio Lawn sprinklers Party room in basement w/fireplace.		

(Continue on Part 2)

PDC Option
\$14,000Built in kitchen
appliances.
Price - \$28,950

Sold \$29,900

Sold \$24,500

June 29, 1971

Mr. Jack L. Downing
2803 N. Commercial
Portland, Oregon

Dear Mr. Downing:

Re: Replacement Housing Payment

You have indicated to us that you wish to purchase a house at 4825 N.E. Skidmore and have asked us to confirm the amount of the Replacement Housing Payment to which you would be entitled as a result of being displaced from your present home at 2803 N. Commercial.

We regret that we do not have at this time the proper federal operating procedures to make an unequivocal assurance. Therefore, at this time we can only assure you that a relocation payment will be made in an amount equal to the difference between the amount that the Portland Development Commission pays you for your present personal residence, and the average cost of a replacement dwelling comparable to your present dwelling. On the basis of our present schedule this would be \$3,887.

However, as we have previously indicated to you, we have submitted information to HUD which we are hopeful will justify an increase in the amount of the payment and permit you to purchase the above-mentioned property. Any such increase in the grant payment will require HUD approval. We are asking for their immediate reply.

We apologize for any inconvenience caused by our inability to give you a final answer at this time. However, please be assured that we are doing everything in our power to expedite the matter, and we will continue to assist in any way that we can.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch

July 22, 1971

Mr. Jack L. Downing
2803 N. Commercial
Portland, Oregon

Dear Mr. Downing:

We apologize for any delay the lack of operating procedures for relocation has caused you and your family.

It is the intention of our agency to make payment of a Replacement Housing Payment in an amount not to exceed the difference between the acquisition price of your Emanuel Project property and \$25,000. Rough estimates at this time compute out to be approximately \$11,000.

Payment will be made upon occupancy by you of a standard replacement unit.

Thank you for your patience.

Very truly yours,

John B. Kenward
Executive Director

JBK:ch

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 DSG Date of survey 2/22/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 1 Structure No. 1 Census Block No. 57 Census Tract No. 22A
Street Address 2803 N Commercial 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 _____

*(Mother
Hard of hearing)*

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

Name	Family relation	Age	Sex	Occupation
1. <u>Downing, Jack</u>	Head of household	50	M	Steamfitter
2. <u>Lois</u>	wife		F	Nurse RN
3. <u>Adella</u>	Mother			
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Jack</u>	<u>Steamfitter</u>		<u>± mile</u>
<u>Lois</u>	<u>Emanuel Hosp.</u>		<u>across the street</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>Jack</u>	\$ <u>combined</u>	\$ _____
<u>Lois</u>		
Total family or household income per month \$ <u>1,000</u>		\$ <u>1000</u>

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

1. Location (indicate approximate cross streets) 39th Glisan
2. Transportation, number of autos owned 1, 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 \$ comparable, down payment of \$ _____, monthly payment of \$ -0-
5. If now buying this house, how much are payments on contract or mortgage monthly \$ -0-
6. Size of unit to be sought, number of bedrooms 3, kitchen ☒, dining room ☒, living room ☒, number of bathrooms 2, 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 WSJ Surveyed 2/22/71 Tabulator _____ Date _____
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 57 Census Tract No. 22 A
 Street Address 2803 N Commercial Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: <u>Jack L. Downing</u> <u>2803 N Commercial</u>	NAME & ADDRESS OF OWNER <u>Jack Downing</u> <u>2803 N Commercial</u>	NAME & ADDRESS OF PROP. MGR: _____ _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has _____ stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

☒ Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

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

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

_____ Period market value data applicable
 _____ Date of last appraisal
 _____ Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>3740</u>	\$ _____
Improvements	<u>-0-</u>	_____
Total	<u>3740</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 1-00060-0190 LANGLEY, LOUISE A

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

BY DOWNING JACK L - LOIS J
 2803 N COMMERCIAL ST
 PORTLAND, OREGON 97227

ABENDS ADD

LOT BLOCK

E 8' OF S 45'

12 1
 13 1

PROPERTY ADDRESS: 2803 N COMMERCIAL AVE
 PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			3600	0	3600	213 L
1971			3740	0	3740	18 UD

AVE. OR ST

AVE. OR ST

FRONT OF BUILDING

AVE OR ST



FUNCT G A P

ECON G A P

COND G A P

REMARKS 1968 Dist R/A d g. raised
 12-8 only

DATE	1/31/68	SIGN	[Signature]	DEPUTY
CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED
DATE	4/23/68			
BY				

[illegible]

MONTHLY RENTAL \$	X GRM	= \$	IND. VALUE
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500
600	600	600	600
700	700	700	700
800	800	800	800
900	900	900	900
1000	1000	1000	1000

ZONING	SITE ADJUSTMENTS
	ROAD TYPE D G ✓
	TOPOGRAPHY S' A. C.
AREA IMPROVEMENTS	VIEW
SIDEWALKS & CURBS	OTHER
WATER	
SEWERS	DEPTH FACTOR
OTHER	STANDARD DEPTH
	EFFECTIVE DEPTH

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D. UNIT VALUE	VALUE
45 x 90 @ 24 FF	900	NE			2250
@ .92 $\frac{1}{4}$ 4050	3645				3600

TOTAL AREA		SUB-TOTAL	
REMARKS		SITE ADJ.	00
		TOTAL APPR. VALUE	3600
		19 APPR. VALUE	
		19 APPR. VALUE	
		19 APPR. VALUE	
APPRAISER	DATE	19	APPR. VALUE

ACCOUNT NO.										T9			
CLASS		STORY			AREA			ADJ.					
ADDRESS							BASE FACTOR						
FDN	Con.	Br.	W.P.	BSMT.	Full	3 4	1 2	1 4					
BSMT ROOMS					Lav.		Bath						
FLOORS	D	S	Lino.	Tile	Hdw.	Fir	Con.						
ROOF	G	H	F	Alum.	Comp Shg.	Shk.	Tile	Built-Up					
EXTER.	D	S	Shks.	Siding	Blk.	Stur.	Blk.	P.D.					
INTER.	L & P	Drywall		Trim	Fir	Hdw.	B I	Ava					
PLUMB G FACILITY	Sink	D W	Toil.	W B	Tub	Enc.	Shower		OT	Enc	St	Loun.	W H
	Quantity												
HEAT	H W		Pkg	Pipe	Floor	Oil	Gas	Elect	H.A.				
FIREPLACE	Ins.	O S	S	D	T	1-Sty	2-Sty	Flue					
ATTIC	Unf.	Fin.	B.R	Bath	Lav.	H	3 4	1 2	1 4				
2ND STY.	B.R.		Bath	Lav.	H								
BAYS	DORMERS												
MISC.													
MISC.	V.F. & H		R & O		V F	Tile							
OUTSIDE	Conc.		B T	Sprinkler		Y L							

FIRST FLOOR		GARAGE				TOTAL	
Rec. Hall	Class						
Serv. Hall	Type						
Liv. Rm.							
Din. Area	Dim. X	10' X 12'	AREA	REPL. COST	ADJ. REPL. COST	2.6	
Form. Rm.	Fdn.	2' X 4'					
Nook		6' X 8'					
Kitchen	Floor	8' X 10'					
Utility	Const.	11' X 13'					
Bedroom							
Bath	Roof	10' X 12'					
Lav.							
Den	Misc.		TOTAL DEPRECIATED REPLACEMENT COST				

MISC.		ADJUSTMENT	
Dim.	X	BUILT	19
Fdn.		PERM. NO	APPR. VALUE
Const.		PREV. APPR.	19
Roof			APPR. VALUE
MISC		D.R.A. RM MO	19
		RENTAL	APPR. VALUE
Dim.	X		19
Fdn.			APPR. VALUE
Const.			19
Roof			APPR. VALUE

June 29, 1971

Mr. Jack L. Downing
2803 N. Commercial
Portland, Oregon

Dear Mr. Downing:

Re: Replacement Housing Payment

You have indicated to us that you wish to purchase a house at 4825 N.E. Skidmore and have asked us to confirm the amount of the Replacement Housing Payment to which you would be entitled as a result of being displaced from your present home at 2803 N. Commercial.

We regret that we do not have at this time the proper federal operating procedures to make an unequivocal assurance. Therefore, at this time we can only assure you that a relocation payment will be made in an amount equal to the difference between the amount that the Portland Development Commission pays you for your present personal residence, and the average cost of a replacement dwelling comparable to your present dwelling. On the basis of our present schedule this would be \$3,887.

However, as we have previously indicated to you, we have submitted information to HUD which we are hopeful will justify an increase in the amount of the payment and permit you to purchase the above-mentioned property. Any such increase in the grant payment will require HUD approval. We are asking for their immediate reply.

We apologize for any inconvenience caused by our inability to give you a final answer at this time. However, please be assured that we are doing everything in our power to expedite the matter, and we will continue to assist in any way that we can.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch

RESIDENTIAL ADDITIVE DETERMINATION

File No. _____

☐ Sale☐ RentalOwner Downing

Address _____

☐ Occupant

Tenant _____

Address _____

☐ Occupant

ITEM	OFFERING # 4 XXXXXX	OFFERING # 5	OFFERING # 6	OFFERING # 7
Address	\$28,900 3462 N. Pacific	2424 N.E. 17th \$25,000	524 S.E. 15th \$17,500	3253 S.E. Taylor \$20,000
No. of Rooms	BR Bath Total 3 2 2/3 6	BR Bath Total 4 2 9	BR Bath Total 4 1 7	BR Bath Total 5 3 8
Type	2 Story Frame	2 Story Brick	2 Story Frame	2 Story
State of Int. Repair Ext.	Good	Needs painting in- side & out - weeds in yard-but other- wise O.K.	Exterior bad	O.K. but surrounding houses deteriorated.
Type of Neighborhood	Good Residential	O.K. Residential	Environmentally sub-standard	Environmentally substandard
Street Improvements	Sidewalks Curbs	Yes	Yes	Yes
Availability of Public Services	?	2 blocks to bus stop		
Lot Size	50 x 100	75 x 100	44 x 100	50 x 100
Year Built	1926	1905	1904	1907
Fireplace	Yes - L.R.	L.R.	L.R.	No
Heating System		Gas fired hot water	Oil	Gas
Basement	FCB	Yes	Yes	Yes
Garage	Single 11 x 18 Detached	Double	Single	No
Habitable Area	1092	2400	2016	2500
Total Area			3024	3750
Furnished or Unfurnished				
Extraordinary Amenities	Carport & patio 21 x 16			
Taxes		\$543	\$353	\$430
		(Information from Multiple Listings 7/12/71)		

(Continue on Part 2)

All I could find in N.E. or S.E. Area in Multiple
Listings of comparable age and square footage.

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward
Executive Director

July 22, 1971

Mr. Jack L. Downing
2803 N. Commercial
Portland, Oregon

Dear Mr. Downing:

We apologize for any delay the lack of operating procedures for relocation has caused you and your family.

It is the intention of our agency to make payment of a Replacement Housing Payment in an amount not to exceed the difference between the acquisition price of your Emanuel Project property and \$25,000. Rough estimates at this time compute out to be approximately \$11,000.

Payment will be made upon occupancy by you of a standard replacement unit.

Thank you for your patience.

Very truly yours,

John B. Kenward
Executive Director

JBK:ch

CAKE, JAUREGUY, HARDY, BUTTLER & McEWEN

ATTORNEYS AT LAW

1408 STANDARD PLAZA

PORTLAND, OREGON 97204

226-7321

RALPH H. CAKE
NICHOLAS JAUREGUY
HERBERT C. HARDY
JOHN H. BUTTLER
DONALD W. McEWEN
ROBERT L. WEISS
JONATHAN U. NEWMAN
JOHN R. FAUST, JR.
JOSEPH J. HANNA, JR.
DEAN P. GISVOLD
GEORGE C. REINMILLER
ROBERT D. RANKIN
JOHN S. MORRISON
THOMAS L. GALLAGHER, JR.

July 12, 1971

RECEIVED

JUL 13 1971

EX. DIR.	
A. DIR.	
D. OPER.	
SP. ASST.	
	- NH
	- PW copy to
	- OIN copy to

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

Attention: Harold Hand, Real Estate Supervisor

Re: Emanuel Hospital Project -
Jack L. and Lois Downing Property

Gentlemen:

My clients, Mr. and Mrs. Downing, own property located within the proposed Emanuel Hospital Project area. They have received an option containing an offering price for the purchase of their property.

I have discussed the terms of this option with the Downings and they have also talked with personnel in Portland Development Commission's relocation office. The relocation office has advised Mr. and Mrs. Downing that it is presently unable to determine the exact amount to which they will be entitled as benefits under the Federal Relocation Assistance Act. Mr. and Mrs. Downing are therefore unable to ascertain the total amount of money which will be available to them for the purpose of obtaining comparable replacement housing. Accordingly, please be advised that until such information is forthcoming, Mr. and Mrs. Downing refuse to negotiate further regarding the sale of their property pursuant to P.D.C.'s offer.

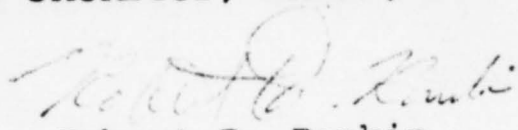
Further, as a result of P.D.C.'s policy of refusing to reveal factors considered in the appraisal and the amount for which their property was appraised, Mr. and Mrs. Downing are unable at this time to ascertain the accuracy or reasonableness of P.D.C.'s offer of \$14,000 for their property. Their refusal to negotiate further is therefore not to be construed as a waiver of any of their rights with regard to challenging the adequacy of P.D.C.'s alleged fair market value of their home.

Portland Development Commission
Attention: Harold Hand, Real Estate Supervisor
July 12, 1971
Page -2-

We trust that you will advise us at such time as P.D.C. is able to inform Mr. and Mrs. Downing as to the total amount of compensation and benefits to which they will be entitled as a result of the loss of their present home. We also wish to be advised if P.D.C. reconsiders its policy regarding disclosure of pertinent appraisal information.

Very truly yours,

CAKE, JAUREGUY, HARDY, BUTTLER & McEWEN


Robert D. Rankin

RDR:chw
cc: Mr. and Mrs. Downing