

	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 EMAN. Parcel No. R-10-2 Advisor JCC
 Client's Name FRYKMAN, MARGARET Phone _____
 Address 3137 N. COMMERCIAL Ethn W Age 70
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income SS \$ 60.70
 _____ \$ _____
 Total Monthly Income \$ (60.70)

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

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

YES NO

Date of initial interview 5-24-71 Date of info pamphlet delivery _____
 Date Notice to Move given NO Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 1942

 Date of Acquisition 1942

 Date of letter of intent 5-26-71

 Date of move 11-2-71

11-26-71

12-6-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1899

Size of Habitable Area _____

Furnished with claimant's furniture
 YES NO

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

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3215 NE 40th 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 1924

Size of Habitable Area 897

No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 14,750

Taxes \$ 323.66

RHP or TACO (including incidental costs) \$ 9,389.⁻_{50.50}

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to: 0

Agency Referrals: 0

_____ Standard Sales

_____ MCW

_____ HAP

_____ OTHER (_____)

_____ Standard Rent

_____ Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

Date 11-16-71 Ck # 278646 Type D.A. Amount \$ 200⁻

Date 11-17-71 Ck # 150EH Type RHP Amount \$ 9,389.00

Date 11-29-71 Ck # 278856 Type M.C Amount \$ 260⁻

12-10-71 182EM SET.COSTS 50.50

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Frykman, Margaret RELOCATION ADVISOR JC
 ADDRESS 3137 N. Commercial PHONE _____ PROJECT NAME Emanuel ORE R-20
 SEX F ETHN W VETERAN _____ AGE 70 PARCEL NO. R-10-2
 MARITAL STATUS single TENURE o/c
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-24-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE no DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Olson (sister) 3726 N.E. Bryce 281-8529

DATE ON SITE: <u>1942</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>November 26, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security \$60.70 60.70
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 60.70

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1899 No. Rooms 6
 No. Bedrooms 2 Furn. Unfurn.
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 3215 N. E. 40th Phone 288-7912 Date of Move 12-6-72

WHERE RELOCATED:

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

Furnished ___ Unfurnished X Number of Rooms 6 Number of Bedrooms 2 Habitable Area 897

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 14,750

Age of Structure: 1924 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	File #	Date	Amount
RHP	<u>1816 EH</u>	<u>11-10-71</u>	<u>\$ 9,389.00</u>
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)	<u>278856</u>		\$
TACO (Sales)	<u>182 EH</u>	<u>11-29-71</u>	<u>\$ 260.-</u>
Fixed Moving	<u>DA 278646</u>	<u>11-14-71</u>	<u>\$ 200.-</u>
Actual Move			\$
Storage			\$
Incidental			\$
Interest	<u>SET 182 EH</u>	<u>12-10-71</u>	<u>\$ 50.50</u>

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered by Marion Scott. Signed EDPA petition but not hostile. Is afraid to go out at night.	
2/9/71	Survey: Very willing to move. Wishes project would hurry up. Would be interested in HAP (possibly leased housing) in N.E. Alameda area. Very intelligent and friendly person.	S.C.
5/24/71	Mrs. Frykman was in the site office. Set up appointment for real estate to come to her house Wednesday, 10:00 a.m., May 24, also called Bob Nelson of American Friends and referred her to them for contact with Mr. Barnes of Legal Aid. She feels she may need legal advice re: ownership of house she lives in.	
	Option to sell offered. Has to talk to her attorney before signing and get legal entanglement straightened out.	
8/26	Anne Cathcart to work with Jim Crolley to find RH appointment for 10:00 a.m. on 8/27.	
8/27	She is not at home. Neighbor says she'll be back Friday or Monday-- so we'll check back next week.	
9/29/71	Anne met with Mrs. Frykman in her home today. Mrs. F wondered why I was working on her case, and I explained that Jim Crolley had a large case-load and since we had word that she had signed an earnest money note, I would follow through.	
	Mr. Ralph Douglas of Fairfield Real Estate had signed Mrs. F to \$500 (note) earnest money on a \$19,050, 2-bedroom house in Alameda. He then called her yesterday and told her that the deal was off, that the house had been sold. Mrs. F's attorney said that she did not have to pay the \$500.	
	Mrs. F. talked at some length about how she felt Mr. Douglas had pressured her into signing. She says she is now working with a realtor who does not pressure her but lets her think things over. She says she is very interested in another house and will decide on it soon. It is also in Alameda but she would not tell me where. Evidently her attorney will deal with us at that point.	
	She explained that she now owns the house free and clear, having paid off her sisters in the life estate.	
	She felt that she had a \$15,000 RHP coming and with \$5,250 (or so) for her house, she could get a \$20,000 house. I explained that this is not necessarily the case, that she was entitled <u>up to</u> a \$15,000 RHP but that the schedule of average sales prices for a 2-bedroom house is \$14,639. I explained that she would be paid on a comparable basis, not necessarily a firm monetary figure.	
	She told me about the rough times she was having with the neighbors and the growing number of thefts and burglaries in broad daylight. While she is anxious to move, she now hesitates about moving during winter. However, I don't think this is really a big problem. I think finding a house is the big delay. I said I would pass on any information I came across on 2 bedrooms.	

INTERVIEW REGISTER

Date

Relocation
Worker

See letter to her of the same day giving a referral.

Barnes ok'd signing of option

Barnes ok'd signing of moving expense and relocation allowance

Barnes ok'd using relocation allowance for additional money needed
to make \$14,750.

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL R-10-2
 NAME FRYKMAN, Margaret Miss ADDRESS 3137 N. Commercial APT NO.
 PHONE none INITIAL INTERVIEW 5/24/71 SEX F W X NW AGE 70
 U.S. CITIZEN ✓ ALIEN VETERAN SERVICEMAN DATE ON SITE 20 yrs.

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name \$
 Address
 MCV Caseworker
 Social Security 60.70
 VA. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME 60.70

Rent taxes only, Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 6

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 Olson Address 3736 N.E. Bryce 97212 Phone 281-8529

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: 3215 N.W. 40th Zip Phone 288-7912

DATE	NOTES	C/W
1/15/71	F/yer delivered by Marion Scott. Signed EDPA petition but not hostile. Is afraid to go out at night.	
2/9/71	Survey: Very willing to move. Wishes project would hurry up. Would be interested in HAP (possibly leased housing) in N.E. Alameda area. Very intelligent and friendly person.	SC.
5/24/71	Mrs. Frykman was in the site office. Set up appointment for real estate to come to her house Wed. 10:00 a.m., May 24, also called Bob Nelson of American Friends and referred her to them for contact with Mr. Barnes of Legal Aid. She feels she may need legal advice re: ownership of house she lives in.	
8/26	Option to Sell offered. Has to take to her attorney before signing and get legal entanglement straightened out. <i>Anne Cothcart to work w/ Jim Crolley to find RH. Appt for 10 AM on 8/27.</i>	JC
8/27	<i>she is not at home, neighbor says she'll be back Friday or Monday - so we'll check back next week</i>	
9/29/71	Anne met with Mrs. Frykman in her home today. Mrs. F. wondered why I was working on her case, and I explained that Jim Crolley had a large caseload and since we had word that she had signed an earnest money, would I follow through.	AC
	Mr. Ralph Douglas of Fairfield Real Estate had signed Mrs. F. to a \$500 (note) earnest money on a \$19,050, 2-bedroom house in Alameda. He then called her yesterday and told her that the deal was off, that the house had been sold. Mrs. F's attorney said that she did not have to pay the \$500.	
	Mrs. F talked at some length about how she felt Mr. Douglas had pressured her into signing. She says she is now working with a realtor who does not pressure her but lets her think things over. She says she is very interested in another house and will decide on it soon. It is also in Alameda but she would not tell me where. Evidently her attorney will deal with us at that point.	
	She explained that she now owns the house free and clear, having paid off her sisters in the life estate.	
	She felt that she had a \$15,000 RHP coming and with \$5,250 (or so) for her house, she could get a \$20,000 house. I explained that this is not necessarily the case, that she was entitled <u>up to</u> a \$15,000 RHP but that the schedule of average sales prices for a 2-bedroom house is \$14,639. I explained that she would be paid on a comparable basis, not a firm monetary figure.	
	She told me about the rough times she was having with the neighbors and the growing number of thefts and burglaries in broad daylight. While she is anxious to move, she now hesitates about moving during winter. However, I don't think this is really a big problem. I think finding a house is the big delay. I said I would pass on any information I came across on 2-bedrooms.	
	See letter to her of the same day giving a referral.	

INTERVIEW REGISTER

Relocation
Worker

Date

Barnes, Ark signing of opt-out
" " signing of Moving Expense & Relocation Allowance
" " using Relocation Allowance for additional
money needed since 14750

Frykman —, Margaret

Check her house for outlet for a refrigerator. There is no violation when there is no hook up with an extension cord.

if there had been a refri in the house at the time of inspection this could have been cited. This is information from the city inspection for electrical.

Miss Frykman may use the outlet on the stove.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 182 EH

DATE December 10, 1971

PAY TO **Margaret A. Frykman**

\$ 50.50

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. 3215 N.E. 40th (Parcel R-10-2).	\$50.50

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Settlement Costs) EH	\$50.50

12/20/71

Margaret A. Frykman

MA

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

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

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

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

1. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding) FRYKMAN, Margaret A.	Address (Include ZIP code) 3215 N. E. 40th Avenue Portland, Oregon
---	--

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description 3215 N. E. 40th (replacement dwelling) Portland, Oregon	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s) R-10-2 (on site)	

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

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
	1/2 escrow fee	\$ 32.50	\$	\$ 32.50
Recording Deed	1.50		1.50	1.50
County Stamp Tax	16.50		16.50	16.50
TOTAL	\$ 50.50	\$	\$ 50.50	\$ 50.50

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

see attached copy of Pioneer National Title Insurance Company escrow closing statement.

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

December 3, 1971
Date

Margaret A. Frykman
Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP claim filed 11-15-71, paid 11-17-71 sum of \$9,389.00.

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

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

D. CERTIFICATION

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

claim is hereby approved and payment is authorized in the total amount of \$ 50.50.

12-6-71
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ _____ by check No. _____ dated _____.

Pioneer National Title Insurance Company

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

Branch Telephone:

Esc. No. 387389

ESCROW STATEMENT

December 1, 1971

FRYKMAN, Margaret A.

PROPERTY ADDRESS 3215 N. E. 40th Avenue
DESCRIPTION Lot 4, Block 7, BEAUMONT, Portland

	Debit	Credit
Deposit by PDC \$9,389.00 & \$200.00		9,589 00
Trans. funds from esc.# 384575		5,004 10
Trans. funds from esc.# 384575		200 00
Demand-Deposit by PDC		260 00
Title Insurance Policy No.		
Escrow Fee <u>share</u>	32 50 ✓	
Taxes 1971-72 pro-rata from 12-1-71 to 7-1-72 \$323.66	188 80	
City Liens		
Reconveyance		
RECORDING		
Deed <u>Baxter</u> to <u>Frykman</u>	1 50 ✓	
Deed		
Mortgage		
Trust Deed		
Release of Mortgage		
Reconveyance		
Contract between and		
<u>County Stamp Tax</u>	16 50 ✓	
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to	N O N E	
Paid for real estate commission		
Paid <u>Florence Baxter</u> for <u>Deed & Bill of Sale</u>	14,750 00	
Paid for		
Balance - Our Check Herewith <u>excess PDC funds</u>	63 80	
Balance Debit		
TOTAL	15,053 10	15,053 10

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

Pioneer National Title Insurance Company

By John J. Hatala
John J. Hatala, Escrow Officer

*pd. 555 10-22-71
286 ord.*

*written at 3187 N Commercial
3109-370*

DATED this 6 day of Dec 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
3137 N. Commercial, 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.

(~~Printed Name~~)
by: Margaret Frykman



Pioneer National Title Insurance Company

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

December 1, 1971

OREGON DIVISION

Portland Development Commission
1700 S. W. Fourth
Portland, Oregon 97201
Att'n: John B. Kenward

ESCROW NO. 387389
RE: Frykman, Margaret A.

Gentlemen:

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

- Statement of Receipts and Disbursements (closing).
- Our check # in the sum of \$

- | | | | |
|---|---------|------------------|------|
| <input type="checkbox"/> Deed recorded | | Book | Page |
| records of | County, | | |
| <input type="checkbox"/> Mortgage recorded | | Book | Page |
| records of | County, | | |
| <input type="checkbox"/> Note dated | | in the sum of \$ | |
| <input type="checkbox"/> Title Insurance Policy No. | | in the sum of \$ | |
| <input type="checkbox"/> Fire Insurance Policy in the amount \$ | | | |

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

Yours very truly,
Pioneer National Title Insurance Company

By: John J. Hatala
John J. Hatala, Escrow Officer

Pioneer National Title Insurance Company

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

Branch Telephone: _____

Esc. No. 387389

ESCROW STATEMENT

December 1, 1971

FRYKMAN, Margaret A.

PROPERTY ADDRESS **3215 N. E. 40th Avenue**

DESCRIPTION **Lot 4, Block 7, BEAUMONT, Portland**

DESCRIPTION	Debit		Credit	
	\$		\$	
Deposit by PDC \$9,389.00 & \$200.00			9,589	00
Trans. funds from esc.# 384575			5,004	10
Trans. funds from esc.# 384575			200	00
Demand-Deposit by PDC			260	00
Title Insurance Policy No.				
Escrow Fee share		32	50	✓
Taxes 1971-72 pro-rata from 12-1-71 to 7-1-72 \$323.66		188	80	
City Liens				
Reconveyance				
RECORDING				
Deed Baxter to Frykman		1	50	✓
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
County Stamp Tax		16	50	✓
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to			NONE	
Paid for real estate commission				
Paid Florence Baxter for Deed & Bill of Sale		14,750	00	
Paid for				
Balance - Our Check Herewith excess PDC funds		63	80	
Balance - Debit				
TOTAL		15,053	10	15,053 10

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

Pioneer National Title Insurance Company

By *John J. Hatala*
John J. Hatala, Escrow Officer

November 29, 1971

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

ATTENTION: Mr. John Hatala
Escrow Officer

Re: Escrow No. 387389
FRYKMAN, Margaret A.

Gentlemen:

You have in the above-identified escrow account a \$9,389 Replacement Housing Payment in accordance with our instructions of November 22, 1971.

This is to certify that Mrs. Frykman has acquired and moved into a standard structure located at 3215 N. E. 40th Avenue. You are hereby authorized to release the replacement housing payment and disburse it in such manner as directed by Mrs. Frykman.

Yours very truly,

John B. Kenward
Executive Director

JBK:d1

November 26, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

You are hereby authorized to place in my escrow account
at Pioneer National Title Insurance Co., the sum of \$260.00
representing my moving expense allowance for my relocation
from 3137 N. Commercial.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27885

G

DATE November 29, 19 71

PAY TO THE
ORDER OF

Pioneer National Title Insurance Company

\$ 260.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Margaret A. Frykman, Fixed Payment per Claim for Relocation Payment filed. 3137 N. Commercial (Parcel R-10-2).	\$260.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furniture - Ind.)	\$260.00

*Delivered to Mr. Hatala
11-29-71*

AL

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT _____ Family Individual

FRYKMAN, Margaret A.

2. DATE(S) OF MOVE

Jan Dec 10-1970

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-10-2

a. Address 3137 N. Commercial, Portland, Oregon 97227

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

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

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

e. Date you moved into this address: 1942

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3215 N. E. 40th, Portland, Oregon 97212

c. Were household goods moved to or from storage?

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

Yes No

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

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

Dislocation Allowance \$200.00 (paid)

Fixed Moving Payment 260.00

(Consult local agency)

Total \$ 260.00

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.

November 26, 1971

Date

Margaret A. Frykman
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:

Margaret A. Frykman
3215 N. E. 40th Avenue
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			<u>11-29-71</u>
2. Dislocation allowance \$ <u>(paid)</u>			
3. Total \$ <u>260.00</u>	<u>260.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>11/29/71</u>	<u>278856</u>	<u>\$ 260.⁰⁰</u>	<u>AD</u>		\$

November 26, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

You are hereby authorized to place in my escrow account at Pioneer National Title Insurance Co., the sum of \$260.00 representing my moving expense allowance for my relocation from 3137 N. Commercial.

Margaret A. Frykman

71
11-10-71
Dwelling Unit Inventory

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

_____ Night Stand
11 Occasional Chair
 _____ Overstuffed Chair
 _____ Overstuffed Rocker
1 Range
1 Refrigerator: Brand G.E.
 _____ Rocker
4 Rug & Pad: Size 9x12
3 Small
11 Stool
1111 Table Lamp & Shade
111111 Table, small
 _____ Vanity & Bench
111 Suitcases
11 Trunks
40 Cartons, Boxes, Etc.
11 Clothes
 _____ Bedding & Linens

Miscellaneous (List Items)

11 Bookcase
1 Radio
1 Sewing Machine
1 Hamper
1 Stove Oil Circulator
1 pump

1 Writing Table
1 Clock
2 Writing Cabinet
1 Magazine Rack
3 Slip Putter
2 Lawn Mower

COMMENTS:

Frykman - 3137 N. Commercial

November 22, 1971

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

ATTENTION: Mr. John Hatala
Escrow Officer

Re: Escrow No. 387389
FRYKMAN, Margaret A., Purchaser

Gentlemen:

Enclosed is Warrant No. 150 EH in the amount of \$9,389 representing a replacement housing payment, to be deposited to subject escrow for disbursement to Mrs. Frykman upon written authorization by the Commission that she has purchased and does occupy standard housing located at 3215 N.E. 40th Avenue.

Also enclosed is Warrant No. 27864 G in the amount of \$200 to be used in closing of subject escrow.

Sincerely,

Harold D. Hand
Chief, Real Estate

HDH:dl
Enclosures (2)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 150 EH

DATE November 17, 1971

PAY TO **Pioneer National Title Insurance Company**

\$ **9,389.00**

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Margaret A. Frykman, Replacement Housing Payment for tenant per claim filed. 3137 N. Commercial (Parcel R-10-2) Lump sum payment	<u>\$9,389.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$9,389.00

JMS

AL

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

Margaret A. Frykman
3215 N. E. 40th Avenue
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

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

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

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

Initial Date of Ownership: 1942 Date of Acquisition: _____
Month-Day-Year Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? Yes No

Initial Date of Ownership: 1942 Date of Initiation of
Month-Day-Year Negotiations: 5/26/71
Month-Day-Year

3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Yes No

Date of Displacement: _____ Date of Purchase of Replacement
Month-Day-Year Housing: _____
Month-Day-Year

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

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

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? Yes No

Issuance Date of Mortgage: _____ Date of Discharge of
Month-Day-Year Mortgage: _____
Month-Day-Year

Date of Initiation of Negotiations: _____
Month-Day-Year

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

6. CERTIFICATION OF LOCAL AGENCY

W89
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 \$ 9,389.00 is authorized.

11-15-71

Date

[Signature]
Authorized Signature

7. RECORD OF PAYMENT

Date of Payment: November 17, 1971 Check # 150EH Amount: 9389.00

RHP-4

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (if applicable)

Emanuel Project

PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 4.
Consult the displacing agency as to whether you need a Claimant's Report of Self-
Inspection of Replacement Dwelling to complete and submit with this claim.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the
United States knowingly and willfully falsifies . . . or makes any false, fictitious
or fraudulent statements or representations, or makes or uses any false writing or
document knowing the same to contain any false, fictitious or fraudulent statement or
entry, shall be fined not more than \$10,000 or imprisoned not more than five years,
or both."

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding)

FRYKMAN, Margaret A.

2. DATE OF DISPLACEMENT

Family Individual

Parcel No. R-10-2

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved _____
3137 N. Commercial, Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner 1942
Month-Day-Year
3. Number of bedrooms in the dwelling 2
4. Date of initiation of negotiations for local agency acquisition of
dwelling 5-26-71
Month-Day-Year
5. Payment made by local agency for the dwelling \$ 5,250.00

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
3215 N. E. 40th, Portland, Oregon 97212
7. Number of bedrooms in replacement dwelling 2
8. Purchase price of the replacement dwelling \$ 14,750.00

9. Complete either a or b:

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

Date you signed purchase agreement Sept 30, 1971 Date of settlement _____
Month-Day-Year Month-Day-Year

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

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

Date you expect to occupy _____
Month-Day-Year

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

_____ Schedule _____ Comparative

B. Interest Payment

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

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

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

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

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

11/10/71
Date

Margaret A. Frykeman
Signature of Owner-Occupant(s)

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

NAME AND ADDRESS OF CLAIMANT

Margaret A. Frykman
3215 N. E. 40th Avenue
Portland, Oregon 97212

COMPUTATION PREPARED BY:

Crolley, J.
(Name)

11-1-71
(Date)

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

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 9,389.00
2. Plus interest payment (Block C, Step 4, Last line) + \$ _____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ _____
4. Total (Sum of Lines 1, 2, and 3) \$ _____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ _____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$ 9,389.00

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

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$ 14,750.00
2. Cost of comparable replacement dwelling (Cost based on:
 x Schedule Comparative Other) \$ 14,639.00
3. Acquisition payment made by agency for claimant's former dwelling \$ 5,250.00

Computation

4. Line 1 or Line 2, whichever is less \$ 14,639.00
5. Minus Line 3 - \$ 5,250.00
6. Amount of differential payment \$ 9,389.00

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. Chegwidan, Chief

October 18, 1971

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

Re: 3215 N.E. 40 Avenue

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 one-story, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the following conditions are in noncompliance with City regulations:


1. Lower portion of cellar stairway lacks a safety handrail.
2. Broken window pane in cellar.
3. Front porch lacks underfloor ventilation.
4. Chimney cap bricks are loose.

The above conditions may not constitute all of the corrections required for certification. Due to obvious deficiencies in the electrical installation, it will be necessary that you request an inspection from the electrical division for their certification.

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

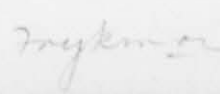
Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR


S. J. Chegwidan
Chief Housing Inspector

CHF:mfm

cc: Electrical Division
Florence Baxter
101 Hawthorne Street
Troutdale, Oregon 97060



THIS CARBON WILL DETERIORATE IF EXPOSED TO EXCESSIVE HEAT OR SUNLIGHT.

4767



FORM No. 671E (Escrow) Stevens-Ness Law Publishing Co. © Portland, Oregon 97204 SS

EARNEST MONEY RECEIPT

City PORTLAND State OREGON 9/30/1971

RECEIVED FROM MARGARET A. FRYKMAN, A SINGLE WOMAN

(hereinafter called "purchaser")

the sum of FIVE HUNDRED AND NO/100 Dollars (\$500.00) in the form of A NOTE as earnest money and in part payment for the purchase of the

following described real estate situated in the City of PORTLAND, County of MULTNOMAH, State of OREGON to-wit: LOT 4, BLOCK 7, BEAUMONT COMMONLY KNOWN AS 3215 N.E. 40TH.

which we have this day sold to said purchaser for the sum of FOURTEEN THOUSAND SEVEN HUNDRED FIFTY & NO/100 Dollars (\$14,750.00) on the following terms, to-wit: The sum, hereinabove received for, of FIVE HUNDRED & NO/100 Dollars (\$500.00);

On 9/30/1971, as additional earnest money, the sum of _____ Dollars (\$ _____); On owners acceptance, _____ Dollars (\$ _____);

Balance of FOURTEEN THOUSAND TWO HUNDRED FIFTY & NO/100 Dollars (\$14,250.00) payable as follows: SUBJECT TO PAYMENT OF BENEFITS UNDER THE UNIFORM REAL PROPERTY ACQUISITION & RELOCATION POLICIES ACT OF 1970 IN THE AMOUNT OF \$14,750.00 BY PORTLAND DEVELOPMENT COMMISSION. THIS SALE NULL & VOID IF SELLER DOES NOT REPAIR WROUGHT IRON RAILING ON BACK PORCH, REPLACE BROKEN WINDOWS, REPAIR OR REPLACE KITCHEN FAUCET, INSTALL NEW LOCK & DOOR KNOBS ON FRONT DOOR.

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course of seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title; or ~~seller may furnish a title insurance policy, seller may furnish purchaser an abstract of title prepared by a reliable abstract company.~~

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

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

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

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: SEE EXHIBIT A FOR PERSONAL PROPERTY LIST.

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

Possession of said premises is to be delivered to purchaser on or before 5 DAYS AFTER CLOSING, 1971, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address: 4223 N.E. FREMONT N.E.W.S. REALTORS Broker
Phone: 282-7226 INSURANCE Nicholas J. Palechone, agent

AGREEMENT TO PURCHASE

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$14,750.00, as set forth above and grant to said agent a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed contract to be in name of MARGARET A. FRYKMAN, A SINGLE WOMAN
Address: 3137 N. COMMERCIAL Purchaser: Margaret A. Frykman (SEAL)
Phone: NO Phone (SEAL)

AGREEMENT TO SELL

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when stated.
Address: 101 Hawthorne St - Troutdale, Ore 97060 Seller: Stonewall M. Grohn Baxter (SEAL)
Phone: 666-2458 (SEAL)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance. Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. DATE: _____ Purchaser: _____ Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on Sep 30 1971 Return receipt card received and attached to broker's copy _____ 1971

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$885.00 for services rendered in this transaction. In the event of a forfeiture of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at/or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named above.

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

Seller: _____ (SEAL)
_____ (SEAL)

*STRIKE WHICHEVER PHRASE NOT APPLICABLE

BROKER'S COPY - FILE IN DEAL ENVELOPE

\$ 500.00 PORTLAND, ORE. 9/30/1971
after date, each of the undersigned promises to pay to the order of N.E.W.S. REALTORS
at 4223 N.E. FREMONT ST.
FIVE HUNDRED AND NO/100 DOLLARS,
with interest thereon at the rate of SEVEN percent per annum from DEMAND until paid. Interest to be paid MONTHLY and if not so paid, the whole sum of both principal and interest to become immediately due and collectible, at the option of the holder of this note. If this note is placed in the hands of an attorney for collection, each of the undersigned promises and agrees to pay the reasonable collection costs of the holder hereof; and if suit or action is filed hereon, also promises to pay (1) holder's reasonable attorney's fees to be fixed by the trial court and (2) if any appeal is taken from any decision of the trial court, such further sum as may be fixed by the appellate court, as the holder's reasonable attorney's fees in the appellate court.
SUBJECT TO ALL TERMS AND CONDITIONS OF EARNEST MONEY RECEIPT
DATED 9/30/71
X Margaret A. Frykman
No. _____

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 12, 1971

BUREAU OF BUILDINGS
CITY HALL

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

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

Re: 3215 N.E. 40 Avenue

Attn: Mr. Crolley

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm
cc: Florence Baxter
101 Hawthorne Street
Troutdale, Oregon 97060

November 12, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

You are hereby authorized to place in my escrow account at Pioneer Title Insurance Co., the amount of \$200.00 representing my dislocation allowance payment for my relocation from 3137 N. Commercial.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27864

G

DATE November 16, 1971

PAY TO THE
ORDER OF

Pioneer National Title Insurance Co.

\$200.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow account for Margaret A. Fryman - 3137 N. Commercial (R-10-2) to 3215 NE 40th - Dislocation allowance per claim for relocation	\$200.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments (Fixed - Ind.)	EH \$200.00

AL

130

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

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

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

1. FULL NAME OF CLAIMANT FRYKMAN, Margaret A. (i)

2. DATE(S) OF MOVE _____

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-10-2

a. Address <u>3137 N. Commercial, Portland, Oregon</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closes: <u>6</u>)
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>1942</u>
c. Was it furnished with your own furniture? <u>x</u> Yes <u> </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>3215 N. E. 40th, Portland, Oregon 97212</u>	c. Were household goods moved to or from storage? <u> </u> Yes <u>x</u> No
b. Apartment, Floor, or Room Number <u>---</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment	<u> </u>	
(consult local agency)		Total \$ <u>200.00</u>

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

11/10/71
Date

Margaret A. Frykman
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:

Margaret A. Frykman
3215 N. E. 40th Avenue
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "NO", explain:

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

Date items inspected: _____
Month-Day-Year

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

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(form continued on next page)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ _____			
2. Dislocation allowance \$ <u>200.00</u>		<i>ABV</i> <i>2364</i>	<u>11-16-71</u>
3. Total \$ <u>200.00</u>	<u>200.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

ABV

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>11/16/71</u>	<u>278646</u>	<u>\$ 200.00</u>	<u>11/16/71</u>		\$

November 12, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

You are hereby authorized to place in my escrow account at Pioneer Title Insurance Co., the amount of \$200.00 representing my dislocation allowance payment for my relocation from 3137 N. Commercial.

(Miss) Margaret Foykman

LEGAL AID SERVICE
MULTNOMAH BAR ASSOCIATION
ALBINA OFFICE

JAY FOLBERG

517 N. E. KILLINGSWORTH - 288-6746 - PORTLAND, OREGON 97211

October 1, 1971

DIRECTOR

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

Attn: Ben Webb


Dear Mr. Webb:

Pursuant to our telephone conversation of 30 September, I am forwarding to you herewith the earnest money regarding Margaret A. Frykman in the property 3215 N. E. Fortieth, offered by N.E.W.S. Realtors. Enclosed also find a copy of the note dependant upon terms of the earnest money.

~~Mrs.~~ ^{Miss} Frykman wishes to effect the move as soon as possible and you will note that the amount is above the \$14,620.00 maximum two-bedroom allowance which we have discussed previously. Mrs. Frykman believes that she is entitled to additional money to cover the difference between that sum and \$14,750.00 as the replacement dwelling is located in a quality neighborhood making necessary amenities for Mrs. Frykman's move and her subsequent comfort. The new house is also smaller, in that it has no dining room and only 897 sq. ft. of space in all.

Please process Mrs. Frykman's claim for benefits as soon as possible. I would be willing to arrange a meeting immediately so that we might get moving on this.

Very truly yours,


Holman J. Barnes, Jr.
Supervising Attorney

HJB:mlw

Enc: 1

Who settled } another Atty?
Life Estate }

Check with Ben then
pursue
Counter offer for \$14,639

9/30/71
PORTLAND, ORE.

" EXHIBIT A "

THIS IS FOR PROPERTY LOCATED AT:

LOT 4, BLOCK 3, BEAUMONT COMMONITY KNOWN AS
3215 NE. 40TH.

PERSONAL PROPER LIST TO BE LEFT ON

1. HALL IN HALL CARPETS
2. LIVING ROOM MIRROR
3. DRAPES IN LIVING ROOM
4. CURTAINS IN KITCHEN
5. CURTAINS IN BATH
6. DRAPES IN BACK BEDROOM
7. FIREPLACE SCREEN
8. FIREPLACE GAME
9. CROSS OF PIECE FIRE PLACE SET

Walter D. ...
SELLER

Margaret A. ...
BUYER

William ...
REALTOR



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

September 30, 1971

Dear Mrs. Frykman,

I ran across this listing in the Multiple Listing Book. I thought you might be interested - ask your Broker or realtor friend about it.

3715 NE 42nd

\$14,000 Taxes \$283.78

MLS # 7151-71

LR - 11' x 21' with fireplace

DR - 10' x 11'

Bedroom 9' x 12' and 10' x 12'; 1 bath
detached garage with community drive
1/2 basement.

You are limited to a payment up to
\$14,639.00 on the basis of a comparable

Chairman

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

structure - (same number of bedrooms
and equal square footage).

If you have any questions, and
you wish on any particular house,
please call me or have the realtor call
me. Thank you.

Anne Cathcart,
Relocation Specialist

Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

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

August 26, 1971

John B. Kenward
Executive Director

Mr. Gene Rossman, Executive Director
Housing Authority of Portland
4400 N.E. Broadway
Portland, Oregon 97213

Dear Mr. Rossman:

This is to verify that Mrs. Margaret Frykman of 3137 N. Commercial, Portland, Oregon is being displaced by governmental action and must vacate on/or before December 1, 1971. We would appreciate any assistance you would be able to give this displacee.

Yours very truly,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW: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 Cannucci Date of survey 2/19/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 3 Structure No. 3 Census Block No. 30 Census Tract No. 22A
 Street Address 3137 N. Commercial Apartment No. _____

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

1. Assistance may be needed, yes X, 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>Margaret Frykman</u>	<u>Head of household</u>	<u>70</u>	<u>F</u>	<u>---</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

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

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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</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>Margaret Frykman</u>	<u>\$ 60.70</u>	<u>\$ _____ Soc. Sec.</u>
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ 60.70</u>	<u>\$ _____</u>

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

1. Location (indicate approximate cross streets) NE - Alameda
2. Transportation, number of autos owned ---, use bus ---, walk X
3. Will rent house ---, apartment X, expect to pay rent, including utilities, at \$ 20.00 per mo. (Furniture is owned, yes ✓, no ---, stove and refrigerator owned, yes ✓, no ---)
4. Will buy house in price range \$ ---, down payment of \$ ---, monthly payment of \$ ---
5. If now buying this house, how much are payments on contract or mortgage monthly \$ ---
6. Size of unit to be sought, number of bedrooms 1, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit ---
7. Other characteristics W O B I M

NAP

date on site 20 410 +

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

Analyst Comucci Date 2/9/71 Surveyed 2/9/71 Tabulator _____ Date _____
 Dwelling Unit No. 3 Structure No. 3 Census Block No. 30 Census Tract No. 22A
 Street Address 3137 N. Commercial Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: (Name) NAME & ADDRESS OF OWNER: Margaret Frykman NAME & ADDRESS OF PROP. MGR: _____
 _____ 3137 N. Commercial _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? (X) 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	_____
<input type="checkbox"/> Apt. in a house	_____
<input type="checkbox"/> Apt. in apt. bldg.	_____
<input type="checkbox"/> Apt. in comm. bldg.	_____
<input type="checkbox"/> Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

972 Sq. ft. in first floor (county figure)
972 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
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
1967 Date of last appraisal
1899 Date structure was originally built
 _____ Date of any major alterations

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2020</u>	\$ _____
Improvements	<u>1350</u>	_____
Total	<u>3370</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 1-71080-2760 FRYKMAN, SVEN E ET AL

MAP: 2730

BY FRYKMAN, MARGARET

ZONE: A25

RATIO: 1401

3137 N COMMERCIAL AVE

LVY C:001

PORTLAND, OREGON

97227

RIVERVIEW SUB

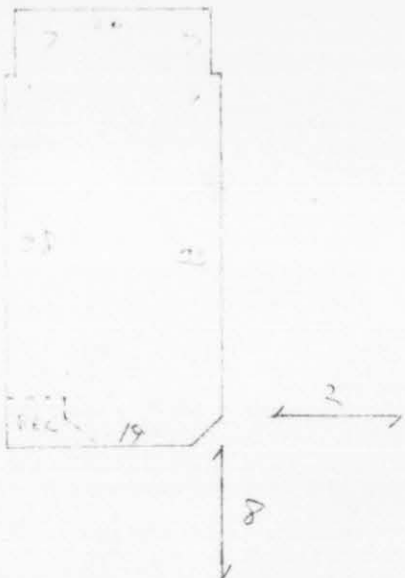
LOT BLOCK

S 27' OF N 54' OF

1 & 2 10

PROPERTY ADDRESS: 3137 N COMMERCIAL AVE
PORTLAND

APPEALS:



AVE OR ST

AVE OR ST

3137 N Commercial AVE OR ST
FRONT OF BUILDING



ASSESS YEAR	MIN RIGHTS	SUMMARY ASSESSED VALUATION			REAL PROPERTY	SIGN DATE
		TIMBER	LAND	IMPS	TOTAL	
1968			1950	1300	3250	
1971			2020	1350	3370	U.D

TUNCT

ECON

COND

REMARKS

INSP OUTSIDE

DATE

1 30 68

SIGN

Karin Robinson

DEPUTY

CHECKED

REVIEWED

BLDG COUNT

INDEX

RE-CHECKED

NOTIFIED

DATE

FEB 22 '68

MAY 14 1968

BY

ANDREWS

S. MILLER

KORN 62 REV 7 58

JUL 12 '67 KUBBLI