

	DESCRIPTION	ROLL NO	ODOMETER
AB 3-3	GLOVER, CEPHAS 2928 N. COMMERCIAL		
R 10-4	GODON, WOODROW 3127 N. COMMERCIAL		
E 3-6	GRANVILLE, VERTA 2653 N. COMMERCIAL COURT		
AB 3-8	GRONER, JAMES H. 2931 N. GANTENBEIN		
E 3-12	HALE, CORA LEE (MRS.) 535 N. RUSSELL		
A 4-2	ESTATE OF ZENOBIA HARRIS 222 N. IVY		
R 9-2	HART, JOHN & ROSENA 3141 N. GANTENBEIN		
A 2-6	HARVEY, KATHIE 217 N. MONROE		
A 2-6	HAWKINS, ERNESTINE 217 N. MONROE		
RS 4-9	HAWKINS, JAMES L. 7 N. RUSSELL		
RS 4-9	HENDERSON, SANTEE 7 N. RUSSELL		
E 4-5	HEPBURN, ELIZABETH 410-412 N. KNOTT		
R 14-4	HINES, WALTER 3036 N. KERBY		
A 3-8	HOGGANS, COTTRELL 250-52 N. COOK		
A 4-13	HORSMAN, CHERRY ALICE 3303 N. VANCOUVER		
R 15-3	HULL, LYNN 3006 N. COMMERCIAL		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. OB3-8 Advisor VC
 Client's Name Gomer, James W. Phone _____
 Address 2931 N. Gontombain Ethn Black Age _____
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 2
2 (wife, husband)

Other: Relation Age Relation Age

Economic Data

Employer BPA - Vanu Work \$ 350
 Address _____
 Other Source of Income _____ \$ _____
 _____ \$ _____
 Total Monthly Income \$ (350)

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 2-9-71 Date of Info pamphlet delivery 2-9-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 4-15-61

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

Date of initiation of negotiations for purchase of property _____
 Date of Acquisition 3-31-72
 Date of letter of intent _____
 Date of move 1-24-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1906

Size of Habitable Area 1056

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 60.00 Utilities _____

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5629 NE 24th LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit 1925

✓ Size of Habitable Area 1004

✓ No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 20,110.00

Rent \$ _____

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ 3,011-

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 _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME GRONER, James H. RELOCATION ADVISOR J Crolley
 ADDRESS 2931 N. Gantenbein PHONE _____ PROJECT NAME Emanuel Ore. R-20
 SEX M ETHN black VETERAN _____ AGE _____ PARCEL NO. AB3-8
 MARITAL STATUS married TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY XX
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>April 15, 1961</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>March 31, 1972</u>

ECONOMIC DATA

Employer BPA- Vancouver, Wash. \$ 350^{Est.}
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age
Gwendolyn	wife	

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family		X
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	X Mobile Home		
Private Sales			

Age of Structure 1906 No. Rooms 4
 No. Bedrooms 2 Furn. _____ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1056 sq. ft.

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 5629 N. E. 24th Phone _____ Date of Move January 24, 1972

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms 6 Number of Bedrooms 3 Habitable Area 1004

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 20,110.00

Age of Structure: 1971 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)	292 EH	2/16/72	\$ 3,011.00
Fixed Moving			\$
Actual Move			\$
Storage			\$
Incidental			\$ 67.53
Interest			\$

Purchase Price \$ 20,110.00

Down Payment \$ 3,011.00

RHP \$ 3,011.00

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 3,078.53

REALTOR: _____ ESCROW CO. _____ OFFICER _____

*See in Groner file
plate.*

February 15, 1972

Mr. Ralph N. Duncanson
Attorney at Law
107 Mohawk Galleries
730 S. W. Third Avenue
Portland, Oregon 97204

Dear Mr. Duncanson:

We refer to the February 14, 1972 meeting at the C-CAP office, at 106 N. E. Morris, between yourself and your client, Mr. and Mrs. James H. Groner; Mrs. Leo Warren of the Emanuel Displaced Persons Association; Mr. Robert Nelson of the American Friends Service Committee; and W. Stanley Jones, James Crolley and Benjamin Webb from the Portland Development Commission staff.

As you will remember, the purpose of the meeting was to discuss the relocation benefits due Mr. and Mrs. Groner under the provisions of Public Law 91-646, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as a result of their displacement from their residence at 2931 N. Gentanbein by the Emanuel Project.

The Groners are tenants and qualify for replacement housing benefits under the provisions of Sec. 204 of the Act. However, Mr. Groner disagreed with our reading of paragraph 2 of the Act, which says that the payment is:

"the amount necessary to enable such person to make a downpayment (including incidental expenses described in section 203(a)(1)(C) on the purchase of a decent, safe, and sanitary dwelling of standards adequate to accommodate such person in areas not generally less desirable in regard to public utilities and public and commercial facilities, but not to exceed \$4,000, except that if such amount exceeds \$2,000, such person must equally match any such amount in excess of \$2,000, in making the downpayment."

Mr. Groner has indicated that he does not agree with our decision that the amount that we can pay is \$2,000, plus the amount of funds matched by him, but that the total payment cannot exceed the required downpayment. Please note that we feel bound by the language of paragraph (2) of Section 204, which limits the payment to "...the amount necessary to enable such person to make a downpayment...."

Mr. Ralph N. Duncanson

Page 2.

February 15, 1972

Mr. Groner has indicated that he wants to appeal. If that is still his feeling, please address the appeal to:

Mr. John B. Kenward
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

The letter should be to my attention.

At your request we have enclosed a copy of Public Law 91-646, 91st Congress, S. 1, January 2, 1971, together with a copy of the applicable regulations, HUD Circular 1371.1 and a copy of chapter 6, section 4 of the Operating Procedures, HUD Circular 1371.1.

If we may be of further assistance in this matter, please let us know.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures

cc: Oliver I. Morville, Attorney at Law
1600 S. W. Fourth Avenue
Portland, Oregon

W. Stanley Jones, Supervisor, Relocation
Emanuel Hospital Project Site Office

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 457 EH

DATE July 12, 19 72

PAY TO James H. Groner

\$ 37.50

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 incidental costs per claim filed. Move from 2931 N. Gantenbein (Parcel AB3-8).	\$37.50

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Incidental Costs)	\$37.50

7-14-72
James H. Groner

JMS

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: AB3-8

Payable to: James H. Groner

Amount

For: <u> </u> RHP for Homeowners . . . <u>Tenants</u>	\$	<u> </u>
<u> X </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u>37.50</u>
<u> </u> RHP for Tenants & Certain Others:		
<u> </u> Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
<u> </u> or Purchase:	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client James H. Groner Less - \$ *

Move from 2931 N. Gantenbein Total \$ 37.50

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; Project Cost *()

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 SW Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Hospital Project <hr/> 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) GRONER, James H. and Gwendolyn	Address (Include ZIP code) 5629 NE 24th Portland, Oregon 97211
---	--

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description 5629 NE 24th, Portland, Oregon 97211	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) AB-3-8 (in project dwelling)	

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)
Assumption Fee	\$ 75.00	\$	\$ 75.00	\$ (1/2) 37.50
TOTAL	\$	\$	\$	\$

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

Attached copy of Pioneer National Title Insurance Co. 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.

3-2-72
 Date


 Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP-TACO claim paid 2/16/72 in the amount of \$3,011.00 plus \$30.03 paid 3/2/72.

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

Claimant required to match RHP funds in excess of \$2,000.00

Total claim	\$3,078.53
Paid to date:	<u>3,041.03</u>
Balance due:	\$ 37.50

Total matching fund paid by Groner - \$1,078.53

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 \$ 37.50 .

7-7-72
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 37.50 by check No. 457EH dated 7/12/72 .



Ben Franklin

FEDERAL SAVINGS AND LOAN ASSOCIATION
PORTLAND, OREGON

FRANKLIN BLDG.
S.W. 5TH AT STARK
PORTLAND, OREGON 97204

June 29, 1972

Portland Development Commission
235 North Monroe
Portland, Oregon 97227

Att: Mr. James C. Crolley, Relocation Advisor

The Assumption Fee in the amount of \$75.00 charged to Mr. and Mrs. James H. Groner, 5629 N. E. 24th Street is a service charge, and not a cost which is a part of debt service or finance charge under Title I of the Truth and Lending Act, PL. 90-321 and Regulation 2, issued pursuant thereto, by the Federal Reserve Board.

Cordially,

H. W. Beksvoort

H. W. Beksvoort
Assistant Vice President

Pioneer National Title Insurance Company

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

East Multnomah County Branch Telephone: ext 213

Esc. No. 390200 EMC

ESCROW STATEMENT

February 22 1972

GRONER, James H. and Gwendolyn, H/w

PROPERTY ADDRESS 5629 NE 24th

DESCRIPTION	Debit		Credit	
	\$		\$	
Deposit by Portland Development Commission			3,011	00
XXXXXX Deposit to close			3,451	53
Title Insurance Policy No.				
Escrow Fee - One half share		35	50	
Taxes - Pro rata share of 1971-72 taxes from date of closing (2-22-72) to 7-1-72		38	22	
City Liens				
Reconveyance				
RECORDING				
Deed Hollcraft Homes, Inc. to Groner		2	00	
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
Multnomah County Transfer Tax		22	55	
Credit to Buyer for assuming Benj. Frankline Mtg. with interest paid to 1-30-72			14,088	00
7.75% Interest Adjustment on \$14,088.00 from 2-22-72 to 3-1-72		24	26	
Insurance pro rata on \$ from to				
Paid The Nolan Agency for 1st annual fire insurance premium		59	00	
Paid for real estate commission				
Paid Benj. Franklin for assumption fee		75	00	
Paid Hollcraft Homes Inc. for Deed		20,110	00	
Paid Benj. Franklin for tax reserve (4 mo.)		184	00	
Balance - Our Check Herewith				
Balance - Debit				
TOTAL		20,550	53	20,550 53

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

vs

Pioneer National Title Insurance Company

By Betty L. Whitaker
(MRS.) Betty L. Whitaker, Escrow Officer

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) GRONER, James H. and Gwendolyn	Address (Include ZIP code) 5629 N. E. 24th Portland, Oregon 97211
---	---

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description 5629 N. E. 24th, Portland, Oregon 97211 (replacement dwelling)	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) AB-3-8 (in project dwelling)	

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	\$ 35.50	\$	\$ 35.50	\$ 17.75
Recording fee	2.00		2.00	1.00
Multnomah County Transfer Tax	22.55		22.55	11.28
TOTAL	\$ 60.05	\$	\$ 60.05	\$ 30.03

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

attached copy of Pioneer National Title Insurance Co. 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.

3/2/72
Date

James H. Groner
Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP-TACO claim paid 2-16-72 in the amount of \$3,011.00.

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

Claimant required to match RHP funds in excess of \$2,000.00

Total claim: \$ 3,041.03

Paid to date: 3,011.00

Balance due: \$ 30.03

Total matching funds deposited in escrow account by Groner's - \$ 1,041.04

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 \$ 30.03.

3/13/72
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 322 EH

DATE March 8, 19 72

PAY TO **James H. Groner**

\$ 30.03

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. From 5629 N.E. 24th (Parcel AB-3-8). 3931 N. Santa Leon	\$30.03

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payment (Settlement Costs)	(EH)	\$30.03

James H. Groner

JMG

February 17, 1972

Pioneer National Title Insurance Co.
227 N. E. 122nd Avenue
Portland, Oregon 97220

Attn: Escrow Dept.

RE: Escrow Account No. 390200
GRONER, James H. and Gwendolyn

Gentlemen:

Enclosed is our warrant, number 292 EH, in the sum of \$3,011.00 to be deposited to the above subject escrow account for the purchase of the house at 5629 N. E. 24th Avenue, Portland, Oregon.

Please send us a copy of the closing statement verifying that the above sum was applied to the downpayment on said house, and also verifying that Mr. and Mrs. Groner deposited an additional \$1,011.00 that was also applied on said down payment.

Thank you for your cooperation in this matter.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:sic

enclosure

February 9, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attention: Jim Crolley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment for Tenants and Certain Others, in the sum of \$3,011.00, payable to PIONEER NATIONAL TITLE INSURANCE CO., and to deposit said check in escrow account no. 390200 at the Pioneer National Title Insurance Co. office, N. E. 122nd Avenue Branch Office for the purchase of the house at 5629 N. E. 24th, Portland, Oregon.

James H. Jones

Gwendolyn Brown

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 292 EH

DATE February 16, 1972

PAY TO Pioneer National Title Insurance Company

\$3,011.00

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 James H. Groner. Replacement housing payment for tenants per claim filed. From 2931 N. Gantenbein (Parcel AB-3-8). Lump sum payment	\$3,011.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$3,011.00

AC

JWA

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: Portland Development Commission 1700 SW 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 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

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

1. FULL NAME OF CLAIMANT GRONER, James H. Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. AB-3-8

a. Address: <u>2931 N. Gantenbein, Portland, Oregon</u>	d. Monthly rental: \$ <u>60.00</u>
b. Apartment or room number: <u>"upper"</u>	e. Date you moved out of this dwelling: <u>2-1-72</u> Month-Day-Year
c. Number of bedrooms: <u>2</u>	

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____	d. Monthly rental: \$ _____
b. Apartment or room number: _____	e. Date you moved into this dwelling: _____ Month-Day-Year
c. Number of bedrooms: _____	

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): <u>5629 N. E. 24th, Portland, Oregon 97211</u>	d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: <u>3</u>	e. Date you purchased this dwelling: <u>Jan 24, 1972</u> Month-Day-Year
c. Downpayment: \$ <u>3,011.00</u>	

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

a. Address of dwelling unit from which you moved: _____	d. Monthly rental for temporary unit: \$ _____
b. Address of dwelling unit to which you moved (include ZIP Code): _____	e. Will you require temporary housing for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Date of move: _____ Month-Day-Year	If "Yes," total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

January 31, 1972
Date

James H. France
Signature of Claimant (s)

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

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

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

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

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

Required Information

- | | | |
|---|----------------------|---|
| 1. Amount necessary for downpayment | $20,110.00 (402200)$ | \$ <u>4022.00</u> |
| 2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) | | \$ <u> </u> (under amount) |

Computation

- | | | |
|---------------------------------------|--|----------------|
| 3. Base amount (Sum of Lines 1 and 2) | | \$ <u>4022</u> |
|---------------------------------------|--|----------------|

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

- | | | |
|--|----------------------|--|
| 4. Amount on Line 3 in excess of \$2,000 | - | |
| Line 3 | \$ <u>4022.00</u> | |
| | - \$ <u>2,000.00</u> | |

- | | | |
|----------------------------------|----------------|-------------------|
| 5. Amount on Line 4 divided by 2 | | \$ <u>2022.00</u> |
| Line 4 | \$ <u>2022</u> | |
| | 2 | \$ <u>1011</u> |

- | | | |
|---|--|----------------|
| 6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) | | \$ <u>1011</u> |
|---|--|----------------|

- | | | |
|--|----------------------|----------------|
| 7. Base amount (Sum of amount on Line 6 and \$2,000) | | |
| Line 6 | \$ <u>1011</u> | |
| | + \$ <u>2,000.00</u> | |
| | | \$ <u>3011</u> |

- | | | |
|---|--------------------------------|-------------------|
| 8. Amount of downpayment assistance | | |
| a. Amount on Line 3 or Line 7 | \$ <u> </u> | |
| b. Minus adjustments (Attach explanation; e.g., amount previously received for rental assistance payment) | - \$ <u> </u> | |
| | | \$ <u>3011.00</u> |

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

Computation prepared by:

Jheraldy
1-28-72

Date

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

NAME OF CLAIMANT James H. Groner

Parcel No. AB3-8

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: April 15, 1961

Date of Acquisition: _____

Owner-Occupant's initial date of ownership: _____

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

Date of Rental or Purchase: April 15, 1961

Date of Initiation of Negotiations: _____

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

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

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 3,011.00 is authorized.

2-10-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

	Date of Payment	Check Number	Amount
(1) Lump-sum payment <u>\$3011</u>	<u>2/16/72</u>	<u>292EH</u>	<u>\$ 3011.00</u>
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME _____

PROJECT NO. AB-38

1. Full name of claimant: James H. Groner Family Individual
2. Dwelling unit from which you moved: Parcel No. _____
 a. Address 2931 N. Dautenhelm c. Number of bedrooms 2
 b. Apartment or room number Upper d. Monthly rental \$ 60.00
 e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address _____ c. Number of bedrooms _____
 b. Apartment or room number _____ d. Monthly rental \$ _____
 e. Date moved in _____
4. Dwelling unit to which you moved (PURCHASE)
 a. Address 5629 N.E. 24th c. Downpayment \$ 3011.00
 b. Number of bedrooms 3 d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental Apr 15, 1961
 Date of acquisition _____
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase Apr 15, 1961
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3011.00)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



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. Chegwidden, Chief

CITY OF PORTLAND
OREGON

97204

February 4, 1972

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

Re: 5629 N. E. 24 Avenue

Attn: Mr. Jim Crolley

Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CHF:ms

cc: Hollcraft Homes, Inc.
3354 S. E. Hawthorne Blvd.

OWNER'S
EARNEST MONEY RECEIPT

RECEIVED OF James H. Groner and Ewendolyn A. Groner, husband and wife Portland, Oregon January 24, 1972
hereinafter mentioned as the purchaser,
the sum of a note for Two Hundred & 00/100 (\$ 200.00) Dollars
as earnest money and in part payment for the purchase of the following described real estate situated in the
City of Portland, County of Multnomah, State of OREGON
and more particularly described as follows, to-wit: Lots 12, 20, Block 14, Irvington
Park Addition otherwise known as 5629 NE 24th

which we have this day sold to the said purchaser
for the sum of Twenty Thousand one Hundred ten & 00/100 Dollars \$ 20,110.00;
on the following terms, to-wit: The earnest money hereinabove received for \$ 200.00 ; - 6,022.00
upon acceptance of title and delivery of deed or delivery of contract . . . \$ 5,822.00 ; \$ 17,288.00 ;
balance of Fourteen Thousand eighty eight & 00/100 Dollars \$ 14,088.00;
payable as follows Buyer to assume existing mortgage; Portland
Development commission to pay 4000.00 of the down
payment. It is understood that
Seller will pay existing mortgage of 15,160.00 with
Benjamin Franklin down to 14,088.00 from Escrow. This
difference is \$1,072.00

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith
at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title
insurance, and such report shall be conclusive evidence as to status of seller's title.

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with
a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the
said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 30
days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the
seller as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances to date except Zoning
Ordinances, building restrictions, taxes due and payable for the current fiscal year and

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

Possession of said premises is to be delivered to purchaser on or before closing 19 . . . Time is of the essence
hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's
rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party
shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree
entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's
fees.

Special conditions: Buyer to receive refrigerator and other improvements
costing approx. \$1160.00 (see Attached list)

X Hollcraft Homes Inc
Thomas J. Hollcraft, Pres. Owners

I hereby agree to purchase the above property and to pay the price of Twenty Thousand one
Hundred ten & 00/100 (\$ 20,110.00) Dollars as specified above.

Address 2931 N. Gantenbein Purchaser X James H. Groner
Phone 287-2017 X Ewendolyn A. Groner



Benjamin Franklin

FEDERAL SAVINGS AND LOAN ASSOCIATION
PORTLAND, OREGON

FRANKLIN BLDG.
S. W. 5TH AT STARK
PORTLAND, OREGON 97204

June 29, 1972

Portland Development Commission
235 North Monroe
Portland, Oregon 97227

Att: Mr. James C. Crolley, Relocation Advisor

The Assumption Fee in the amount of \$75.00 charged to Mr. and Mrs. James H. Groner, 5629 N. E. 24th Street is a service charge, and not a cost which is a part of debt service or finance charge under Title I of the Truth and Lending Act, PL. 90-321 and Regulation 2, issued pursuant thereto, by the Federal Reserve Board.

Cordially,

H. W. Beksvoort

H. W. Beksvoort
Assistant Vice President

The Assumption Fee in the amount of \$75.00 charged to Mr. & Mrs. James H. Groner, 5629 N.E. 24th St. is a service charge, and not a cost which is a part of debt service or finance charge under Title I of the Truth & Lending Act, PL. 90-321 and Regulation 2, issued pursuant thereto, by the Federal Reserve Board.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 29527 G

DATE March 7, 19 72

PAY TO THE
ORDER OF

James H. Groner

\$420.00

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
		Reimbursement for Relocation Payment for Tenants per claim filed. Move from 2931 N. Gantenbein (AB-3-8).	
		Dislocation Allowance	\$200.00
		Fixed payment - own furniture	<u>220.00</u>
			<u>\$420.00</u>

Account Distribution

<u>NO</u>	<u>TITLE</u>	<u>AMOUNT</u>
E 1501	Relocation Payment (Fixed payment - family)	(EH) \$420.00

James H. Groner

AC

JMS

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT

Family Individual

GRONER, James H.

2. DATE(S) OF MOVE

Mar. 1, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. AB-3-8

a. Address

2931 N. Gantenbein, Portland, Oregon

b. Apartment, Floor, or Room Number "upper"

c. Was it furnished with your own furniture?

Yes No

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 5

e. Date you moved into this
address: April 15, 1961

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

5629 N. E. 24th, Portland, Oregon 97211

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

c. Were household goods moved to
or from storage?

Yes No

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

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

Dislocation Allowance

\$200.00

Fixed Moving Payment

220.00

(Consult local agency)

Total \$ 420.00

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 appli-
cable 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.

January 31, 1972

Date

James H. Groner
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:

James H. Groner
5629 N. E. 24th
Portland, Oregon 97211

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

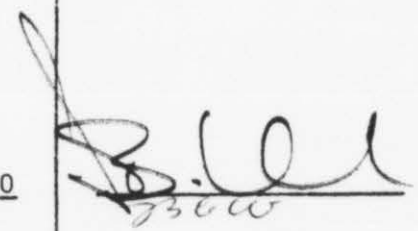
If "Yes," explain basis for approved amount:

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>220.00</u>		 73660	<u>3/2/72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</u>	<u>420.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Groner, James H Project _____
 2. Date(s) of move _____ Parcel No. BB-3-8
 3. Dwelling unit from which you moved:
 Address 2921 N. Lancaster No. of rooms Upper
 _____ Furnished Unfurnished Date you moved into this unit April 15, 1961

4. Dwelling unit to which you moved:
 Address 5629 N.E. 24th
 Were goods moved to or from storage? _____ Yes No

5. Total claim \$ 420.00

 FIXED PAYMENT: \$200 + \$ 220 = \$ 420.00

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

 STORAGE COSTS

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



Pioneer National Title Insurance Company

227 N.E. 122ND AVENUE • P.O. BOX 16595 • PORTLAND, OREGON 97233 • TELEPHONE 224-0550

February 23, 1972

OREGON DIVISION

Portland Development Commission
Emanuel Hospital Project
235 N. Monroe Street
Portland, Oregon 97227

ESCROW NO. 390200 EMC
RE: Hollcraft Homes - Groner
5629 NE 24th

Attn: W. Stanley Jones
Relocation Supervisor

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

(XX) Statement of Receipts and Disbursements **Photo copy of Buyer's statement**
() Our check # in the sum of \$

() Deed recorded records of	County,	Book	Page
() Mortgage recorded records of	County,	Book	Page
() Note dated		in the sum of \$	
() Title Insurance Policy No.		in the sum of \$	
() 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: Betty L. Whitaker
(MRS.) Betty L. Whitaker, Escrow Officer

vs

Stan Jones

Groner File

February 15, 1972

Mr. Ralph N. Duncanson
Attorney at Law
107 Mohawk Galleries
730 S. W. Third Avenue
Portland, Oregon 97204

Dear Mr. Duncanson:

We refer to the February 14, 1972 meeting at the C-CAP office, at 106 N. E. Morris, between yourself and your client, Mr. and Mrs. James H. Groner; Mrs. Leo Warren of the Emanuel Displaced Persons Association; Mr. Robert Nelson of the American Friends Service Committee; and W. Stanley Jones, James Crolley and Benjamin Webb from the Portland Development Commission staff.

As you will remember, the purpose of the meeting was to discuss the relocation benefits due Mr. and Mrs. Groner under the provisions of Public Law 91-646, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as a result of their displacement from their residence at 2931 N. Gentenbein by the Emanuel Project.

The Groners are tenants and qualify for replacement housing benefits under the provisions of Sec. 204 of the Act. However, Mr. Groner disagreed with our reading of paragraph 2 of the Act, which says that the payment is:

"the amount necessary to enable such person to make a downpayment (including incidental expenses described in section 203(a)(1)(C) on the purchase of a decent, safe, and sanitary dwelling of standards adequate to accommodate such person in areas not generally less desirable in regard to public utilities and public and commercial facilities, but not to exceed \$4,000, except that if such amount exceeds \$2,000, such person must equally match any such amount in excess of \$2,000, in making the downpayment."

Mr. Groner has indicated that he does not agree with our decision that the amount that we can pay is \$2,000, plus the amount of funds matched by him, but that the total payment cannot exceed the required downpayment. Please note that we feel bound by the language of paragraph (2) of Section 204, which limits the payment to "...the amount necessary to enable such person to make a downpayment...."

Mr. Ralph N. Duncanson

Page 2.

February 15, 1972

Mr. Grener has indicated that he wants to appeal. If that is still his feeling, please address the appeal to:

Mr. John B. Karward
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

The letter should be to my attention.

At your request we have enclosed a copy of Public Law 91-646, 91st Congress, S. 1, January 2, 1971, together with a copy of the applicable regulations, HUD Circular 1371.1 and a copy of chapter 6, section 4 of the Operating Procedures, HUD Circular 1371.1.

If we may be of further assistance in this matter, please let us know.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures

cc: Oliver I. Horville, Attorney at Law
1600 S. W. Fourth Avenue
Portland, Oregon

W. Stanley Jones, Supervisor, Relocation
Emanuel Hospital Project Site Office ✓

February 9, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attention: Jim Croley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment for Tenants and Certain Others, in the sum of \$3,011.00, payable to PIONEER NATIONAL TITLE INSURANCE CO., and to deposit said check in escrow account no. 390200 at the Pioneer National Title Insurance Co. office, N. E. 122nd Avenue Branch Office for the purchase of the house at 5629 N. E. 24th, Portland, Oregon.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES

*Full
Groner*



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

CITY OF PORTLAND
OREGON

97204

February 4, 1972

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

Re: 5629 N. E. 24 Avenue

Attn: Mr. Jim Crolley

Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHP:ms
cc: Hollcraft Homes, Inc.
3354 S. E. Hawthorne Blvd.

C O P Y

OWNER'S
EARNST MONEY RECEIPT

RECEIVED OF James H. Groner and Gwendolyn A. Groner, husband and wife Portland, Oregon January 24, 1972 hereinafter mentioned as the purchaser, the sum of a note for Two Hundred & ⁰⁰/₁₀₀ (\$ 200.00) Dollars as earnest money and in part payment for the purchase of the following described real estate situated in the City of Portland, County of Multnomah State of OREGON, and more particularly described as follows, to-wit: Lots 18, 20, Block 14, Irvington Park Addition otherwise known as 5629 NE 24th

which we have this day sold to the said purchaser for the sum of Twenty Thousand one Hundred ten & ⁰⁰/₁₀₀ Dollars \$ 20,110.00; on the following terms, to-wit: The earnest money hereinabove received for \$ 200.00; - 6,022.00 upon acceptance of title and delivery of deed or delivery of contract . . . \$ 5,822.00; ~~\$17,022.00~~; balance of Fourteen Thousand eighty eight & ⁰⁰/₁₀₀ Dollars \$ 14,088.00; payable as follows Buyer to assume existing mortgage; Portland Development commission to pay 4000.00 of the down payment. It is understood that seller will pay existing mortgage of 15,160.00 with Benjamin Franklin down to 14,088.00 from Escrow. This difference is \$1,072.00

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, and such report shall be conclusive evidence as to status of seller's title.

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 30 days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the seller as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances to date except Zoning Ordinances, building restrictions, taxes due and payable for the current fiscal year and

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

Possession of said premises is to be delivered to purchaser on ~~or before~~ closing 19 . Time is of the essence hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's fees.

Special conditions: Buyer to receive refrigerator and other improvements costing approx. \$1160.00 (see Attached list)

X Hollcraft Homes Inc
Thomas J. Hollcraft, Pres. Owners

I hereby agree to purchase the above property and to pay the price of Twenty Thousand one Hundred ten & ⁰⁰/₁₀₀ (\$ 20,110.00) Dollars as specified above.

Address 2931 N. Goutenbein Purchaser X James H. Groner
Phone 287-2017 X Gwendolyn A. Groner



Pioneer National Title Insurance Company

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

OREGON DIVISION

A consolidated statement of all charges and advances in connection with this order will be provided at closing.

┌

Escrow Department

ATTN: Betty Whitaker

O.P. \$ _____ Prem. \$ _____
M.P. \$ _____ Prem. \$ _____

Gentlemen:

We are prepared to issue title insurance policy in the usual form insuring the title to the land described on the attached description sheet:

Vestee: **HOLLCRAFT HOMES, INC.,
an Oregon corporation.**

Dated as of **January 21**, 19 **72** at 8:00 a.m.

**cc: Hollcraft Homes Inc.
cc: James C. Crolley**

Pioneer National Title Insurance Company

By

Dick Grace

Dick Grace

Subject to the usual printed exceptions and stipulations,

**Note: 1971-72 taxes, \$107.50; paid.
(Account No. 42130-3770, Code 001)**

1. Conditions and restrictions in deed from Investment Company, an Oregon corporation, to A. C. McClanahan, dated December 3, 1891, recorded December 5, 1891 in Book 169 page 336, Deed Records, as modified by instrument recorded December 5, 1922 in Book 909 page 98, Deed Records, removing the reversionary clause contained in said conditions, to which reference is hereby made.

2. Mortgage, including the terms and provisions thereof, executed by Hollcraft Homes, Inc., an Oregon corporation, to Benj. Franklin Federal Savings and Loan Association of Portland, a corporation, dated September 22, 1971, recorded October 15, 1971 in Book 818 page 2002, Mortgage Records, given to secure the payment of a note for \$18,000.00.

Report No. **390200**
DG:jlh -- UNIT 4

(continued)

PRELIMINARY REPORT ONLY

C O P Y

-2-

Note: We find no unsatisfied judgments of record against James H. Groner or Gwendolyn A. Groner, as of the date hereof.

-----END OF REPORT-----

DESCRIPTION SHEET

See page 1 for vesting and encumbrances, if any.

Description of the tract of land which is the subject of this report:

**Lots 18 and 20, Block 14, IRVINGTON PARK, in the City of Portland,
County of Multnomah and State of Oregon.**

Report No.

390200

E49

The sketch below is made solely for the purpose of assisting in locating said premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Pioneer National Title Insurance Company
Title and Trust Division



35	36	35	36	35	36
37	38	37	38	37	38
39	40	39	40	39	40
41	42	41	42	41	42
43	44	43	44	43	44
45	46	45	46	45	46
47	48	47	48	47	48

N.E. JARRETT

ST.

1	2	1	2	1	2
3	4	3	4	3	4
5	6	5	6	5	6
7	8	7	8	7	8
9	10	9	10	9	10
11	12	11	12	11	12
13	14	13	14	13	14
15	16	15	16	15	16
17	18	17	18	17	18
19	20	19	20	19	20
21	22	21	22	21	22
23	24	23	24	23	24
25	26	25	26	25	26
27	28	27	28	27	28
29	30	29	30	29	30
31	32	31	32	31	32
33	34	33	34	33	34
35	36	35	36	35	36
37	38	37	38	37	38
39	40	39	40	39	40
41	42	41	42	41	42
43	44	43	44	43	44
45	46	45	46	45	46

N.E. 23 RD

N.E. 24 TH

N.E. 25 TH

NORTH

N.E. KILLINGSWORTH 16 13 ST.

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

James H. Jones

1-22-72
date

Levant

(see Stokes file)

1

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R 20 PARCEL AP 3-8

NAME Groves, James H. ADDRESS 2931 N. Martin APT NO. 4000

PHONE _____ INITIAL INTERVIEW _____ SEX M W NW AGE _____

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

FAMILY COMPOSITION

Name	Relation	Age
<u>James H. Groves</u>	<u>Wife</u>	

Employer: Name BPA 206-693-5801 \$ EXT 210
 Address VANC. CO.
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

Rent 6000, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn X Furn _____ No. Rms 4

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

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

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

DATE

NOTES

C/W

Survey: owner refused to let us talk to tenant.

WSJ

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 WBS Date of survey 2/9/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 2 Structure No. 1 Census Block No. 46 Census Tract No. 22A
 Street Address 2931 N Gantenbein Apartment No. 411c

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 _____

*Owner hostile -
did not attempt to
talk with his tenant*

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>James H. Groner</u>	<u>Head of household</u>	<u>50 +</u>	<u>Est</u>	
2.	<u>Wife</u>				
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
_____	_____	_____	_____
_____	_____	_____	_____

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>Elevator operator</u>	\$ _____	\$ <u>350.00 Est</u>
_____	_____	_____
<u>Total family or household income per month</u>	\$ _____	\$ <u>350.00 Est</u>

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

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

date on site:

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 2 Structure No. 1 Census Block No. 46 Census Tract No. 22A
 Street Address 2931 N Gantenbein Apartment No. Attic
 Legal Description _____

NAME OF OCCUPANT: James Groner NAME & ADDRESS OF OWNER: James Stokes NAME & ADDRESS OF PROP. MGR.: _____
2931 N Gantenbein
 TELEPHONE: 287-2017 TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes (X) No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 1/2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
 Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1056 Sq. ft. in first floor (county figure)
500 Sq. ft. in dwelling unit (if more than 1 floor)
4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
1 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
5/2/67 Date of last appraisal
1906 Date structure was originally built

B. Market value data for one-family dwelling

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

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>5610</u>	\$ _____
Improvements	<u>1140</u>	_____
Total	<u>6740</u>	_____

1556 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	\$ <u>45.00</u>	\$ <u>1200</u>	\$ <u>5700</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant _____, owner _____, manager _____, or estimated from assessor's data X.

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

