

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. A-4-9	INGRAM, VIRGIE 249 N. COOK		
PARCEL NO. E-3-9	JACKSON, LEWIS 2632 N. KERBY		
PARCEL NO. R-9-1	JONES, LAURA ELIZABETH 3151 N. GANTENBEIN (DECEASED)		
PARCEL NO. A-4-14	JONES, OLLIE 3317 N. VANCOUVER		
PARCEL NO. A-4-7	JONES, ROOSEVELT (VEL) 3316 N. GANTENBEIN		
PARCEL NO. RS 4-9	JOHNSON, CLAUDE E. 7 N. RUSSELL		
PARCEL NO. E-4-8	JOHNSON, LUCILLE 321 N. RUSSELL		
PARCEL NO. A-2-4	JOHNSON, RETTA 3104 N. GANTENBEIN		
PARCEL NO. A-2-4	JOHNSON, SAM 3110 N. GANTENBEIN		
PARCEL NO. A-2-4	LAURENCE, ANN 3110 N. GANTENBEIN		
PARCEL NO. A-2-6	LAWRENCE, EDWARD 217 N. MONROE		
PARCEL NO. A-3-19	LEE, GEORGE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	LEE, ROBERT 3213 N. VANCOUVER		
PARCEL NO. E-4-7	McALLISTER, RAY 423 N. RUSSELL		
PARCEL NO. A-4-4	MACKIE, DAVID C. 260 N. IVY		
PARCEL NO. A-3-13	MARSHALL, JERRY W. 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, JOYCE 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, L & J BROTHERS BUSINESS 247 N. FARGO		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E.3.9 Advisor VC
 Client's Name Jackson, Lewis Phone _____
 Address 2632 N. Kirby Ethn Black Age 62
 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
<u>Wife</u>	<u>49</u>		

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income
State Industrial Accis. \$ 200.00
 \$ _____
 Total Monthly Income \$ (200.00)

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

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

YES NO

Date of initial interview 5-27-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5-1962

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

Date of initiation of negotiations for purchase of property 5-12-71
 Date of Acquisition 9-15-71
 Date of letter of intent _____
 Date of move 8-17-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1884

Size of Habitable Area 940

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ _____ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 5750⁰⁰ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5933 718 Rodney 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 1923

Size of Habitable Area 1292

No. of Rooms 6 No. of Bedrooms 4

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 13,000

Taxes \$ 366.55

RHP or TACO (including incidental costs) \$ 7,250

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

0 Standard Sales

Standard Rent

Agency Referrals: 0

MCW _____ HAP _____ OTHER (_____)

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 Jackson, Lewis RELOCATION ADVISOR JC
 ADDRESS 2632 N. Kerby PHONE 281-7445 PROJECT NAME Emanuel ORF. R-20
 SEX M ETHN black VETERAN _____ AGE 62 PARCEL NO. E-3-9
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5/27/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>May 1962</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>September 15, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other State Industrial Accident 200.00
 TOTAL MONTHLY INCOME \$ 200.00

FAMILY COMPOSITION

Name	Relation	Age
Betty B.	wife	49

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1884 No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 5750.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 940 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 5933 N. E. Rodney Phone 283-2709 Date of Move Aug 19, 1971

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___
 Utilities \$ ___ Monthly Payments (Rent) \$ ___ Purchase Price \$ ___
 Age of Structure: ___ Taxes \$ ___ Equity \$ ___ Distance Moved Away ___
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED			
Type	Ck #	Date	Amount
RHP	968 G	8/5/71	\$ 7,250.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26619 G	8/27/71	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ 7,250.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 7,670.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered by Jim Crolley. Mrs. Jackson said they "let their attorney handle all affairs". Appeared indifferent.	JC
2/19	Survey: Will buy comparable house in NE (Irvington) three bedrooms.	JC
5/21	Attorney Gary Peterson called. Please try to contact Mr. Jackson. Mr. Peterson said someone had tried to talk to Mr. Jackson but Jackson refused until he could talk to his attorney. Mr. Peterson seemed very cooperative.	JC
5/27	Talked to Mr. and Mrs. Jackson, explained the sales price and relocation benefits. They will get a doctor certification for two bedrooms. Explained RHP - they will start looking for a house.	JC

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 120 EH

DATE October 29, 1971

PAY TO **Lewis and Betty B. Jackson**

\$38.00

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
		k Reimbursement for Settlement Costs per claim filed. 2632 N. Kerby, (Parcel E-3-9)	\$38.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Settlement Costs)	\$38.00

copy
 11-2-71

Betty B. Jackson

AL

BD

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

<p>(For Local Agency Use Only)</p> <p>DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT Lewis & Betty B. Jackson 5933 N.E. Rodney, Portland, Oregon</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p>
<p>INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.</p>	
<p>1. Did the claimant own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: <u>May 1962</u> Date of Acquisition: XXXXXX <u>Sept. 15, 1971</u> Month-Day-Year Month-Day-Year</p>	
<p>2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: <u>May 1962</u> Date of Initiation of Negotiations: <u>July 28, 1971</u> Month-Day-Year Month-Day-Year</p>	
<p>3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Displacement: <u>8/19/71</u> Date of Purchase of Replacement Housing: <u>8/19/71</u> Month-Day-Year Month-Day-Year</p> <p>Date of Occupancy of Replacement Housing: <u>8/19/71</u> Month-Day-Year</p> <p>(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)</p>	
<p>4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Issuance Date of Mortgage: _____ Date of Discharge of Mortgage: _____ Month-Day-Year Month-Day-Year</p> <p>Date of Initiation of Negotiations: _____ Month-Day-Year</p>	
<p>5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. CERTIFICATION OF LOCAL AGENCY</p> <p>This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ <u>38.00</u> is authorized.</p> <p><u>10-28-71</u> <u>[Signature]</u> Date Authorized Signature</p>	
<p>7. RECORD OF PAYMENT</p> <p>Date of payment: <u>10/29/71</u> Check number: <u>120EH</u> Amount: \$ <u>38.00</u></p>	

10/29

1371.1

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

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
escrow fee	\$ 36.50	\$	\$ 36.50	\$ 36.50
recording	1.50		1.50	1.50
TOTAL	\$ 38.00	\$	\$ 38.00	\$ 38.00

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

attached copy of escrow closing statement

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

10/18/71
Date

Betty B. Jackson
Signature of Owner-Occupant(s)

APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon 97201	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) JACKSON, Lewis & Betty B. (f)	2. DATE OF DISPLACEMENT 8/19/71
3. INFORMATION IN SUPPORT OF CLAIM	
A. Differential Payment	
PARCEL: E-3-9	
Part I. Data on dwelling unit from which you moved	
1. Address of dwelling unit from which you moved 2632 N. Kerby, Portland, Oregon 97227	
2. Date you first occupied this dwelling as the owner May, 1962 Month-Day-Year	
3. Number of bedrooms in the dwelling 2	
4. Date of initiation of negotiations for local agency acquisition of dwelling Month-Day-Year	
5. Payment made by local agency for the dwelling \$ 5,750.00	
Part II. Data on dwelling unit to which you moved	
6. Address of dwelling unit to which you moved (include ZIP Code) 5933 N. E. Rodney, Portland, Oregon	
7. Number of bedrooms in replacement dwelling 34	
8. Purchase price of the replacement dwelling \$ 13,000.00	

[Form continued on next page]

APPENDIX 8. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

<p style="text-align: center;">(For Local Agency Use Only)</p> <p style="text-align: center;">WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT Lewis & Betty B. Jackson 5933 NE Rodney, Portland, Oregon</p> <hr/> <p>COMPUTATION PREPARED BY:</p> <p style="text-align: center;">Crolley, J. 10/15/71 <small>(Name) (Date)</small></p>
<p>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.</p>	
<p>A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	
1. Amount of differential payment (Block B, Line 6)	\$ _____
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))	+ \$ <u>38.00</u>
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)	\$ <u>38.00</u>
<p>(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)</p>	
<p>B. COMPUTATION OF DIFFERENTIAL PAYMENT</p> <p><u>Required Information</u></p>	
1. Actual purchase price of replacement dwelling	\$ _____
2. Cost of comparable replacement dwelling (Cost based on: <input type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other)	\$ _____
3. Acquisition payment made by agency for claimant's former dwelling	\$ _____
<p><u>Computation</u></p>	
4. Line 1 or Line 2, whichever is less	\$ _____
5. Minus Line 3	- \$ _____
6. Amount of differential payment	\$ _____

[form continued on next page]

9. Complete either a or b:

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

Date you signed
purchase agreement _____
Month-Day-Year

Date of
settlement _____
Month-Day-Year

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

Date you signed
purchase contract _____
Month-Day-Year

Date of
settlement _____
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 _____ %

[form continued on next page]



Boise Cascade Building
1000 S.W. 4th Portland Oregon 97201
503/224-4924

AMENDED

Escrow No. 884

ESCROW STATEMENT

Buyer JACKSON, Lewis J. and Betty B.

Date October 8, 1971

Seller GARDINER, William W. and Lillian O.

Prorate Date August 18, 1971

Property 5933 N. Rodney, Portland, Oregon

	CHARGES	CREDITS
Sales Price	\$ 13,000.00	\$
PRO-RATIONS:		
Taxes on \$ 366.55 from 7/1/71 to 8/18/71		48.89
Insurance on \$ from to		
Interest on \$ from to		
Rent @ \$ per from to		
Fire Insurance Premium		
Escrow Fee to ST. JAMES ESCROW COMPANY	36.50	
Preparation of Documents		
Title Insurance		
RECORDING:		
Contract		
Assignment of Contract		
Deed	1.50	
Mortgage		
Trust Deed		
Release of Mortgage/Trust Deed		
MORTGAGE LOAN COSTS:		
Service Fee		
Credit Report		
Appraisal Fee		
Tax Service Fee		
Interest adjustment from to		
Survey		
MORTGAGE LOAN RESERVES:		
Tax		
Fire Insurance		
FHA Mortgage Insurance		
Contract/Mortgage Balance		
Mortgage Loan		
Deposit with St. James Escrow Company from Portland Development Comm.		7,250.00
Deposit with St. James Escrow Company		5,528.88
Deposit with St. James Escrow Company		200.00
Balance		10.23
TOTAL	\$ 13,038.00	\$ 13,038.00

Approved and Accepted:

ST. JAMES ESCROW COMPANY

William W. Gardner
Betty B. Jackson

By [Signature]

September 17, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

RE: Escrow No. 385-262
JACKSON, Lewis

Gentlemen:

We hereby authorize you to transfer from escrow account number 385-262 at Pioneer National Title Insurance Co. to St. James Escrow Co., escrow account number , the amount of \$7,250.00 for Replacement Housing Payment to be used toward the purchase of standard housing at 5933 N. E. Rodney Avenue, as soon as possible.

Sincerely,

Lewis Jackson

Betty Jackson

MEMORANDUM

Date September 1, 1971

TO: Ben Webb
FROM: Emanuel Site Office
SUBJECT: Release of RHP from Escrow

Escrow Company Pioneer National Title Insurance Co

Escrow No. _____

Parcel No. E-3-9

Name LEWIS JACKSON

Moving Date August 19, 1971

The above client has relocated and does occupy the property which they purchased at 5933 N. E. Rodney. The City Bureau of Buildings reports that the structure complies with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 7,250 00.

Relocation Worker

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 26619 G

DATE August 27, 19 71

PAY TO THE
 ORDER OF

Lewis Jackson

\$ **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 per Claims for Relocation Payment. Move from 2632 N. Kerby (E-3-9) to 5933 N.E. Rodney. Dislocation Allowance \$200.00 Fixed Payment - own furn. <u>220.00</u>	<u>\$420.00</u>

Account Distribution

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

dc

James J. 904

9-1-31

BB

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Lewis Jackson
5933 N.E. Rodney
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO

If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			8-27-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/27/71	266 196	\$ 200.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** DISLOCATION ALLOWANCE

This request is substantially in accordance with our interpretation of the regulations.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

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 Project
	PROJECT NUMBER Ore. R-20

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

1. FULL NAME OF CLAIMANT (F) Lewis Jackson	2. DATE(S) OF MOVE August 19, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2632 N. Kerby b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>May 1962</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 5933 N.E. Rodney b. Apt., Floor, or Room No. <u>House</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

DISLOCATION ALLOWANCE

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 200.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

8-19-71
 Date

 Signature of claimant
 (Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Lewis Jackson
5933 N.E. Rodney
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 220.00	<i>[Signature]</i>	8-27-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/27/71	266196	\$ 220.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

**
This request is substantially in accordance with our interpretation of the regulations.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

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 Project <hr/> PROJECT NUMBER Ore. R-20
---	--

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

1. FULL NAME OF CLAIMANT (F) Lewis Jackson	2. DATE(S) OF MOVE August 19, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2632 N. Kerby b. Apt., Floor, or Room No. <u>House</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>May 1962</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 5933 N.E. Rodney b. Apt., Floor, or Room No. <u>House</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved) (5 rooms)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 220.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

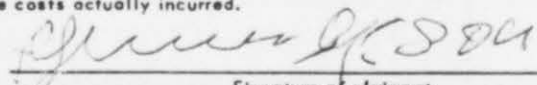
b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

8-19-71
Date


Signature of claimant

DATED this 19 day of Aug 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 2632 N
Kerby, 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.

(firm name)

by: James J. K. 904

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

August 6, 1971

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

Re: 5933 N.E. Rodney 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 two-story, wood frame, four bedroom, single-family dwelling and detached garage at the above address.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:mfm

Lewis Jackson

*Rec'd
8-9-71*

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 968 G

DATE August 5, 1971

PAY TO Pioneer National Title Insurance Co.

\$ 7,250.00

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 Account for Lewis Jackson, replacement housing payment per claim filed. 2632 N. Kerby to 5933 N.E. Rodney	\$7,250.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments EH (RHP)	\$7,250.00

Handwritten initials/signature

Handwritten initials/signature

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (If Applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT.

(as shown in deed to displacing agency or in condemnation proceeding)

Lewis Jackson

3. DATE OF DISPLACEMENT

2. Family

Individual

4. DWELLING UNIT FROM WHICH YOU MOVED

#E-3-9

a. Address: 2632 N. Kerby
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:

Month-Day-Year

c. Check one:

Single-family dwelling unit

Two-family dwelling unit

2 Number of Bedrooms

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?

Yes

No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 5933 N.E. Rodney
Portland, Oregon

b. Number of bedrooms: 2

c. Purchase price: \$ 13,000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: Month-Day-Year

(2) Date you moved into this dwelling: Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: Month-Day-Year

(2) Date of settlement: Month-Day-Year

(3) Date you expect to occupy: Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

August 2, 1971

Date

Lewis Jackson
Signature of Owner-Occupant

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

NAME OF CLAIMANT

Lewis Jackson

NAME OF DISPLACING AGENCY

Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.**DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)*

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

YES NO

X

Initial Date of Ownership:

Date of Acquisition:

May 1962

Month-Day-Year

Month-Day-Year

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

X

Initial Date of Ownership:

Date of Initiation of Negotiations:

Month-Day-Year

Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?

Initial Date of Ownership:

Date of HUD Approval of the Project:

Month-Day-Year

Month-Day-Year

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

X

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-Year

Month-Day-Year

Month-Day-Year

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

(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

X

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

Month-Day-Year

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant, or the actual purchase price of the replacement dwelling whichever is less. <i>(From approved Form HUD-6155)</i>	\$ 13,000
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 5,750
3. Line 1 minus line 2.	\$ 7,250
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is 15,000 or more, enter 15,000; if amount on Line 3 is less than 15,000, enter amount on Line 3.)</i> Uniform Relocation Act of 1970	\$ 7,250
5. Amount of any Additional Relocation Payment, * previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 7,250

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment of the amount shown on Line 8 above is authorized.

8-3-71
Date


Authorized Signature

WARRANT			
RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT
	8/5/71	9686	\$ 7,250.00



OREGON ASSOCIATION OF REALTORS
OFFICIAL EARNEST MONEY AGREEMENT

Portland Oregon, July 13 19 71

Received of Louis J. Jackson and Betty B. Jackson
hereinafter called "purchaser" in the form of check, cash, note, \$ 100.00
as earnest money and part payment for the purchase of the following described real
estate situated in the City of Portland County of Multnomah
and State of Oregon, to wit: Lot 8, Block 34, Piedmont Addition otherwise known as 5933 N. Rodney St.

together with the following described personal property None

which we have this day sold to the said purchaser, subject to the approval of the seller,
for the sum of Thirteen thousand and no/100 Dollars \$ 13,000.00
on the following terms, to wit: The sum hereinabove received for, of One hundred and no/100 Dollars \$ 100.00
on 19 as additional earnest money, the sum of Dollars \$
on Owner's acceptance Dollars \$
Upon acceptance of title and delivery of deed or contract, the sum of Dollars \$ 12,900.00
The balance of Twelve thousand nine hundred and no/100 Dollars \$
payable as follows: Attached
See addendum to this agreement

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the conditions of title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein received for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and 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 ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein received for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents, and Matters of public record

All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antenna, curtain, towel and drapery rods, shades and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except No exceptions

are to be left upon the premises as part of the property purchased.
Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other matters as of the date of delivery of possession, unless otherwise stated. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

SELLER AND PURCHASER AGREE THAT SUBJECT SALE will be closed in escrow, the cost of which shall be shared equally between seller and purchaser.

Possession of the above described premises is to be delivered to the purchaser 13 days from the delivery of deed or contract above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: 1600 S. W. Fourth Realtor's Phone: 224-5678 or 234-9693
Stan Wiley, Inc. Realtor By: _____

AGREEMENT TO PURCHASE

Date July 13 19 71

I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a period of 13 days hereafter, to secure Seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of Louis J. Jackson and Betty B. Jackson

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

Address: 2632 NW Kerby PURCHASER [Signature]
Phone: 251-7445 PURCHASER [Signature]

AGREEMENT TO SELL

Date July 14 19 71

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date of aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named Realtor for services a commission of \$ One Hundred Ten & no/100 Dollars

I authorize said Realtor to order title insurance and, if sale not completed, to pay any cost thereof and to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients Trust Account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor

Address: 145 Kelly Lane, Petaluma Calif SELLER [Signature]
Phone: 707-763-0172 SELLER [Signature]
O A R 999

THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

PURCHASER'S COPY WITH SELLER'S ACCEPTANCE

ME

Addendum to Earnest Money Agreement dated

July 13 1971

and relative to sale of property at 5933 N. Rodney St., Portland, Oregon

Balance of \$12,900.00 payable as follows: in cash from funds granted or allowed by the Real Estate and Relocation Departments of the Portland Development Commission and having to do with displaced persons whose displacement is or will be brought about by an existing expansion project of Emanuel Hospital, Portland, Oregon.

This offer is contingent upon the following specific repairs to the property and the cost of which repairs shall be paid by the seller:

- 1) Repair the crack in the cement floor of the front porch between the front door and the front steps.
- 2) Replacement of all broken glass in windows and doors
- 3) Installation of a relief valve in the electric hot water tank as presently required by code.
- 4) Replacement of rusted down spouts and or eaves gutters.

In the event that the property after inspection by the city for safety and sanitation should prove to be unacceptable to the Portland Development Commission the earnest money hereinabove received for shall be returned to the purchasers and this agreement shall be of no further binding effect.

It is also understood and agreed that if the funds in payment of the purchase price of the property are not forthcoming before the end of 60 days from the acceptance of this offer by the seller the earnest money hereinabove received for shall be returned to the purchasers and this agreement shall be of no further binding effect.

x *[Signature]*
 x *[Signature]*
 x *William H. Gardner*
 x *[Signature]*



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

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

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) <u>Louis Jackson</u>	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED E-3-9

a. Address: 2632 N. Kerby
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:
May 1962
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit
2 Number of bedrooms

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

e. Number of bedrooms

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 5933 N.E. Rodney
Portland, Oregon

b. Number of bedrooms: 2
Number of bedrooms needed by tenant

c. Purchase price: comparable \$ 13,000
Ave. Sales Price for dwelling suitable for claimant 14,639

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: _____
Month-Day-Year

(2) Date you moved into this dwelling: _____
Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: _____
Month-Day-Year

(2) Date of settlement: _____
Month-Day-Year

(3) Date you expect to occupy: _____
Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

_____ Date

_____ Signature of Owner-Occupant

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant, or the ^{actual purchase} price of the replacement dwelling ^{whichever is less.} (From approved Form HUD-6155)	\$ <u>13,000</u> 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ <u>5,750</u>
3. Line 1 minus line 2.	\$ <u>7,250</u> 8,889
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000 ; if amount on Line 3 is less than \$5,000 , enter amount on Line 3.) Uniform Relocation Act of 1970	\$ <u>7,250</u>
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total (line 5 and 6)	\$ _____
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ <u>7,250</u>

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment of the amount shown on Line 8 above is authorized.

Date

Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT
	NAME OF DISPLACING AGENCY

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

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

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	YES	NO
Initial Date of Ownership: _____	Date of Acquisition: _____	
	<i>Month-Day-Year</i>	
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Initial Date of Ownership: _____	Date of Initiation of Negotiations: _____	
	<i>Month-Day-Year</i>	
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?	<input type="checkbox"/>	<input type="checkbox"/>
Initial Date of Ownership: _____	Date of HUD Approval of the Project: _____	
	<i>Month-Day-Year</i>	
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of Displacement: _____	Date of Purchase of Replacement Housing: _____	Date of Occupancy of Replacement Housing: _____
	<i>Month-Day-Year</i>	
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 (Form HUD-6141.2).)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date previously substandard dwelling was inspected and found to be standard: _____		
<i>Month-Day-Year</i>		

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i>	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: _____
2632 N. Kerby

b. Date you first occupied this dwelling unit as the owner:
May 1962
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): _____
5933 rd. Rodney

b. Number of bedrooms: _____ 2

c. Purchase price: _____ \$13000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: _____ *Month-Day-Year*
(2) Date you moved into this dwelling: _____ *Month-Day-Year*

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: _____ *Month-Day-Year*
(2) Date of settlement: _____ *Month-Day-Year*
(3) Date you expect to occupy: _____ *Month-Day-Year*

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

_____ Date

_____ Signature of Owner-Occupant

Jackson,

5933 N. Rodney

corner Amersworth

Living Fireplace

Dinning

Kitchen

#1 Bdr room 1st

#2 Bdr room "

#3 Bdr room 2 fls Bed Size

#4 Bdr room " X Large

FCB

Heat

Bath - Tub + Shower

220 hoodup for Dryer

Double Garage

Rail on Basement step

Safety Release Valve + Drain

Hot water heaters.

Jim

6/11/71

Mayfair agent John Miller called. He has house at 3724 N. Commercial which he has shown to Mr. & Mrs. Jackson. They seem to like it according to Mr. Miller. Price would be about \$10,950 - 2 Bedrm FCB. John Miller

777-3391 or 253-9922

We offered \$5750 for house in ~~past~~ project.

Stan

13.800

5.750

2.150

DHP

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL E-3-9

NAME JACKSON, Lewis ADDRESS 2632 N. Kerby APT NO. _____
(mixed)

PHONE 281-7445 INITIAL INTERVIEW _____ SEX M W NW AGE 62

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 9 yrs. may 1962

FAMILY COMPOSITION

Name	Relation	Age
Betty B.	wife	49

Employer: Name _____ \$ _____
 Address _____
 MCH/ Caseworker _____
 Social Security _____
 VA. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____
 State Ind. Accident _____ 200.00
TOTAL MONTHLY INCOME _____

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

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

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

REMOVED FROM CASELOAD: (Date) _____
 Refused assistance _____
 Relocated in:
 Low-rent public housing _____
 Other perm. public housing _____
 Standard priv. rent hsg. _____
 Sub-standard priv. rent hsg. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD:
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA within project: _____
 Address _____
 outside project: _____
 Address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 5433 N.S. Rodney Zip _____ Phone 283-2709

DATE	NOTES	C/W
1/15/71	Flyer delivered by Jim Crolley. Mrs. Jackson said they "let their attorney handle all affairs". Appeared indifferent.	
2/19/71	Survey: Will buy comparable in NE (Irvington) 3 bedrooms	JC
5/21/71	Atty. Gary Peterson called. Please contact Mr. Jackson. Mr. Peterson said someone had tried to talk to Mr. Jackson but Jackson refused until he could talk to his atty. Mr. Peterson seemed very cooperative.	JC
5/27/71	Talked to Mr. & Mrs. Jackson, explained the sales price and relocation benefits. They will get a doctor certification for 2 bedroom. Explained RHP - they will start looking for a house.	JC

7

Own/acc.

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R-20 PARCEL E 3-9

NAME Jackson Lewis ADDRESS 2632 N Kerby APT NO. _____

PHONE 381-7445 INITIAL INTERVIEW _____ SEX M W NW AGE 62

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 9 yrs

FAMILY COMPOSITION

Name	Relation	Age
<u>Betty E.</u>	<u>wife</u>	<u>49</u>

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____
SIFC 200.00
 TOTAL MONTHLY INCOME _____

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

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

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1/15/71 flyer delivered by James Crotley. Mrs. Jackson
said they "let their attorney handle all
affairs." Appeared indifferent.

2/19/71 survey: title being comparable in price (Cincinnati),
3 Adams - JC

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 Date of survey 2/19/71 Tabulator Date tabulated
 Dwelling Unit No. 12 Structure No. 8 Census Block No. 75 Census Tract No. 22A
 Street Address 2632 N Kerby Apartment No.

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

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date
 - c. Other reasons

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Jackson Lewis</u>	<u>Head of household</u>	<u>62</u>	<u>M</u>	<u>Retired</u>
2.	<u>Betty B</u>	<u>wife</u>	<u>49</u>	<u>F</u>	<u>Housewife</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>SIAC</u>	<u>\$ 200.00</u>	<u>\$ 200.00</u>
<u>Total family or household income per month</u>	<u>\$</u>	<u>\$</u>

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

1. Location (indicate approximate cross streets) N.E. Irvington
2. Transportation, number of autos owned —, use bus , walk wants need bus
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 3, 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

date on site: 9/9/71

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

Analyst OC Date 2/19/71 Surveyed 2/19/71 Tabulator _____ Date _____
 Dwelling Unit No. 12 Structure No. 8 Census Block No. 75 Census Tract No. 22A
 Street Address 2632 N Kerby Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>Lewis Jackson</u> <u>2632 N Kerby</u>	NAME & ADDRESS OF OWNER <u>Lewis Jackson</u> <u>2632 N Kerby</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>281-7445</u>	TELEPHONE: <u>281-7445</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

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

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/3/67 Date of last appraisal
1984 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1560</u>	\$ _____
Improvements	<u>1450</u>	_____
Total	<u>3010</u>	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

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

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

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

1 1-25950-0420 JACKSON, LEWIS & BETTY B

13

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

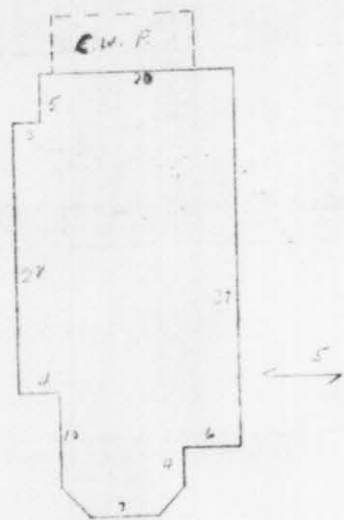
2632 N KERBY ST
 PORTLAND, OREGON

97227

EVANS ADD LOT BLOCK
 EXC PT IN HWY 3 3

PROPERTY ADDRESS: 2632 N KERBY AVE
 PORTLAND

APPEALS:



AVE. OR ST

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			1500	1400	2900	2130 12 18 66
1971			1560	1450	3010	UD

N. Kerby AVE. OR ST
 FRONT OF BUILDING



AGENT O A P
 CONC. one not best land use
 CONC. O A P
 REMARKS 1968 Dist RIA

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED	DEPUTY
MAY 29 1968							
BY BEANOR							

LAND APPRAISAL 19 **68**

MARKET DATA			
IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE
D	1963	1250 Estate sell	

ACCOUNT NO	1-20950-2420		
CLASS	3	STORY	1
AREA	940		
ADDRESS	2632 N. Kirby	BASE FACTOR	3400
FIN	Con	Br	WP
BSMT	Full	1 2	1 4
BSMT ROOMS		lav	Both
FLOORS	D	Y	1 6
ROOF	H	F	Alum. Comp. Slig. Shk. Tile
EATER	B	S	Slab Siding Blk. Stucc. Brk. P.D.
INTER	LAP	Drywall	Trim Air Hdwr R A
PLUMB G FACILITY	Sink	DW	Toil W.B. Tub Enc Shower Enc S Lavn W.H.
Quantity	1	1	1

MONTHLY RENTAL \$	X GRM	= S	IND. VALUE
ZONING		SITE ADJUSTMENTS	
	ROAD TYPE	D G	
	TOPOGRAPHY	1' A.C.	
AREA IMPROVEMENTS	VIEW		
SIDEWALKS & CURBS	OTHER		
WATER	DEPTH FACTOR		
SEWERS	STANDARD DEPTH		
OTHER	EFFECTIVE DEPTH		

HEAT	H.W.	Pkge.	Pipe	Floor	Oil	Gas	Elect.	H.A.	940
FIREPLACE	Ins.	O.S.	S	D	T	1-Story	2-Story	Flue	
ATTIC	Unf.	Fin.	BR	Bath	lav	H	3 4	1 2	1 4
2ND STY		BR	Bath	lav	H				
BAYS									
MISC.									
MISC.	V.F. & H.	R. & O.	V.F.	Tile					
OUTSIDE	100' Conc.	BT	Sprinkler	Y.L.					

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D. UNIT VALUE	VALUE
25 x 90 # 20x	0.90	3930	S Loc		420
		3537	- 2000		1537

BEST ROOF	GARAGE	TOTAL
Rec. Hall	Class	9160
Serv. Hall	Type	1700
liv. Rm.	Dim. X	2990
Din. Area	M.P.S.	1438
Fam. Rm.	AREA	
Nook	Fdn.	
Kitchen	Floor	
Utility	Const.	
2 Bedrooms	Roof	
Bath	Misc.	
lav		
Den		

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ. %
	TOTAL APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRaiser	DATE
7A	5 3 67

TOTAL DEPRECIATED REPLACEMENT COST		1438
MISC.	ADJUSTMENT	19 68
Dim. X	BUILT 1884	Age 28
Fdn.	PERM NO	19 APPR. VALUE
Const.	PREV APPR 1962	19 APPR. VALUE
Roof	D.R. RM MO	19 APPR. VALUE
MISC.	RENTAL	19 APPR. VALUE
Dim. X		19 APPR. VALUE
Fdn.		19 APPR. VALUE
Const.		19 APPR. VALUE
Roof		19 APPR. VALUE