

PROJECT RELOCATION EMANUEL BUSINESS AND INDIVIDUAL FILES (CONT.)

PAGE 1 OF 6

	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 EMAN Parcel No. E-4.8 Advisor _____
 Client's Name JOHNSON, Lucille Phone _____
 Address 321 N Russell Ethn B Age 74
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Economic Data

Total Number In Family 1
 _____ wife, husband

Employer PRIVATE NURSING \$ 50- (EST.)
 Address _____

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income _____ \$ 500-
 _____ \$ _____
 Total Monthly Income \$ (550-)

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 4-6-72 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property _____ 11 YRS.
 Date of Acquisition _____
 _____ 4-13-72
 _____ 6-2-72
 Date of letter of intent _____
 Date of move _____ 6-15-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1902

Size of Habitable Area 836

Furnished with claimant's furniture
 YES NO

2344 TOTAL

Total Number of Rooms 5 ^{4 UNITS} Rent Paid \$ _____ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 17,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 4735 NE 14th PL. LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1958 DUPLEX

Size of Habitable Area 2168 (1584 BASEMENT)

No. of Rooms 5 No. of Bedrooms 2

EACH UNIT

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 26,950

Rent \$ _____

Taxes \$ 614.13

Utilities \$ _____

RHP or TACO (including incidental costs) \$ 9,225

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

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 JOHNSON, Lucille RELOCATION ADVISOR JC
 ADDRESS 321 N. Russell PHONE 284-8301 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN _____ AGE (74) PARCEL NO. E-4-8
 MARITAL STATUS _____ TENURE owner
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 6-6-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>11 years</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>6-2-72</u>

ECONOMIC DATA

Employer (private nursing) \$ 50.00 est.
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other Booker T. Thomas Portland Univ. 500.00 est.
(cook)
 TOTAL MONTHLY INCOME \$ 550.00 est.

FAMILY COMPOSITION

Name	Relation	Age
Booker T. Thomas	son	53

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area 836 sq. ft.

Age of Structure 1902 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 4735 N. E. 14th Place Phone _____ Date of Move 9-5-72

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___
 Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 26,950
 Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	431 EH	6/14/72	\$ 9,225.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	431EH & 432EH		\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ 9,225.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 9,645.00

REALTOR: _____ ESCROW CO. Pioneer National OFFICER Jean Egberg

INTERVIEW REGISTER

Relocation
Worker

Date	
1/15/71	FLYER: Delivered by James Crolley
2/11/71	SURVEY: Will buy comparable housing in N.E. area.
6/6/72	<p>Had a 1:30 appointment with Mrs. Johnson, but when I went by she would not answer the door. Mrs. Cage seemed to be in her apartment but she did not respond either. I went to legal aid to see Jim Barnes to see if he could help. He had been trying to reach her also. He suggested that I get in touch with Fredericka Corley and have her to call him so she would have his approval and a go ahead. We went back to Mrs. Johnson's house and she was gone but Mrs. Cooper and Mrs. Cage were there. They refused to sign any paper. Corley told them what Barnes had said. They evidently had talked to Mrs. Warren and were waiting for her okay. Fredericka told them they had better forget Mrs. Warren and take care of their own business. That she was sick and tired of coming down there and their not signing anything. She has given up on all three of them. She told Barnes to make all arrangements.</p>

April 13, 1972
4 p.m.

Mrs. Lucille Johnson

Present - Mrs. Warren, Bob Nelson, Harold Hand, Dean Brus, Jim Barnes,
Jim Crolley

Mrs. Johnson was explained the solution for settling her title difficulties and was advised by Jim Barnes to accept and go ahead and sign the option papers. Also signed an amendmum to extend possession time from 30 days after closing to 40 days after closing. Signed for her rent receipt book to check on rent income. Discovered in looking through the book that Eloise James, Etta Wood, moved out of Mrs. Johnsons house August 1970 - Mrs. Bertha Cooper moved in April 1971. Therefore, Mrs. Cooper will be eligible for moving expenses only. Eloise Woods would not be eligible for anything.

JC

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-8

Payable to: Pioneer National Title Ins. Co.

	Amount
For: <input checked="" type="checkbox"/> RHP for Homeowners	\$ <u>9225.00</u>
<input type="checkbox"/> Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ _____; Annual amount.	\$ _____
or Purchase:	\$ _____
<input checked="" type="checkbox"/> Fixed Moving Payment	\$ <u>200.00</u>
<input type="checkbox"/> Dislocation Allowance.	\$ _____
<input type="checkbox"/> Actual Moving Costs.	\$ _____
<input type="checkbox"/> Storage Costs (if separate claim).	\$ _____
<input type="checkbox"/> Business: Moving Expenses.	\$ <u>2,500.00</u>
<input checked="" type="checkbox"/> Business: In Lieu Payment.	\$ _____
<input type="checkbox"/> Business: Storage Costs.	\$ _____
<input type="checkbox"/> Business: Loss of Property	\$ _____
<input type="checkbox"/> Business: Searching Expenses	\$ _____
Name of Client <u>Lucille Johnson</u>	Less - \$ _____*
Move from <u>321 N. Russell</u>	Total \$ <u>11,945.00</u>

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

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-8

Payable to: Lucille Johnson

	Amount
For: <input type="checkbox"/> RHP for Homeowners	\$ _____
<input type="checkbox"/> Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ _____; Annual amount.	\$ _____
or Purchase:	\$ _____
<input checked="" type="checkbox"/> Fixed Moving Payment	\$ <u>200.00</u>
<input checked="" type="checkbox"/> Dislocation Allowance.	\$ _____
<input type="checkbox"/> Actual Moving Costs.	\$ _____
<input type="checkbox"/> Storage Costs (if separate claim).	\$ _____
<input type="checkbox"/> Business: Moving Expenses.	\$ _____
<input type="checkbox"/> Business: In Lieu Payment.	\$ _____
<input type="checkbox"/> Business: Storage Costs.	\$ _____
<input type="checkbox"/> Business: Loss of Property	\$ _____
<input type="checkbox"/> Business: Searching Expenses	\$ _____
Name of Client <u>Lucille Johnson</u>	Less - \$ _____*
Move from <u>321 N. Russell</u>	Total \$ <u>200.00</u>

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 431 EH

DATE June 14, 19 72

PAY TO **Pioneer National Title Insurance Co. and Lucille Johnson**

\$ 11,945.00

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 Lucille Johnson, Relocation Payments per claim filed. Move from 321 N. Russell (E-4-8). Lump sum RHP \$9,225.00 Fixed payment - own furniture 220.00 XXXXXXXXXXXXXXXXXXXX In lieu business payment <u>2,500.00</u>	<u>\$11,945.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$11,945.00
	(RHP \$ 9,225.00)	
	(Fixed payment - Individual 220.00)	
	(In lieu business payment 2,500.00)	

JMS

June 7, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

This is to authorize you to make my checks as follows payable to Pioneer National Title Insurance Co.:

Replacement Housing Payment	\$ 9,225.00
In Lieu Business Payment	2,500.00
Relocation Allowance	200.00
Fixed Moving Expense Payment	220.00

and to deposit said amounts in my escrow account at the main office of said Pioneer National Title Insurance Co. to be used on the purchase of the property at 4723 N. E. 14th Place, Portland, Oregon.

35

Lucille Johnson

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (if applicable)

Emanuel Hospital Project
PROJECT NUMBER: ORE R-20

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

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) 2. DATE OF DISPLACEMENT:

JOHNSON, Lucille

Family Individual

Parcel No. E-4-8

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 321 N. Russell, Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner 1960
Month-Day-Year
3. Number of bedrooms in the dwelling 2
4. Date of initiation of negotiations for local agency acquisition of dwelling _____
5. Payment made by local agency for the dwelling \$ 4,250.00 (see memo)

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
4733 N. E. 14th Place, Portland, Oregon 97211
7. Number of bedrooms in replacement dwelling 2
8. Purchase price of the replacement dwelling \$ 19,475.00 (see memo)
26,950

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

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

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

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

6-7-72
Date

Lucille Johnson
Signature of Owner-Occupant(s)

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

NAME AND ADDRESS OF CLAIMANT:

Lucille Johnson
4733 NE 14th Place
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

PDC

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

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

Initial Date of Ownership: 1960 Date of Acquisition: _____
Month-Day-Year Month-Day-Year

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

Initial Date of Ownership: 1960 Date of Initiation of
Negotiations: _____

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

Date of Displacement: 9-5-72 Date of Purchase of Replacement
Housing: _____

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

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

Issuance Date of Mortgage: _____ Date of Discharge of
Mortgage: _____

Date of Initiation of Negotiations: _____

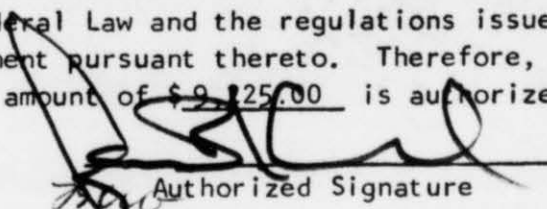
5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

6. CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 9,225.00 is authorized.

6-13-72

Date


Authorized Signature

7. RECORD OF PAYMENT

Date of Payment: 6/14/72 Check No. 431 EH Amount: \$ 9225.00

WORKSHEET FOR RHP CLAIM FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME _____

PROJECT NO. _____

Full name Amelia Johnson

Family Family Individual

Date of Displacement _____

Parcel No. E-4-8

A. I Address of unit from which you moved 321 N. 12th St
 Date you first occupied as owner-occupant 1960
 Number of bedrooms 2 Date of initiation of negotiations _____
 Payment made by local agency for this dwelling \$ 4250

A. II Address of unit to which you moved 4735 N.E. 14th Place
 Number of bedrooms 2 Purchase price of replacement dwelling \$ 26,950 2/2
 Date you signed purchase agreement 17 Mar 72 13.475
 Date of settlement _____
 Date you expect to occupy _____
 Compute RHP on schedule comparative

- B. Interest Payment.
1. Outstanding mortgage on original dwelling \$ _____
 2. Number of monthly payments remaining on mortgage: _____
 3. Annual interest on mortgage of original dwelling _____ %
 4. Annual interest rate of mortgage on new dwelling _____ %
 5. Prevailing interest rate on passbook savings _____ %

C. Incidental expenses.

Item	Charged to Claimant	Paid by Claimant	Claimed	Approved
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

1. Did client own dwelling at time of acquisition Yes No
 Initial date of ownership 1960 Date of acquisition _____
2. Did client own and occupy 180 days prior to negotiations? Yes No
3. Did client purchase and occupy replacement housing within one year from date of displacement Yes No
 Date of displacement _____
 Date of purchase of replacement housing 17 Mar 72
 Date of occupancy of replacement housing _____
4. Did claimant have a bona fide mortgage on his dwelling 180 days prior to negotiations? Yes No
 Issuance date of mortgage _____
 Date of discharge of mortgage _____
 Date of initiation of negotiations _____
5. Is replacement dwelling standard Yes No

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

NAME AND ADDRESS OF CLAIMANT

Johnson Lucille

COMPUTATION PREPARED BY:

Crosley
Name

4-13-72
Date

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

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 9,225
2. Plus interest payment (Block C, Step 4, Last line) + \$ _____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ _____
4. Total (Sum of Lines 1, 2, and 3) \$ _____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ _____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$9,225

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

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$26,950. ÷ 1/2 = 13,475.
2. Cost of comparable replacement dwelling
(Cost based on:
 Schedule Comparative Other) \$14,639.
3. Acquisition payment made by agency for claimant's former dwelling \$17,000 ÷ 1/4 = 4,250

Computation

4. Line 1 or Line 2, whichever is less \$13,475
5. Minus Line 3 - \$4,250
6. Amount of differential payment \$9,225

Pioneer National Title Insurance Company

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

Esc. No. 391357 Branch Telephone: _____
ESCROW STATEMENT June 13 1972


JOHNSON, LUCILLE

PROPERTY ADDRESS 321-327 N. Russell

DESCRIPTION	Debit	Credit
	\$	\$
Demand Deposit for assignment		17,000
Title Insurance Policy No.		
Escrow Fee		
Taxes 1971-72 pro rate on \$271.68 from closing to 6-30-72		18 75
Documentary Stamp Tax	13 20	
City Liens		
Reconveyance		
RECORDING		
Deed to		
Deed Thompson to Johnson	2	
Mortgage to		
Trust Deed to		
Release of Mortgage Johnson to Benefical Finance	2	
Reconveyance		
Contract between and		
____ % Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Charles N. Walker for Contract of Sale bal.	5,093 85	
Paid City of Portland for water bill	11 48	
Beneficial Finance release	1,714 32	
Hold in escrow	200	
Balance - Our Check Herewith	9,981 90	
Balance - Debit		
TOTAL	17,018 75	17,018 75

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

Pioneer National Title Insurance Company

By 
 Jim Gillingham, Escrow Officer

Pioneer National Title Insurance Company

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

Esc. No. 392782 Branch Telephone: _____
ESCROW STATEMENT June 20 19 72

JOHNSON, Lucille

PROPERTY ADDRESS 4733 and 4735 N.E. 14th Place

DESCRIPTION	Debit		Credit	
	\$		\$	
Contract balance			5,110	39
Credit for funds transferred from Escrow #371357			9,981	90
Deposit Deposit by Portland Development Commission			11,945	00
Title Insurance Policy No.				
Escrow Fee share		38 50		
Taxes 1971-72 pro-rata share from 6-15-72 to 7-1-72 \$614.13		25 59		
Documentary Stamp Tax		29 70		
City Liens				
Reconveyance				
RECORDING				
Deed to				
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between Peters and Johnson		4 00		
% Interest Adjustment on \$ from to				
Annual Premium--\$90.00 Home Owner's Insurance pro rata on \$ 25,000.10 from 6-15-72 to 2-27-73		63 00		
Paid for real estate commission				
Paid Arden L. Peters et ux for Contract Sale		26,950 00		
Paid for				
Rental pro-rata from 6-15-72 to 7-1-72			73 50	
Balance - Our Check Herewith				
Balance - Debit				
TOTAL		27,110 79	27,110 79	

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

Pioneer National Title Insurance Company

By Jean Egle

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 432 EH

DATE June 14, 19 72

PAY TO **Lucille Johnson**

\$ 200.00

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
		Reimbursement per claim for relocation payment filed. Move from 321 N. Russell (E-4-8). Dislocation allowance	\$200.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Dislocation allowance)	\$200.00

L Lucille Johnson

JMS

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

Lucille Johnson
473 N. E. 14th Place
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

PDC

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 ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>220.00</u>			<u>6-13-72</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
<u>6/14/72</u>	<u>431 EH</u>	<u>\$ 220.00</u>			\$
<u>6/14/72</u>	<u>432 EH</u>	<u>200.00</u>			

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Lucille Johnson Project _____
2. Date(s) of move _____ Parcel No. 248
3. Dwelling unit from which you moved:
 Address 321 W. Russell No. of rooms 5
 Furnished Unfurnished Date you moved into this unit 1960
4. Dwelling unit to which you moved:
 Address 4735 The 14th Place
 Were goods moved to or from storage? Yes No

5. Total claim \$ 220.00

 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
- | | | <u>Approved</u> |
|------------------------------------|----------|-----------------|
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

Lucille Johnson
 321 N. Rusk
 Personal aptmt.

6-5-73

Dwelling Unit Inventory

QUANTITY	
<u>2</u>	Beds & Springs
<u>11</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>3</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
<u>11</u>	Buffet
<u>2</u>	Chest of Drawers
<u>1</u>	Coffee Table
<u>1</u>	Couch
	Davenport
	Desk
<u>1</u>	Dining Table
<u>4</u>	Dining Chairs
<u>1</u>	Dresser
<u>2</u>	End Table
	Floor Lamp & Shade
<u>1</u>	Mirror

QUANTITY	
	Night Stand
<u>11</u>	Occasional Chair
<u>1</u>	Overstuffed Chair
	Overstuffed Rocker
<u>1</u>	Range <i>Kammar</i>
<u>1</u>	Refrigerator: Brand <i>Norg-e</i>
	Rocker
<u>11</u>	Rug & Pad: Size <u>12x12</u>
<u>1</u>	Stool
<u>111111</u>	Table Lamp & Shade
<u>1111</u>	Table, small
	Vanity & Bench
<u>2</u>	Suitcases
<u>1</u>	Trunks
<u>50</u>	Cartons, Boxes, Etc.
<u>2</u>	Clothes, <i>Closets</i>
<u>8</u>	Bedding & Linens

Miscellaneous (List Items)

TV	TV
<u>1</u>	Book Case
<u>1</u>	Flower Tray
<u>111</u>	Record Player
<u>1</u>	Record Cabinet
<u>1</u>	Freezer

<u>1</u>	China Cabinet
<u>1</u>	Upholstery
<u>1</u>	oil Circulator
<u>1</u>	Pole Lamp
<u>11</u>	Radios
<u>1</u>	Vacuum Cleaner
<u>2</u>	Lawn Chairs
<u>1</u>	Barberque <i>Stove</i>

COMMENTS: Washer
 1 Dryer
 1 Lawn mower

PP 2
LUCILLE JOHNSON

EMMANUEG

FOUNDED 1850 · PURELY MUTUAL



NATIONAL LIFE INSURANCE COMPANY

MONTPELIER, VERMONT 05602

April 10, 1972

LAW DEPARTMENT

RECEIVED
APR 12 1972
PORTLAND DEVELOPMENT COMMISSION

Richard D. Perkins
Real Estate
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Perkins:

Re: Booker Terreal Thompson
Lot 17, Block 36, MULTNOMAH
Judgment 12/30/65 Loan No. 324745

I have your letter of April 6, 1972 requesting advice as to the disposition of the captioned judgment.

I enclose a copy of the Assignment whereby said judgment was assigned to the Administrator of Veterans Affairs. On the same date this Company also assigned the Sheriff's Certificate of Sale to the VA. These assignments were sent to the Loan Guaranty Officer at the Regional VA Office in Portland.

The VA number on this loan was LH-45357-Ore.

Insofar as National Life is concerned we have been paid in full for this loan and we have no further claims on the property or on Mr. Thompson.

I hope that this information will be of some assistance to you.

Very truly yours,

NORMA P. AMBROSE, Title Examiner
(Mrs.)

/na
enc

LUCILLE JOHNSON

BENEFICIAL FINANCE CO.

TELEPHONE: 223-0137

OF OREGON
APR 20 1972

PORTLAND DEVELOPMENT COMMISSION

GR. FL., PITtock BLOCK
923 SOUTH WEST WASHINGTON STREET
PORTLAND, OREGON 97205

April 25th, 1972

TO Portland Development Commission
FROM: Beneficial Finance Co.

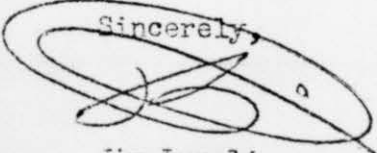
RE: Mortgage Recorded in favor of Reynolds Alum. Credit Corp.
and Booker Terreal Thompson

The above mortgage was assumed by Beneficial Finance Co. from
Reynolds Aluminum Credit Corp. The current unpaid balance now
owing is: 1,710.00

This account expired April 1972 at that time this account should
have been paid in full and the balance remaining represents a
deficiency balance which is now due and payable in full.

If you have any questions please feel free to call me at any
time.

Sincerely,



Jim Lupoli
Manager

CC; File

BENEFICIAL
FINANCE SYSTEM



**Beneficial
Finance
Income Tax
Service**

August 15, 1972

Mr. And Mrs. Calvert Harris
4733 N. E. 14th Place
Portland, Oregon 97211

Dear Mr. and Mrs. Harris:

You were notified by mail on July 7, 1972, and a copy was hand delivered to you on July 17, 1972, to vacate the property at 4733 N. E. 14th Place.

This letter is to reaffirm the intended action of requiring relinquishing possession of the said property by the close of the day of August 16, 1972. If possession is not forthcoming at that time, legal action, i.e. eviction by the sheriff, will be necessary immediately. At that time also, rent for the period July 1, 1972 to August 16, 1972 in the amount of \$135.00 rent for July, plus \$12.00 for oil prorated and \$67.50 rent and \$6.00 oil prorated for August, 1972 for a total of \$220.50, will be delinquent and past due.

I would prefer that legal action would not be necessary, but since I have not been able to collect rent, nor occupy the premises and I am losing monies that are essential for me to purchase property, this action is in order.

Sincerely,

Lucille Johnson

(Mrs.) Lucille Johnson
321 N. Russell
284-8301

■/LJ:cb

July 7, 1972

Mr. & Mrs. Calvert Harris
4733 N. E. 14th Place
Portland, Oregon 97211

Dear Mr. and Mrs. Harris:

As of June 15, 1972, I purchased the property that you now rent by the month, commonly known as 4733 N. E. 14th Place. (Lot 2, Block 45, Varnon).

This is to notify you to vacate the above described property not later than 30 days from date of receipt of this notice.

Also as of July 1, 1972, your rent of \$135.00 plus all pro-
ration of \$12.50 was due and payable to me.

Very truly yours,

(Mrs.) Lucille Johnson
321 N. Russell
224-8301

LJ:sb

Delivered by hand 7-17-72
Witness J.C.

July 7, 1972

Mr. & Mrs. Arden L. Peters
4735 N. E. 14th Place
Portland, Oregon 97211

Dear Mr. and Mrs. Peters:

According to my escrow statement from Pioneer National Title Insurance Co., rent for the month of June was prorated, allowing you credit for the period from June 1, 1972 to June 15, 1972 and I was given credit for the period, June 15, 1972, which is the date I hold ownership. ^{to July 1, 1972} Starting July 1, 1972 the tenants rent became due to me. I have written a notice to vacate to the Harrises and also required them to make their rent payable to me, July 1, 1972.

Very truly yours,

Lucille Johnson
321 N. Russell
284-8301

LJ:ab

DATED this 5 day of Sept 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 321
N. Russell, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Lucille Johnson
(firm name)

by: _____

211-6136

July 7, 1972

Mr. & Mrs. Calvert Harris
4733 N. E. 14th Place
Portland, Oregon 97211

Dear Mr. and Mrs. Harris:

As of June 15, 1972, I purchased the property that you now rent by the month, commonly known as 4733 N. E. 14th Place. (Lot 2, Block 45, Vernon).

This is to notify you to vacate the above described property not later than 30 days from date of receipt of this notice.

Also as of July 1, 1972, your rent of \$135.00 plus oil pro-
ration of \$12.50 was due and payable to me.

Very truly yours,

(Mrs.) Lucille Johnson
321 N. Russell
284-8301

LJ:sb

Delivered by hand 7-17-72
Witness J.C.

April 13, 1972

Addendum to Earnest Money Agreement date March 13, 1972, on my purchase of property located at 4733 and 4735 S.W. 14th Place; the date of possession is mentioned as 30 days after closing, the date of possession is to be not later than June 10th, and the pro-rations are to be June 10, 1972.

Lucille Johnson

Lucille Johnson _____ Lucille

BUREAU of WATER WORKS

1800 S.W. 6th AVENUE
PORTLAND, OREGON 97201
PHONE: 228-6141

SEND BILLING TO
PRESENT READING
DATE ONLY

PRESENT READING DATE	METER READING	100 CU. FT. USED	AMOUNT
9/13/72			7.00 SC 8.89 W-AR 25.00 S-AR 40.89 DUE

327 N Russell

ACCT. NO.	
3011-635	SA

PLEASE BRING THIS BILL WITH YOU WHEN PAYING AT WATER BUREAU OR AUTHORIZED PAY STATION.

STATEMENT

BUREAU of WATER WORKS

PORTLAND, OREGON 97201

CASHIER'S RECEIPT STUB

BILL TO: 9/13/72

STATEMENT	AMOUNT
FB	8.89 WC 32.00 SC 40.89 DUE

327 N Russell

ACCT. NO.	
3011-635	SA

NOTE!

PLEASE RETURN THIS STUB WITH PAYMENT

BUREAU of WATER WORKS

1800 S.W. 6th AVENUE
PORTLAND, OREGON 97201
PHONE: 228-6141

SEND BILLING TO
PRESENT READING
DATE ONLY

PRESENT READING DATE	METER READING	100 CU. FT. USED	AMOUNT
9/13/72	655	12	3.15 WC 10.50 SC 3.10 W-AR 5.10 S-AR 21.85 DUE

321-23 N Russell

ACCT. NO.	
3011-625	SA

PLEASE BRING THIS BILL WITH YOU WHEN PAYING AT WATER BUREAU OR AUTHORIZED PAY STATION.

STATEMENT

BUREAU of WATER WORKS

PORTLAND, OREGON 97201

CASHIER'S RECEIPT STUB

BILL TO: 9/13/72

STATEMENT	AMOUNT
FB	6.25 WC 15.60 SC 21.85 DUE

321-23 N Russell

ACCT. NO.	
3011-625	SA

NOTE!

13.65

BUREAU of WATER WORKS

1800 S.W. 6th AVENUE
PORTLAND, OREGON 97201
PHONE: 227-6141

SEND BILLING TO
PRESENT READING
DATE ONLY

PRESENT READING DATE	METER READING	100 CU. FT. USED	AMOUNT
9/13/72	929	5	3.15 WC 7.00 SC 10.15 DUE

325 N Russell

ACCT. NO.	
3011-640	SA

PLEASE BRING THIS BILL WITH YOU WHEN PAYING AT WATER BUREAU OR AUTHORIZED PAY STATION.

STATEMENT

BUREAU of WATER WORKS

PORTLAND, OREGON 97201

CASHIER'S RECEIPT STUB

BILL TO: 9/13/72

STATEMENT	AMOUNT
FB	3.15 WC 7.00 SC 10.15 DUE

325 N Russell

ACCT. NO.	
3011-640	SA

NOTE!

PLEASE RETURN THIS STUB WITH PAYMENT

15

3/32

906
908

CITY OF PORTLAND, OREGON
DEPARTMENT OF PUBLIC UTILITIES
BUREAU OF WATER WORKS
1800 SOUTHWEST SIXTH AVENUE
NOTICE THAT WATER HAS BEEN SHUT OFF

Account No.

11-62

Date _____ 19____ Amount Due 5.20

No. 321-23 N. Russell St. Avenue _____ Street _____

The water has been shut off from your premises for non-payment of the bill.
On payment AT THE WATER OFFICE, 1800 Southwest Sixth Avenue, of your water bill and the following charge for turning on, water service will be re-established.

Between 8 A.M. and 5 P.M. Monday through Friday except holidays..... \$2.00
At all other times..... \$4.00

Employees have no choice in the matter and must comply with the city ordinance

(SEE OTHER SIDE)

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BOX(S). REQUIRED FEE(S) PAID.
BCW Show to whom, date and address where delivered Deliver ONLY to addressee

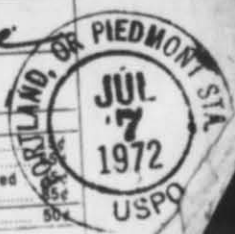
RECEIPT
Received the numbered article described below.

REGISTERED NO. _____
CERTIFIED NO. 711016
INSURED NO. _____
DATE DELIVERED 5-26-72
SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) Mat McLean
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Mat McLean
SHOW WHERE DELIVERED (only if requested) _____

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

No. 899786

SENT TO MR & MRS CALVERT HARRIS
STREET AND NO. 4733 N.E. 11th Place
P.O., STATE AND ZIP CODE PORTLAND, OREGON 97211
OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With delivery to addressee only
2. Shows to whom, date and where delivered With delivery to addressee only
DELIVER TO ADDRESSEE ONLY
SPECIAL DELIVERY (extra fee required)



PS Form 3800 Nov. 1971 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL



Pioneer National Title Insurance Company

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

June 20, 1972

OREGON DIVISION

Lucille Johnson
321 N. Russell
Portland, Oregon

ESCROW NO. 392782
RE: Abderhalden/Peters/Johnson

Gentlemen:

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

~~(xxx)~~ Statement of Receipts and Disbursements
~~(xxx)~~ Our check # in the sum of \$

() Deed recorded		Book	Page
records of	County,		
() Mortgage recorded		Book	Page
records of	County,		
(xxx) Note dated March 13, 1972		in the sum of \$ 500.00 PAID IN FULL	
() Title Insurance Policy No.		in the sum of \$	
(xxx) Fire Insurance Policy in the amount \$ 25,000.00			

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: Jean Egberg
(Mrs) Jean Egberg, Escrow Officer

jc



Pioneer National Title Insurance Company

421 S. W. STARK STREET • PORTLAND, OREGON 97204 • (503) 224-0550

JACK L. POTTENGER
MANAGER

OREGON DIVISION

You are hereby authorized to hold \$200.00 in Escrow
until such time as the Portland Development
Commission authorized you to release said funds.

Lucille Johnson
LUCILLE JOHNSON

June 15, 1972
DATE

MEMORANDUM.

Date June 15, 1972

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

Escrow Company Pioneer National Title Ins. Co.
Escrow No. 392782
Parcel No. ~~B1~~ E-4-8
Name Lucille Johnson
Moving Date _____

The above client has relocated and does occupy the property which they purchased at 4733-35 N.E. 10th Place. The City Bureau of Buildings reports that the structure complys with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 11,945.00.

James Crowley
Relocation Worker

PORTLAND DEVELOPMENT COMMISSION

**SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169**

June 15, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attn: Stan Jones

Gentlemen:

I hereby agree to have the Replacement Housing Payment for the purchase of my replacement housing to be released to the escrow account of Arden and Joan Peters upon recording of the deed per agreement of the contract of sale for the property at 47~~35~~ N.E. 14th Place. We will take possession from the seller on July 15th, 1972 and will occupy said premises no later than 5 days thereafter.

Yours truly,

Lucille Johnson

LJ/2cc to file

PORTLAND DEVELOPMENT COMMISSION

**SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8189**

June 15, 1972

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

Attn: Jean Egberg
Escrow Office

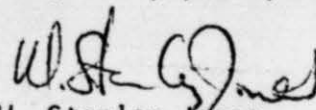
Re: Escrow No. 392782
Parcel No. E-4-8
Lucille Johnson

Gentlemen:

You have in the above - identified escrow account the sum of \$11,945.00 representing relocation payments in accordance with our previous instructions.

This is to certify that Mrs. Johnson is purchasing a standard structure which complies with city Housing Regulations at 4733 N.E. 14th Place. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mrs. Johnson.

Very truly yours,


W. Stanley Jones

WSJ/rg
2cc to file

June 15, 1972

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

Attn: Jean Egberg
Escrow Office

Re: Escrow No. 392782
Parcel No. E-4-8
Lucille Johnson

Gentlemen:

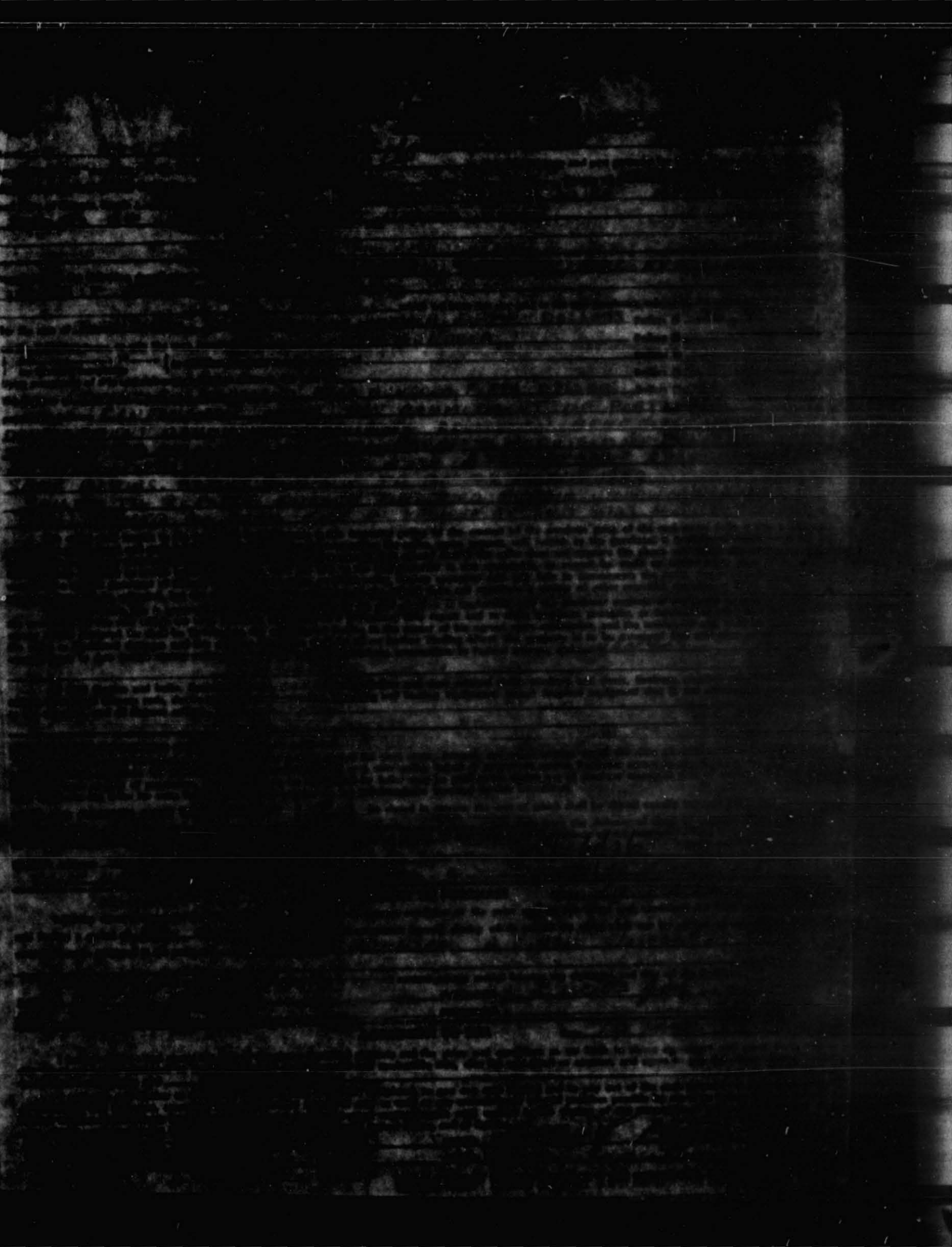
You have in the above - identified escrow account the sum of \$11,945.00 representing relocation payments in accordance with our previous instructions.

This is to certify that Mrs. Johnson is purchasing a standard structure which complies with city Housing Regulations at 4733 N.E. 14th Place. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mrs. Johnson.

Very truly yours,

W. Stanley Jones

WSJ/rg
2cc to file



PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

June 15, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Attn: Stan Jones

Gentlemen:

I hereby agree to have the Replacement Housing Payment for the purchase of my replacement housing to be released to the escrow account of Arden and Joan Peters upon recording of the deed per agreement of the contract of sale for the property at 4733 N.E. 14th Place. We will take possession from the seller on July 15th, 1972 and will occupy said premises no later than 5 days thereafter.

Yours truly,

Lucille Johnson

Lucille Johnson

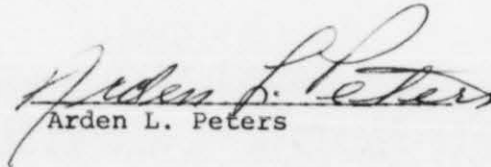
LJ/2cc to file

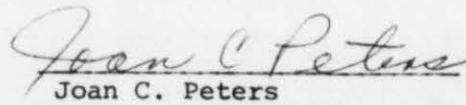
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Gentlemen:

We hereby agree to give Mrs. Lucille Johnson possession
of premises located at 4735 N.E. 14th Place on or before
July 15, 1972.

Dated: June 15, 1972


Arden L. Peters


Joan C. Peters



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.

Portland Development Commission
1700 S.W. 4th
Portland, Oregon

O.P. \$ 17,000 Prem. \$ 105.00
M.P. \$ _____ Prem. \$ _____

ATTN: Harold Hand

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: **CHARLES N. WALKER.**

Dated as of **March 3**, 19 **72** at 8:00 a.m.

Pioneer National Title Insurance Company

By *Max deSully*
Max deSully

Subject to the usual printed exceptions and stipulations,

Note: 1971-72 taxes, \$271.68; paid.
(Account No. 25950-0760, Code 001)

1. Lease Option Agreement, including the terms and provisions thereof, from Charles N. Walker and Hazel R. Walker, husband and wife, to Agnes M. Jordan, a single woman and Gwendolyn G. Dorsey, a single woman, dated September 20, 1952, recorded October 13, 1952 in Book 1563 page 152, Deed Records.

By instrument dated December 23, 1957, recorded January 17, 1958 in Book 1880 page 222, Deed Records, Gwendolyn G. Dorsey, a single woman, quitclaimed her interest in the within described property to Agnes M. Jordan.

2. Mortgage, including the terms and provisions thereof, executed by Lucille Johnson and Booker T. Thompson, to Roger Construction Co., dated October 24, 1964, recorded November 24, 1964 in Book 176 page _____

Report No. **391357**

(continued)

PRELIMINARY REPORT ONLY

MdeS:flf -- UNIT 3

C O P Y

50, Mortgage Records, given to secure the payment of a note for \$7,319.76.

Said mortgage was assigned of record to Reynolds Aluminum Credit Co., by assignment recorded November 24, 1964 in Book 176 page 51, Mortgage Records.

P.O. 27003
Richmond, Virginia 23261

3. Right, title and interest of Lucille Johnson, also known as Lucille Hunter, and Booker T. Thompson, as disclosed by the mortgage referred to at Exception No. 2 above.

Note: Proof should be furnished that the following judgments are not against the said Lucille Johnson and Booker T. Thompson, if they come into title:

a) Judgment in the U.S. District Court in favor of the United States and against Lucille Johnson, No. 61-137, entered July 3, 1961 in Docket 4 page 219; Cost \$37.50; Face \$343.94-6% per annum from April 6, 1950 to date hereof, plus interest on said sums of principal and interest from and after date at 6% per annum.

b) Judgment in the State Circuit Court in favor of State of Oregon Public Welfare Commission and against Lucille Johnson, Judgment No. 309190, entered April 6, 1965 in Docket 61 page 151 line 34; Face \$511.00 legal interest from March 31, 1965.

c) Judgment in favor of City Finance Company (Oregon), a corporation, and against Lucille Johnson, entered March 7, 1966 in Docket 62 page 151 lines 26-27, State Circuit Court; Face \$433.53-6% per annum from August 10, 1965, computed at \$123.56; Costs \$14.00, \$3.00. Transcribed from the District Court of Multnomah County.

d) Judgment in the U.S. District Court in favor of the United States and against Lucille Johnson, No. 29731, entered July 17, 1961 in Docket 57 page 152 lines 26-29; Face \$343.94 with interest per annum from April 6, 1950 to date hereof, plus interest on said sums of principal and interest from and after date hereof at 6% per annum; Costs \$37.50, \$1.00.

e) Judgment in favor of Bureau of Credit Control Inc., and against Lucille J. Hunter, also known as Lucille J. Johnson, entered February 4, 1970 in Docket 66 page 123 lines 12-13, State Circuit Court; Face \$144.43-6% per annum from October 9, 1961, \$50.00 attorney fees; Costs \$13.75, \$7.00. Transcribed from the District Court of Multnomah County.

f) Judgment in favor of Bureau of Credit Control Inc., and against Lucille J. Hunter, also known as Lucille J. Johnson, entered February 4, 1970 in Docket 66 page 123 lines 12-13, State Circuit Court; Face \$144.43-6% per annum from October 9, 1961, \$50.00 attorney fees; Costs \$13.75, \$7.00. Transcribed from the District

C O P Y

Court of Multnomah County.

g) Judgment in favor of Raymond G. Vernon, doing business as Dr. Vernons Dog & Cat Hospital, and against Lucille Hunter, entered May 14, 1964 in Docket 60 page 129 lines 29-31, State Circuit Court; Face \$272.00-6% per annum from January 27, 1962; Costs \$12.75, \$12.50. Transcribed from the District Court of Multnomah County.

h) Judgment in the State Circuit Court in favor of National Life Insurance Company, a Vermont corporation, and against Booker Terreal Thompson, entered December 30, 1965 in Docket 61 page 314 lines 20-26, Judgment No. 315289; Face \$7,168.56-5 1/4% per annum from June 1, 1965 to date of payment, \$12.80 late fees, \$28.75 title expense, \$573.00 Attorney fees, \$128.21 taxes, less the sum of \$114.55 heretofore paid by mortgage; Cost \$37.25; \$6,196.55 realized on execution filed February 7, 1966.

Note: We find no unsatisfied judgments of record against Charles N. Walker, 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:

Lot 12, Block 4, EVANS ADDITION TO ALBINA, in the City of Portland,
County of Multnomah and State of Oregon.

Report No.

391357

LUCILLE JOHNSON

LAY IN FILE

April 6, 1972

National Life Insurance Company
Montpelier, Vermont 05602

ATTENTION: Legal Department

Gentlemen:

SUBJECT: Mr. Booker Terreal Thompson

Would you be kind enough to give us an immediate answer as to the disposition of the enclosed judgment, as to the total owing, and any other pertinent data that would assist us.

We are in the process of purchasing the dwelling for urban redevelopment.

Thank you for your help.

Yours very truly,

Richard D. Perkins
Real Estate

RDP:vm
Enclosure

LUCILLE JOHNSON

FOUNDED 1850 • PURELY MUTUAL



NATIONAL LIFE INSURANCE COMPANY

MONTPELIER, VERMONT 05602

April 10, 1972

LAW DEPARTMENT

Richard D. Perkins
Real Estate
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

RECEIVED
APR 12 1972
PORTLAND DEVELOPMENT COMMISSION

Dear Mr. Perkins:

Re: Booker Terreal Thompson
Lot 17, Block 36, MULTNOMAH
Judgment 12/30/65 Loan No. 324745

I have your letter of April 6, 1972 requesting advice as to the disposition of the captioned judgment.

I enclose a copy of the Assignment whereby said judgment was assigned to the Administrator of Veterans Affairs. On the same date this Company also assigned the Sheriff's Certificate of Sale to the VA. These assignments were sent to the Loan Guaranty Officer at the Regional VA Office in Portland.

The VA number on this loan was LH-45357-Ore.

Insofar as National Life is concerned we have been paid in full for this loan and we have no further claims on the property or on Mr. Thompson.

I hope that this information will be of some assistance to you.

Very truly yours,

NORMA P. AMBROSE, Title Examiner
(Mrs.)

/na
enc

INSTALLMENT AGREEMENT

Buyer: WILLIAM J. BROWN, JR. Address: 12345 Main St., Dallas, Texas 75201

Vehicle: 1965 Ford Mustang Year: 1965 Make: Ford Model: Mustang

Price: Five Hundred Dollars Down: One Hundred Dollars Balance: Four Hundred Dollars

Vehicle to be used for: Personal Use

Buyer agrees to pay the seller the amount of the purchase price of the vehicle...

Seller agrees to deliver the vehicle to the buyer...

Buyer agrees to pay the seller the amount of the purchase price...

Seller agrees to deliver the vehicle to the buyer...

Buyer agrees to pay the seller the amount of the purchase price...

Seller agrees to deliver the vehicle to the buyer...

Buyer agrees to pay the seller the amount of the purchase price...

Seller agrees to deliver the vehicle to the buyer...

I demand that a representative of the Emanuel Displaced Persons Association and a Legal Aid attorney be present when ever I negotiate about my property and the benefits I am entitled to under urban renewal.

Name LUCILE JOHNSON

Address 321 N. RUSSELL

Phone 284-8301 Date JUN 30, 1971

Lucille Johnson

*Assessor's records filed in
apartment house file*

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

Date _____
Analyst JC Surveyed 2/11/71 Tabulator _____ Date _____
Dwelling Unit No. 9 Structure No. 7 Census Block No. 76 Census Tract No. 22A
Street Address 321 N. RUSSELL Apartment No. _____
Legal Description _____

NAME OF OCCUPANT: same NAME & ADDRESS OF OWNER: Lucille Johnson
321 N. Russell NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____ TELEPHONE: 284-8301 TELEPHONE: _____
INTERVIEWED? () Yes () No INTERVIEWED? (X) Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit No. of units in bldg.
____ One-family house
____ Apt. in a house
X Apt. in apt. bldg. or plex 4
____ Apt. in comm. bldg. _____
____ Mobile home or trailer _____
This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

X Owner occupied
____ Renter occupied
____ Vacant

III. SIZE OF DWELLING UNIT

____ Sq. ft. in first floor (county figure)
836 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
1967 Date of last appraisal
1902 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>3010</u>	\$ _____
Improvements	<u>6240</u>	_____
Total	<u>9250</u>	_____

2344 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

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 OK Date of survey 2/11/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 9 Structure No. 7 Census Block No. 76 Census Tract No. 22A
Street Address 321 N. Russell 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 _____

Own Occ ² (420)

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

	Name	Family relation	Age	Sex	Occupation
1.	Lucille Johnson	Head of household	74	F	PRIVATE NURSING
2.	BOOKER T. THOMAS	son	53	M	COOK
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

Names of jobholders	Names of employers	Street address where jobs are located to work	Distance
JOHNSON, LUCILLE		METROPOLITAN AREA	
Thomas, Booker T.	PORT U.	PORTLAND UNIV.	

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
Lucille Johnson	\$ 63.00	\$ <u>estimated</u>
BOOKER T. THOMAS	500.00	<u>estimated</u>
Total family or household income per month	\$ 563.00	\$ _____

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

- 1. Location (indicate approximate cross streets) N.F.
- 2. Transportation, number of autos owned no, 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 \$ 100.00
- 6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
- 7. Other characteristics W O B I M

date on site 11 years

4 PM

4-13-72

Mrs. Johnson, Lucille

Present - Mrs. Warren, Bob Nelson, Harold Wood
Dean Bruns, Jim Barnes, Jim Corcey

Mrs Johnson was explained the solution
for settling her title difficulties &
was advised by Jim Barnes to accept
and go a head and sign the
Option Papers. Also signed an amendment
to extend possession term from 30 days after
closing to 40 days after closing. Signed for
her rent receipt Book to check on rent
income, discovered in look thru the Book
that Eloise James Etta Wood moved out
of Mrs Johnson House Aug 1970 -
Mrs Bertha Cooper moved in Apr 1971
Therefore Mrs Cooper will be eligible for
moving expense only. ~~Mr~~ Eloise Woods
would not be eligible for anything.

Jr.

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL E-4-8
 NAME JOHNSON, Lucille ADDRESS 321 N. Russell APT NO. _____
 PHONE 284-8301 INITIAL INTERVIEW _____ SEX W NW B AGE 74
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 11 yrs.

FAMILY COMPOSITION

Name	Relation	Age
Booker T. Thomas	Son	53

Employer: Name (private nursing) \$ _____
 Address _____
 MCM Caseworker _____
 Social Security _____
 VA. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____
(Booker) Portland University (cook) _____
 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 _____

DATE	NOTES	C/W
1/15/71	Flyer delivered by James Crolley	
2/11/71	Survey: Will buy comparable housing N.E. area.	JC