

	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		

INVENTORY

L & J BROTHERS BUSINESS

BASEMENT SHOP

Shop smith - table saw & accessories
contents of 114 bins average size about 6' x 6' x 6'
7 boxes of plumbing supplies
2 large pulleys
1 large pipe cutter
6 boxes of nails approx. 50 lbs.
4 kegs of nails approx. 100 lbs.
3 cans of roof coating
1 roll of roofing material
5 tool boxes
1 handsaw
1 jig saw attachment
1 drill
1 sander
3 skill saws
2 sabre saws
1 electric motor
2 ladders
paint materials in 5½' x 3' cabinet
carpentry clothes in 3' x 4' dresser
building materials - sheets of plywood, particle board.
misc.
1 table 3' x 3'
1 " 1½' x 3'

LOSS OF PROPERTY

Bins - 114
1 row 6' x 6'
1 wall 6' x 3½'
1 wall 2' x 6'
1 wall 2' x 6'

Approx. measurements

workbench
7' x 3' Heavy duty construction of 4" x 4" and 2" x 8" decking, padded work ~~surface~~ ^{surface}
110 v. duplex outlet
1 wood working vise (to be removed)

Electrical - needs to be installed, ~~present~~ present: one duplex plug, 2 1 bulb incandescent lights.

*Substitute
Equipment*

MEMO RE ITEM A-1 d.

THE SUBSTITUTE EQUIPMENT CLAIM IS IN
RESPECT OF SOME CARPENTERS WORKSHOP
BINS ABANDONED AT THE FORMER LOCATION.
THESE WERE STORAGE BINS THAT WERE NOT
PURCHASED AS PART OF THE REAL PROPERTY.
THEY HAD BEEN BUILT IN THE SHOP AND
WERE TOO LARGE TO TAKE THROUGH THE ~~DOOR~~
~~OR~~ BASEMENT DOOR OR WINDOWS WITHOUT
DISASSEMBLING THEM. THE DISASSEMBLING
AND STORAGE
AND REASSEMBLING WOULD COST MORE
THEN BUILDING NEW BINS. WE HAVE
DECIDED TO ^{MAKE} ~~PAY~~ A SUBSTITUTE EQUIPMENT
PAYMENT.

May 18, 1973

Mr. and Mrs. Louis Marshall
247 N. Fargo
Portland, Oregon 97227

Dear Mr. and Mrs. Marshall:

We have your claim for the business "In lieu" payment, together with page one of your 1971 Oregon tax return, Form 40-S, and page one of your Federal return, Form 1040.

Please note that the reason for asking for the returns is to verify the amount of your business income. Page 15, Item 2 of the Instructions to Businesses and Non-Profit Organizations requires that the payment shall be equal to the average annual net earnings of the business. Item 6, page 18, defines average annual net earnings; and item 18, page 19, requires documentation in support of a claim. It is, therefore, necessary that we receive a copy of your business income statements. The copies of tax returns submitted to us reports only income from wages and salaries.

Unless you submit the required copies of business income statements submitted to Internal Revenue, we will not be able to continue the processing of your claim.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch

For the year January 1-December 31, 1972, or other taxable year beginning 1972, ending 19

Name (if joint return, give first names and initials of both): LINDA E. BOBBER, MRS. MASHARI
Present home address (Number and street, including apartment number, or care route): 247 N. FZAOO
City, town or post office, State and ZIP code: PATRICK 01002 97227
Occupation:
Years: 221-04101
Wife's: HUSBAND'S WIFE

Filing Status—check only one:
1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here.
4 Unmarried Head of Household
5 Wid(er) with dependent child (Enter year of death of husband (wife) 19

Income
11 Wages, salaries, tips, and other employee compensation: 21 32 00
12a Dividends (see pages 6 and 13 of instr.) \$
12b Less: exclusion \$ Balance 12c
13 Interest income. [If \$200 or less, enter total without listing in Schedule B]
14 Income other than wages, dividends, and interest (from line 45)
15 Total (add lines 11, 12c, 13 and 14)
16 Adjustments to income (such as "sick pay" moving expenses, etc. from line 50)
17 Subtract line 16 from line 15 (adjusted gross income) 6,172 00

Caution: If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credit Payments." Check this block []
If you do not itemize deductions and line 17 is under \$10,000, file tax in Tables and enter on line 18.
If you itemize deductions or line 17 is \$10,000 or more, go to line 51 to figure tax.

Tax, Payments and Credits
18 Tax, check if from: Tax Tables 1-12, Schedule D, Tax Rate Schedule X, Y, or Z, Schedule G or Form 4726 18 151 00
19 Total credits (from line 61)
20 Income tax (subtract line 19 from line 11)
21 Other taxes (from line 67)
22 Total (add lines 20 and 21) 151 00
23 Total Federal income tax withheld (attach Forms W-2 or W-2P to front)
24 1972 Estimated tax payments (include amount allowed as credit from 1971 return)
25 Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return
26 Other payments (from line 71)
27 Total (add lines 23, 24, 25, and 26)

Bal. Due or Refund
28 If line 22 is larger than line 27, enter BALANCE DUE IRS. Pay in full with return. Make check or money order payable to Internal Revenue Service. 28 151 00
29 If line 27 is larger than line 22, enter amount OVERPAID
30 Line 28 to be REFUNDED TO YOU
31 Line 29 to be credited on 1973 estimated tax 31

Foreign Accounts
Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial institution (except in a U.S. financial institution) operated by a U.S. citizen or resident? (For definition, see Form 4683.) Yes No
Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Sign here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.
Signature: Linda E. Bobber, MRS. MASHARI 4/12/75
Wife's (husband's) signature (if filing jointly, BOTH must sign if it is only one's income) Address (and ZIP Code) Preparer's name, title, or Soc. Sec. No.

Write your check and use money order. Attach here

Please attach Copy B of Form W-2 here

OREGON INDIVIDUAL INCOME TAX RETURN



DEPARTMENT OF REVENUE

CALENDAR YEAR RETURN ONLY

FORM

40-S

SHORT FORM

971

DO NOT WRITE IN THIS SPACE

GROSS TAX FEDERAL PAYMENT

PLEASE PRINT OR TYPE

Last Name: Marshall Your first name and initial: John Your Social Security Number: [REDACTED] Your Occupation: RETIRED

Spouse's First name and initial (if joint return): Marshall Spouse's Social Security Number: [REDACTED] Spouse's Occupation: HOMER

Home Address (Number and Street or Rural Route): 2474 E 31st St City: PORTLAND State: OR Zip Code: 97217

File this return on or before **April 15, 1972**

- USE FORM 40-S ONLY IF**
- You were a full-year Oregon resident in 1971
 - Your income is only from wages, salaries, interest and dividends
 - Your adjusted gross income on line 15 is \$20,000 or less
 - You use the tax table or standard deduction on your Federal Form 1040 or have the Internal Revenue Service compute your federal tax
- USE FORM 40 INSTEAD OF THIS FORM IF**
- You have military active duty pay
 - You have Adjustments on line 17 of your Federal Form 1040
 - You use itemized deductions on your Federal Form 1040
 - You claim tax credits other than Oregon income tax withheld

Did you file an Oregon Income Tax return for 1970? Yes No If not, state reason: 2 in Oregon

FURNISH THE FOLLOWING INFORMATION AS ENTERED ON YOUR 1971 FEDERAL FORM 1040:

Filing Status—check only one:

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately and spouse is also filing
Give spouse's social security number in space above and enter first name here

4 Unmarried Head of Household

5 Surviving widow(er) with dependent child

6 Married filing separately and spouse is not filing

Exemptions

7 Yourself Regular 65 or over/Blind Enter number of boxes checked: 2

8 Spouse (police only if item 7 or 8 is checked)

9 First names of your dependent children who lived with you: PAV Enter number: 2

10 Number of other dependents (from line 21): 0

11 Total exemptions claimed: 2

12 Wages, salaries, tips, etc. from line 12, Federal Form 1040	12	6,373.04
13 Dividends (balance) from line 13c, Federal Form 1040	13	
14 Interest from line 14, Federal Form 1040	14	
15 Adjusted gross income (add lines 12, 13, and 14) (If amount on this line is not equal to the amount on line 15 of your Federal Form 1040, you must use Oregon Form 40-S)	15	
16 Tax from tax table on pages 5-8 of instructions. (The tax table includes your deduction for federal income tax.)	16	113.00
17 Oregon income tax withheld (attach Forms W-2 or 99Ws)	17	216.30
18 If line 16 is larger than line 17, enter BALANCE TO PAY (Make check payable to Department of Revenue)	18	
19 If line 17 is larger than line 16, enter overpayment TO BE REFUNDED	19	143.30

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, his preparation is based on information of which he has no knowledge.

Signature of preparer other than taxpayer: _____ Date: _____

SIGN HERE: John Marshall Date: 2/17/72

Spouse's signature (if filing jointly, BOTH must sign; if only one had income): Beatrice Marshall

MAIL REFUND RETURN TO: REFUND P.O. BOX 700 SALEM, OREGON 97310

MAIL ALL OTHERS TO: DEPARTMENT OF REVENUE STATE OF OREGON SALEM, OREGON 97310

1/72 to 1/73

Partial List of Customers

- | | |
|-------------------------|---|
| 1. David Andrews | 1029 N. E. Thompson |
| 2. Fred Allen | 2812 N. E. 8th Ave. |
| 3. Floyd Booker | 233 N. E. Holland |
| 4. V. F. Booker | 1526 N. Webster |
| 5. Mr. Louis Browning | 55 N. E. Ainsworth |
| 6. Mrs. C. W. Caples | 3403 N. E. 13th |
| 7. Donald Caples | 5236 N. E. 29th Ave. |
| 8. Dr. Webesten Brown | 8330 N. Chautauqua Blvd. |
| 9. James Duckett | 4635 N. Mississippi |
| 10. Albert Fisher | 4624 N. E. Mallory |
| 11. Earnest Fisher | 5833 N. Borthwick |
| 12. Albert Garnett | 2350 N. Wygant |
| 13. Joe Hammond | 3973 N. E. 7th Ave. |
| 14. Willie Hopkins | 130 N. E. Tillamook |
| 15. George Jordan | 4323 N. E. 6th Ave. |
| 16. Jack Johnson | 1722 N. E. Saratoga |
| 17. Lynn Long | 6617 S. E. Reed College Pl. |
| 18. Warren Robinson | 5114 N. E. Mallory |
| 19. Mrs. Marsha Turner | 205 N. E. Thompson |
| 20. Rev. O. B. Williams | 1023 N. Ainsworth |
| 21. Harry Wysinger | 124 N. E. Tillamook |
| 22. Harry Taylor | 3536 N. Haight |
| 23. Mack Murphy | 616 N. E. Cook |
| 24. Joe Reid | 5075 S. W. Angel Ave. (work done on property
in Albina.) |
| 25. C. T. Spratlen | 10719 S. W. Boones Ferry Rd. (Same as above) |

26. Mrs. Ruth Tugen

2118 N. Vancouver Ave.

27. Edwin Dorsey

3702 S. E. 32nd Ave. (work for Dorsey in
Albina area.)

SCHEDULE D
STATEMENT OF CLAIM
FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES

RECEIVED

MAY 14 1973

PORTLAND DEVELOPMENT COMMISSION

INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.

<p>1a. Business name used on income tax return Louie E. Marshall</p> <p>1b. Business name as presented to public Louie Marshall</p> <p>3. Employer identification number shown on income tax return</p>	<p>2. Principal business activity(ies) reported on income tax return Carpenter</p> <p>4. Tax return filed with District Director of Internal Revenue in <u>Ogden,</u> <u>Utah</u> City State</p>
---	--

5a. Does concern operate a similar establishment outside the project or program area?
 YES NO If "YES", complete the following:

NAME OF OTHER ESTABLISHMENT(S)	Address	TYPE OF BUSINESS ACTIVITY

5b. Is concern affiliated with any other concern? YES NO
 If "YES", complete the following:

NAME OF AFFILIATED CONCERN(S)	Address	TYPE OF BUSINESS ACTIVITY

Describe the nature of the affiliation:

6. Will displacement cause substantial loss of existing patronage? YES NO
 If "YES", explain completely: The patronage of my business is about 90% from local area. The people of the Albina Community have become well acquainted with my shop and its location and where to find me. Now my home and business will be in separate quarters, and my customers are not acquainted with that arrangement. Many of my customers will not find my new location.

7. Signature constitutes certification of this schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment - Business" to which this Schedule D is an attachment, and that any Federal Income Tax reports attached hereto accurately duplicate the Income Tax Reports filed with the Internal Revenue Service Office in the city listed under Item 4 above.

Date _____
L. E. Marshall

 Signature of Owner or Authorized Agent

May 7, 1973

Mr. and Mrs. Louis Marshall
247 N. Fargo
Portland, Oregon 97227

Dear Mr. and Mrs. Marshall:

We have your letter of April 25, 1973 requesting an "in-lieu" payment for a displaced business.

We have enclosed a claim form, Schedule D, to be completed and returned to us in support of the claim. The claim form is to be completed and returned to us, together with copies of your Federal tax returns for the past two years and a schedule showing the names and addresses of your major customers for the period January 1, 1972 to January 1, 1973.

To assist you in completing the claim form, we have enclosed a copy of the instructions to Businesses and Non-profit Organizations. However, if you still have any questions, please call us.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

8. Complete one of the three following tables, as appropriate. If data do not cover a full year, indicate number of months covered.

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)

	19	19
1. Gross receipts or gross sales, less returns or allowances	\$	\$
2. Gross Profit		
3. Net Profit (or Loss) <u>1/</u>	\$6,132	
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*		
NET EARNINGS (Sum of Lines 3 and 4)	\$ 6,132	\$

PARTNERSHIP (Relates to IRS Form 1065)

	19	19
1. Gross receipts or gross sales, less returns or allowances	\$	\$
2. Total Income		
3. Ordinary Income (or Loss)		
4. Compensation of principal partners <u>2/</u>		
5. Salaries and wages paid to members of principal partners' families who are members of principal partners' immediate household*		
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$

CORPORATION (Relates to IRS Forms 1120 and 1120-S)

	19	19
1. Gross receipts or gross sales, less returns or allowances	\$	\$
2. Total Income		
3. Taxable Income		
4. Compensation of principal stockholders <u>3/</u>		
5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholders' immediate household*		
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$

* List name and amount of payment to each.
1/ No deductions should be made for any "compensation" paid to owner.
2/ A principal partner is one with a proprietary interest of 15% or more in the concern.
3/ A principal stockholder is one who owns 15% or more of the capital stock of the corporation.

RECEIVED

MAY 8 1973

PORTLAND DEVELOPMENT COMMISSION

EX. DIR.	
D.P. DIR.	
D. OPER.	<i>CC</i>
D. ADM.	
D. COM. S.	
D. PLAN.	
SP. ASST.	<i>BCW copy</i>
Master File Copy	<input checked="" type="checkbox"/>

*RELO
DEPT.*

247 N. Fargo Street
Portland, Oregon 97227
April 25, 1973

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

Dear Sirs:

Re Request for in Lieu Payment
for Displaced Business

This is a request for a payment under HUD Relocation Handbook 1371.1, Chapter 6, Section 5, paragraph 88, for my displacement loss because I am forced to move my cabinet shop business from the house at 247 North Fargo Street, Portland, Oregon because this property has been taken by condemnation under the Emanuel Hospital urban renewal project.

About 16 years ago I started a cabinet shop in the basement of my home at 247 North Fargo Street. Originally, it was a partnership between me and my brother. After my brother's death a number of years ago, I have continued the business under our original name of L. & J. Marshall Brothers, which is duly registered as an assumed business name under the Oregon Laws.

The shop is completely fitted with a large table saw and various other power driven tools and wood working equipment. It has storage areas for plywood and other wood supplies. The principal part of the business is custom cabinet work but I also sell small supplies and do some general construction contracting. Customers come to the shop and also contact me by telephone. When a customer comes to me for custom cabinet work, I usually go to his home or place of business, make measurements and return to the shop and build the cabinets there which I later install.

The patronage of the business is at least 90% from the local area. During the past 16 years the people of the Albina community have become well acquainted with my shop and its location and where to find me.

Since our home at 247 North Fargo Street has been taken for the urban renewal project we are being forced to move our business as well as our home.

It has been impossible to find any other location where we can have suitable living quarters and a cabinet shop on the same premises, although we have done considerable hunting for a new location.

We have now found a suitable replacement home, but I will have to look elsewhere to find separate quarters which I can rent for use as a cabinet shop. I do not have the funds to purchase a building for the shop.

My business losses due to the displacement of my cabinet shop business are as follows:

- (a) Moving expenses consisting of moving my tools, machinery, materials and supplies to a new location.
- (b) Cost of installation of machinery, wiring, shelves and tools at a new location.
- (c) Additional rental for a replacement building. I estimate it will be a minimum of \$50.00 to \$75.00 a month for as long as I continue in business.
- (d) Loss of patronage due to the fact that many of my customers will not find the new shop at a new location or my new telephone or will not be willing to make the effort to try to find me at a new location.
- (e) Telephone expense involved through the fact that my home telephone has in the past been available as a shop telephone and that my wife was available to answer the telephone and take care of shop customers in my absence. Due to the dislocation I will have to have an additional telephone and make some other arrangement to care for the shop and the shop telephone in my absence.

My entire income comes from my cabinet work business. I have no other income. The cabinet shop is not part of a business having another establishment, as this is the only shop and only business I have.

My business income from the cabinet shop for the calendar year 1971 was \$6,373.04.

My income was substantially less in 1972 than it was prior to that time. I believe that the reason for the loss of business was due to the disruption of the community because of the urban renewal activities.

Respectfully submitted,

Louie E. Marshall

Louie E. Marshall

MARSHALL'S SHOP = APPROX. 20' X 10'
(BASEMENT)

WOOD
INVENTORY

FOUND ON
SITE

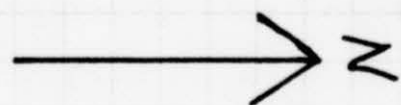
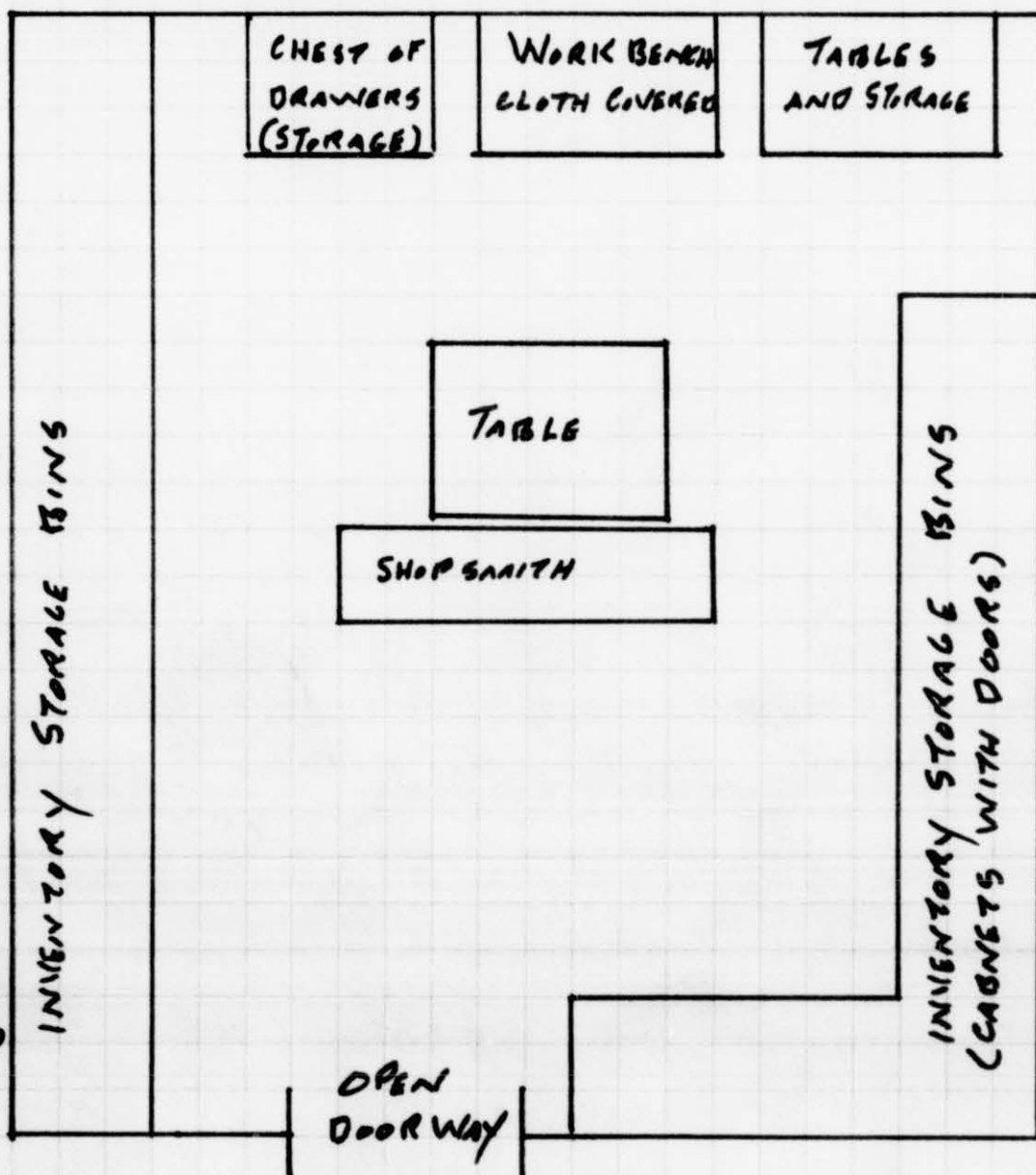
1. SHEET VENEER
4X8

1 SHEET OF CUT
THROUGH
PLYWOOD

1 SHEET PARTICLE
BOARD

SEVERAL PIECES
OF MOULDING IN
PARTY ROOM

SEVERAL DOORS
& ENDS STORED
OVER HEAD



RENT MUST BE PAID IN ADVANCE	Date <u>Nov 4</u> 1973		5951
	Received From <u>Louis E. Marshall</u>		
	<u>Sixty Five ⁰⁰/₁₀₀</u>		Dollars \$ <u>65.⁰⁰</u>
	For Rent of <u>Storage of machinery</u>		
	From _____		To _____
	HOW PAID		
	CASH	<input type="checkbox"/>	<input type="checkbox"/>
	CHECK	<input type="checkbox"/>	<input type="checkbox"/>
	MONEY ORDER	<input type="checkbox"/>	<input type="checkbox"/>
	By <u>Mrs. Caroline M. Myers</u>		

8K803 Rediform

RENT MUST BE PAID IN ADVANCE	Date <u>Dec. 4</u> 1973		5952
	Received From <u>Louis E. Marshall</u>		
	<u>Sixty Five ⁰⁰/₁₀₀</u>		Dollars \$ <u>65.⁰⁰</u>
	For Rent of <u>Storage of machinery</u>		
	From _____		To _____
	HOW PAID		
	CASH	<input type="checkbox"/>	<input type="checkbox"/>
	CHECK	<input type="checkbox"/>	<input type="checkbox"/>
	MONEY ORDER	<input type="checkbox"/>	<input type="checkbox"/>
	By <u>Mrs. Caroline M. Myers</u>		

8K803 Rediform

L.E. MARSHALL
 SCHEDULE TO SHOW THE ACTUAL SELF MOVE COST

	1	2	3	4	5
1	LABOR				
2					
3	L.E. MARSHALL		\$255		
4					
5	ROBERT BRADEN		24		
6					
7	JERRY MARSHALL		96	375	
8					
9	TRUCK-PICK UP (HEMI. Y. 70 = 9.60)			10	
10					
11				<u>\$ 385</u>	
12					
13					
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40					

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 747 N. FARGO

to 2135 N.E. 16 AVE + 1026 N. FIFTH PLACE

NAME JERRY MARSHALL

SOCIAL SECURITY NO. _____

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
7/4/73 7/4/73	16	56.00	96.00		96.00
7/5/73					
7/6/73					

I, JERRY MARSHALL do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of L. J. MARSHALL (BIO)
(name of concern)

Jerry Marshall
(Signature of Employee)

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

L. J. Marshall
(Signature of Claimant)

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 247 N. FAIRGRO to 2135 N.E. 16 + 1026 NE 107 PL.

NAME L. E. MARSHALL SOCIAL SECURITY NO. 441-26-391X

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
(A) 7/4/73	25	59. ⁰⁰	4225. ⁰⁰		225. ⁰⁰
(B) 7/5/73	11.25	6.02	255		255
(C) 7/6/73		37	6.02	335	

(A) THIS IS OBVIOUSLY WRONG. THERE ARE NOT 25 HOURS IN A DAY
(B+C) BY DISCUSSIONS WITH CLIENT AND OUR PERSONAL KNOWLEDGE OF THE WORK TO BE DONE AND THE TIME HE SPENT WORKING - HIS SHOP IS WITHIN SIGHT OF OUR SITE OFFICE WE KNOW THAT HE SPENT MORE THEN 40 HOURS HIMSELF IN THE MOVE.

I, L. E. Marshall, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of 247 N. FAIRGROVE BLVD (name of concern)

L. E. Marshall
(Signature of Employee)

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

L. E. Marshall
(Signature of Claimant)

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 247 N. EARLE

to 2135 N.E. 16 AVE + 1026 N.E. 19th

NAME ROBERT BRADEN SOCIAL SECURITY NO. _____

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
7/4/73	H	6.00	54.00		54.00

I, ROBERT BRADEN, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of L. J. Marshall Bldg (name of concern)

CLIENT SAYS THAT HE IS UNABLE TO LOCATE THIS EMPLOYEE. APPEARS TO HAVE LEFT TOWN. _____ (Signature of Employee)

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

L. J. Marshall
(Signature of Claimant)

COST OF BUSINESS MOVE

NUMBER HOURS 25

NUMBER MEN 1-9 hrs 2-12 hrs 3-4 hrs

NAME

RATE PER HR.

Lt. Marshall (sup) J. W. Marshall & Robert Braden
" " " "

TRUCK-TYPE Pick up

NUMBER MILES 48 X PER 9.20 9.40

Cost of labor, truck & materials \$385.⁰⁰

KORPELA Construction Co.13222 N. E. ROSE PARKWAY
PORTLAND, OREGON 97230

July 10, 1973

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

To prepare estimate of cost to build replacement bins and a workbench similar to the property in use but being abandoned at the workshop at 247 N. Fargo Street.

Travel Time 1 hr.

Preparation of Bid 1 hr.2 hrs. @ \$17.50 = \$35.00

KORPELA CONSTRUCTION CO.

13222 N.E. Rose Parkway

Portland, Oregon 97230

July 10, 1973

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

Subject: SHOP CABINETS
247 N. FARGO

Gentlemen:

At your request we have prepared an estimate of the cost to build replacement workshop bins and a workbench similar to the property now at 247 N. Fargo. The bins are of irregular size but average from 3 1/2 to 6 feet high and are approximately 17 feet wide. We estimate the replacement cost to be \$297.50, computed as follows:

Cost Per Linear Foot	\$17.50	
Total Linear Feet	<u>17</u>	<u>\$297.50</u>

The above cost includes labor and material.

We have not included an estimate for the workbench because it appears to be moveable.

Very truly yours,

KORPELA CONSTRUCTION CO.

Arvo H. Korpela
Arvo H. Korpela

AHK/BCW/v

November 16, 1973

Spence Benfield

Ben Webb

Louis E. and Beatrice Marshall, Emanuel Hospital Project

This memo refers to the November 13, 1973 letter from the Marshalls to the Commission, copy attached. To enable you to understand the contents of the letter without having to dig through the file, also attached, I will give you some brief background information.

The Marshalls were owner-occupants in the Emanuel Hospital Project area. They were not inclined to communicate with the Commission. As a result of this attitude, the Commission obtained a default judgment in the Multnomah County Circuit Court in early January, 1972. Unfortunately, this occurred at a time when the Marshalls were involved in a race discrimination case. The Marshalls would not accept correspondence sent to them by Don Stark, and therefore did not know about the judgment until I received the information from Don Stark and telephoned them. They were, therefore, unable to move until the matter was settled by the sellers of the ^{NEW} property and the HUD Equal Opportunity Officer, Charles Howlett. This was a period of about seven months.

We had informed the Equal Opportunity Officer of the situation and had also informed him that under the Regulations we would be required to charge rent to the Marshalls after 60 days from the date of the judgment. Mr. Howlett said that the terms of the settlement would include compensation for any damages that the Marshalls might suffer, which would include any rents that they had to pay during the period of negotiation. However, when the settlement finally was reached, no provision was made whereby the sellers would pay the Marshalls' rent. We reminded Mr. Howlett of his promise, and at his request asked HUD to give us authority to write off the rent since the Handbook, itself, did not give us this authority. Mr. Howlett has not given us this authority, and it is our opinion that he cannot give us this authority.

We have communicated this information to the Marshalls. The Marshalls have also had conversations both with Mr. Howlett and Russell Dawson on this matter. Consequently, in our letter of October 31, 1973 we notified the Marshalls of our intent to offset the delinquent rent against their moving allowance, as we are required to do under the provisions of the Relocation Handbook. The Marshalls have objected to this proposal under rights granted to them by the Handbook. We are, therefore, required by the Handbook to either accept their objections or set off the delinquent rent against the moving allowance, and within 30 days initiate "judicial actions" to collect the rent.

Memo to Spence Benfield
Page 2
November 16, 1973

My question is this: Shall we put this matter to the Commission in the form of a CRD and ask them to either grant us the authority to take the necessary actions to collect the rent, or else grant us the authority to write off the delinquent rent?

For your information, the authority to write off delinquent rent is the Urban Renewal Handbook RHA 7211.1, Chapter 3, page 3, and reads as follows:

"COLLECTION OF DELINQUENT RENT

"The LPA shall establish a policy with respect to delinquent rent which shall include:

- (1) Fixing a time period for the institution of eviction actions, which shall not be earlier than 30 days after the rent due date. Eviction actions shall be preceded by the sending of such notices as may be customary in the locality. Eviction actions are to be taken only as a last resort. The relocation plan must contain standards for eviction and provide for continuing relocation assistance to be rendered by the LPA after eviction. (See 7212.1, Relocation, Chapter 2, Section 1.)
- (2) Actions which will be taken to collect rent from tenants who move while owing rent."

"CHARGE OFF OF DELINQUENT RENT

"Delinquent rent shall be charged off only after the governing body of the LPA has found that there is no reasonable prospect of collection, that the probable cost of further efforts to collect would not be warranted, or that collection would impose undue hardship on the tenant. These findings shall be made not less than semi-annually."

Please note that we must answer within 30 days.

BCW:ch
Attachments

PHONE 254-3530

January 10, 1974

Mr. Louis E. Marshall
1026 N. E. 107th Place
Portland, Oregon 97220

Dear Mr. Marshall:

We have enclosed our Warrant No. 880 EH in the amount of \$355, in full and complete satisfaction of your claim for storage costs in connection with the relocation of your business from 247 N. Fargo by the Emanuel Hospital Project.

Please note that in computing the amount due you we have deducted \$35 due the Korpela Construction Company for its work in preparing the estimate of the actual cost to replace certain items of personal property not moved by you from 247 N. Fargo. This adjustment is necessary because you were overpaid this amount by our Warrant No. 837 EH, dated October 31, 1973.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCM:ch
Encl.

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o

880

EH

DATE January 9, 19 74

PAY TO **Louis E. Marshall**

\$ 355.00

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 Storage Costs filed. Move from 247 N. Fargo (Parcel A-3-13).	\$355.00

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel Hospital Project - ORE. R-20

PARCEL: A-3-13

* Korpela Construction Co. \$35.00

PAYABLE TO: Louis E. Marshall \$355.00

For: <u> </u> RHP for Homeowners	\$	_____
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$	_____
<u> </u> RHP - Tenants & Certain Others - Rental: Total approved \$_____ ; Annual amount	\$	_____
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	_____
<u> </u> Settlement Costs (on acquisition by LPA only).	\$	_____
<u> </u> Interest Expense	\$	_____
<u> </u> Fixed Moving Payment	\$	_____
<u> </u> Dislocation Allowance.	\$	_____
<u> </u> Actual Moving Costs.	\$	_____
<u> X </u> Storage Costs.	\$	<u>390.00</u>
<u> </u> Business: Moving Expenses.	\$	_____
<u> </u> Business: In Lieu Payment.	\$	_____
<u> </u> Business: Storage Costs.	\$	_____
<u> </u> Business: Loss of Property	\$	_____
<u> </u> Business: Searching Expenses	\$	_____

Name of Client L & J Brothers (Louis E. Marshall) Family Less - \$ _____ *

Move from 247 N. Fargo Individual Total \$ 390.00

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

* Previously paid directly to Louis E. Marshall by Warrant No. 837 EH; Balance due Korpela Construction Co. of \$35.00 by previous claim never paid by Louis Marshall.

OK MA

0600 EGO 901

RP-2

SCHEDULE A-2
SUPPORTING DATA - STORAGE COSTS

STORAGE PERIOD		
1. Total period (if this is not the final claim, enter estimate)	Six	MONTHS
2. Period covered by this claim	Six	MONTHS
3. Date property moved to storage	July 4, 1973	
4. Date property moved from storage		
STORAGE COSTS		
	AMOUNT	AMOUNT APPROVED
1. Monthly rate	\$ 65.00	\$ 65.00
2. Total costs actually incurred (cumulative)	\$ 390.00	\$ 390.00
3. Amount previously received as relocation payment	\$ -0-	\$ -0-
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$ 390.00	\$ 390.00

DESCRIPTION OF PROPERTY STORED

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage):

SEE ATTACHED

SCHEDULE A-3
METHOD OF PAYMENT

I HAVE NOT paid the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates X
Storage _____ Electrical _____ Other _____

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): () in advance, (X) at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s). X

BM
Initials

I HAVE PAID the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates _____
Storage X Electrical _____ Other _____

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

X BM
Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

Initials

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment - Business" to which this Schedule is an attachment.

X Beatrice Marshall
Signature of Owner or Authorized Agent

1/3/74
Date

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE		AMOUNT APPROVED
MOVING					
ELECTRICAL					
MECHANICAL					
PREPARATION OF BIDS/ESTIMATES					
SUBSTITUTE EQUIPMENT*					
OTHER (List)					
STORAGE	Caroline M. Myers			\$390.00	\$390.00
				TOTAL	\$ 390.00
					\$ 390.00

*COMPUTATION - Substitute Equipment	
a. Actual cost of substitute equipment installed	\$
b. Less proceeds from sale, trade-in, or market value	\$
c. Unrecovered cost (a. minus b.)	\$
d. Estimated cost to move old equipment	\$
e. AMOUNT CLAIMED (lesser of c. or d.)	\$

RECEIPT Date Oct. 4 1973 7058

Received From Louis E. Marshall

Address 1026 N. E. 107th Place

Sixty Five Dollars \$ 65

For Storage of machinery

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	
BALANCE DUE		MONEY ORDER	

By Mrs. Caroline M. Myers

8K802 Rediprm

RECEIPT Date July 4 1973 7055

Received From Louis E. Marshall

Address 1026 N. E. 107th Place

Sixty-Five Dollars \$ 65.00

For Storage of machinery

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	
BALANCE DUE		MONEY ORDER	

By Mrs. Caroline M. Myers

8K802 Rediprm

RECEIPT Date Sept. 4 1973 7057

Received From Louis E. Marshall

Address 1026 N. E. 107th Place

Sixty Five Dollars \$ 65

For Storage of machinery

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	
BALANCE DUE		MONEY ORDER	

By Mrs. Caroline M. Myers

8K802 Rediprm

RECEIPT Date Aug 4 1973 7056

Received From Louis E. Marshall

Address 1026 N. E. 107th Place

Sixty Five Dollars \$ 65

For Storage of machinery

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	
BALANCE DUE		MONEY ORDER	

By Mrs. Caroline M. Myers

8K802 Rediprm

original returned to client.

CLAIM FOR RELOCATION PAYMENT- BUSINESS

INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.

NOTE: If claim exceeds \$10,000, the Local Agency must obtain HUD concurrence prior to making payment.

1. NAME OF CONCERN: Louis Marshall (L & J Brothers)

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)	DATES OCCUPIED	
		FROM	TO
	247 N. Fargo	1956	July 1973

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN: Storage
Date move to this address started July 1973

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY: Carpentry

5. FORM OF OPERATION (check one)
 Sole Proprietorship
 Partnership
 Corporation
 Nonprofit Organization
 Other (identify) _____

6. DID CONCERN DISCONTINUE BUSINESS? Yes ___ No ___
 IF YES, STATE REASON FOR DISCONTINUING BUSINESS _____
 DOES CONCERN PLAN TO REESTABLISH? Yes ___ No ___

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL ___ SUPPLEMENTARY ___ FINAL ___

8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	\$390.00
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
TOTAL AMOUNT CLAIMED	TOTAL \$390.00

9. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$ _____.

Signature of Agent or Owner

10. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

DATE

x Beatrice Marshall
Signature of Owner or Authorized Agent

Title

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT - BUSINESS
(this page for Local Agency use only)

NAME OF CONCERN: L & J Brothers (Louis Marshall) NAME OF LOCAL AGENCY: PDC

PROJECT OR PROGRAM IDENTIFICATION: Emanuel Hospital Project PARCEL NO. A-3-13

INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.

- A. BASIC INFORMATION: Business Nonprofit Farm
 1. Claimant is (check one): Concern Organization Operator
 2. Date of HUD approval of project or program April 23, 1971
 3. Direct cause of displacement: Notice of intent to acquire (date) _____
 Acquisition of Real Property (date) Jan. 2, 1973
 Other, explain _____
 4. Date move started July 3, 1973 5. Date property vacated July 10, 1973
 6. Date claim filed Oct. 18, 1973 7. Date storage authorized July 10, 1973

- B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES:
 1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes No
 2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes No
 3. Average annual net income:
 As reported by claimant: \$ _____ As verified by Agency: \$ _____
 (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)
 State basis for Agency verification of income: _____

4. AMOUNT OF IN LIEU PAYMENT: \$ _____

APPROVED: \$ _____

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

D. CERTIFICATION

I certify that I have examined this claim and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of

\$ 390.00

DATE _____

Patricia L. Cruse

 Authorized Signature

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ <u>390.00</u> covering storage.	\$ 390.00	\$ 390.00
2. Direct loss of property	\$	\$
3. Searching expenses	\$	\$
4. Total (sum of lines 1, 2, and 3)	\$ 390.00	\$ 390.00

E. RECORD OF PAYMENTS MADE:

DATE	CHECK NO.	AMOUNT
<u>1-9-74</u>	<u>88852</u>	\$ <u>390.00</u>
		\$
		\$
		\$
		\$

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 837 EH

DATE October 31, 19 73

PAY TO **Louis E. Marshall**

\$ 1,147.20

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 Payments filed. Move from 247 N. Fargo (Parcel A-3-13).	
		Business Moving Expenses	\$647.20
		Business Searching Expenses	<u>500.00</u>
			<u>\$1,147.20</u>

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-13

PAYABLE TO: Louis E. Marshall

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$_____ ; Annual amount	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input checked="" type="checkbox"/>	Business: Moving Expenses.	\$	<u>647.20</u>
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input checked="" type="checkbox"/>	Business: Searching Expenses	\$	<u>500.00</u>

Name of Client Louis E. Marshall Family Less - \$ _____ *

Move from 247 N. Fargo Individual Total \$ 1,147.20

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

0600 F66 901

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT - BUSINESS
(this page for Local Agency use only)

(L & J BROTHERS)

NAME OF CONCERN: LOUIS MARSHALL NAME OF LOCAL AGENCY: PORTLAND DEVELOPMENT COM- MISSION
PROJECT OR PROGRAM IDENTIFICATION: Emanuel Hospital Project PARCEL NO. A-3-13

INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.

A. BASIC INFORMATION: Business Nonprofit Farm
1. Claimant is (check one): Concern Organization Operator
2. Date of HUD approval of project or program April 23, 1971
3. Direct cause of displacement: Notice of intent to acquire (date) _____
Acquisition of Real Property (date) Jan. 2, 1973
Other, explain _____
4. Date move started July 3, 1973 5. Date property vacated July 10, 1973
6. Date claim filed 10/18/73 7. Date storage authorized July 10, 1973

B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES:
1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes No
2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes No
3. Average annual net income: As reported by claimant: \$ _____ As verified by Agency: \$ _____
(Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)
State basis for Agency verification of income: _____

4. AMOUNT OF IN LIEU PAYMENT: \$ _____

APPROVED: \$ _____

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

D. CERTIFICATION

I certify that I have examined this claim and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of

\$ 1,147.20

DATE 10/25

Patrick L. Lorusso
Authorized Signature WJ

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ _____ covering storage. <i>STORAGE NOT INCL.</i>	\$ 977.50	\$ 647.20
2. Direct loss of property	\$ _____	\$ _____
3. Searching expenses	\$ 500.00	\$ 500.00
4. Total (sum of lines 1, 2, and 3)	\$ 1,477.50	\$ 1,147.20

E. RECORD OF PAYMENTS MADE:

DATE	CHECK NO.	AMOUNT
<u>10/31/73</u>	<u>837EH</u>	\$ <u>1,147.20</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

CLAIM FOR RELOCATION PAYMENT - BUSINESS

INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.

NOTE: If claim exceeds \$10,000, the Local Agency must obtain HUD concurrence prior to making payment.

1. NAME OF CONCERN: L & J BROTHERS

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)	DATES OCCUPIED	
		FROM	TO
	247 N. Fargo	1956	July 1973

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN Storage
Date move to this address started July 1973

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY

5. FORM OF OPERATION (check one)
 Sole Proprietorship
 Partnership
 Corporation
 Nonprofit Organization
 Other (identify)

6. DID CONCERN DISCONTINUE BUSINESS? Yes
 IF YES, STATE REASON FOR DISCONTINUING BUSINESS _____
 DOES CONCERN PLAN TO REESTABLISH? Yes No

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL SUPPLEMENTARY FINAL

8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	\$ 647.20
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	-0-
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	500.00
TOTAL AMOUNT CLAIMED	TOTAL \$1,147.20

9. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$ _____.

Signature of Agent or Owner

10. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

DATE

L. E. Marshall
Signature of Owner or Authorized Agent

Owner
Title

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE	
	NAME	ADDRESS	TELEPHONE		AMOUNT APPROVED	
MOVING	SELF	1026 N.E. 107th Pl.	254-3530	\$ 385.00	\$ 314.70	
ELECTRICAL						
MECHANICAL						
PREPARATION OF BIDS/ESTIMATES	KORPELA CONST. CO.	13222 N.E. Rose Parkway Portland, Oregon	252-6142	35.00	35.00	
SUBSTITUTE EQUIPMENT*	L. E. MARSHALL	1026 N.E. 107th Pl.	254-3530	297.50	297.50	
OTHER (List)						
STORAGE				260.00	-0-	
STORAGE TO BE SETTLED LATER				TOTAL	\$ 977.50	\$ 647.20

*COMPUTATION - Substitute Equipment	
a. Actual cost of substitute equipment installed	\$ 297.50
b. Less proceeds from sale, trade-in, or market value	\$ -0-
c. Unrecovered cost (a. minus b.)	\$ 297.50
d. Estimated cost to move old equipment	\$ See Memo
e. AMOUNT CLAIMED (lesser of c. or d.)	\$ 297.50

**SCHEDULE A-2
PORTING DATA - STORAGE COSTS**

STORAGE PERIOD		
1. Total period (if this is not the final claim, enter estimate)		MONTHS
2. Period covered by this claim		MONTHS
3. Date property moved to storage		
4. Date property moved from storage		
STORAGE COSTS	AMOUNT	AMOUNT APPROVED
1. Monthly rate	\$	\$
2. Total costs actually incurred (cumulative)	\$	\$
3. Amount previously received as relocation payment	\$	\$
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$	\$

DESCRIPTION OF PROPERTY STORED

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage):

**SCHEDULE A-3
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates _____
 Storage _____ Electrical _____ Other _____

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): () in advance, () at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

_____ Initials

I HAVE PAID the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates _____
 Storage _____ Electrical _____ Other _____

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

_____ Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

x P.L.M.
Initials

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment - Business" to which this Schedule is an attachment.

x P.L.M. _____ Date

Signature of Owner or Authorized Agent

October 25, 1973

Mr. Russell H. Dawson, Area Director
Department of Housing and Urban Development
Portland Area Office
520 S. W. Sixth Avenue
Portland, Oregon 97204

Attention: Mr. Duane E. Patterson, Relocation Specialist

Dear Mr. Dawson:

Subject: Chapter 6, Section 5, Paragraph 80, Relocation
Handbook - Substitute Equipment Payment

This letter is pursuant to our telephone conversation of October 19, 1973, during which time the above matter was discussed. As mentioned in our telephone conversation, it is necessary, we feel, to make the above-mentioned payment to the Marshalls prior to the time that they have actually incurred the expenditure, for the following reasons:

The Marshalls represent that rugged, individualistic, American, small businessman, who believes that he should be allowed to operate his business in the way that he sees fit, without any interference from the government or anyone else. For several years the Marshalls have owned and operated a modest, home business under the provisions of a "grandfather clause" that provided them with a modest living but very little else. The business was that of a carpenter and small contractor, with a shop in the basement. Because of the Marshalls' attitude, it was not possible to communicate to them the full impact of what the urban renewal project was going to have upon them. In their mind, if we were going to relocate them from their present home and business operation, we should put them in another home and business operation with the same type of setup. They were not concerned about such questions as the cost or whether or not they could have this type of setup under the building codes; nor were they any more responsive to the letters and notices that they received from our attorneys, nor would they hire an attorney of their own. As a result, the Commission acquired their property through a default judgment in the circuit court. This happened at the time the Marshalls were also involved in a racial discrimination suit with respect to the property that they wanted to buy as a

Mr. Russell H. Dawson
October 25, 1973
Page 2

replacement housing unit. Because of the confusion and the delay, the Marshalls were unable to move for several months and incurred an accrued rental charge of almost \$300 which they do not feel they should pay. Under the provisions of the property management handbook, we are unable to write off this amount and will be required to offset it against their moving allowance.

The Marshalls have also filed for a business in-lieu payment under the provisions of Section 202(c) of the Act but were again disappointed because we were unable to qualify them for the payment.

Because of the above-mentioned attitudes and disappointments, the Marshalls have had to incur costs that they had not anticipated and have also not been able to locate a carpenter shop at a rent they can afford. Their tools and equipment have, therefore, had to be placed in storage. Mr. Marshall has informed us - and we have no reason to doubt him - that because of these setbacks and because of the money that he has had to borrow, his available cash and credit has been extended to the absolute limit; and he, therefore, requires every dollar in relocation payment that we can make to him in order to rent and renovate a new facility to be used as a shop. For these reasons, we have proposed to make the payment for substitute equipment in the amount of \$297.50 (which amount has been supported by an independent, professional estimate) at this time, even though the expense has not yet been incurred. We feel justified in doing this, because it is quite obvious that the expense will have to be incurred to enable Mr. Marshall to continue his business operation which is his only means of support.

As you will remember, in our Friday telephone conversation you concurred in this opinion but asked that we send you a letter for your files. This letter is in response to that request.

I wish to thank you very much for your attention in this matter.

Yours very truly,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch

SCHEDULE C
STATEMENT OF CLAIM
FOR ACTUAL REASONABLE EXPENSES IN SEARCHING FOR A NEW LOCATION

X

NAME OF CONCERN: L and J Brothers (Louie E. Marshall)

1. Transportation: 553 miles at .20 ¢ per mile \$ 110.60
2. Man hours used in searching: 118 at 7.00 \$ 826.00
no. per hour
at \$
no. per hour

DATE	NAME OF OWNER OR EMPLOYEE INVOLVED IN SEARCH	LOCATIONS VISITED IN SEARCH (ADDRESSES)	MILES DRIVEN	MAN HOURS USED IN SEARCHING
9 - 1972	Self	2334 NE 18th		
" "	"	3964 N Bothwick	45	16
10 - 1972	"	4632 NE Mallory		
" "	"	124 NE Tillamook	28	12
4 - 1973	"	2405 N Vancouver		
" "	"	2130 N Vancouver	90	20
6 - 1973	"	6456 N Willamette		
" "	"	2135 NE 16th	125	22
July thru Aug. 1973	"	(Searching on Weekends)	Total 265 Miles <u>553</u>	Total <u>48</u> Hours <u>118</u>

3. Meals out-of-town (\$10.00/day maximum) _____ days \$ _____
(Attach schedule of places visited)
4. Lodging at \$ _____ per night _____ of nights \$ _____
no.
5. Fees paid to real estate broker or agent \$ _____
6. Other expenses \$ _____
7. Total searching expense claimed \$ 936.60
Enter this amount on Line 11.c., on the "Claim for Relocation Payment - Business"

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Line 10 on the "Claim for Relocation Payment - Business" to which this Schedule C is an attachment.

Signature of Owner or Authorized Agent

Date

The attached plans and many more
includes self looking and posters
looking for a combination which
would be suitable for a shop.

In many cases it was necessary
for me to leave work and follow
up leads from Posters in other
words the entire city and suburban
area have been combed, with no
satisfactory result. Which finally
led to a district which was
unlabeled for a shop. Which I
was forced to leave most of my
equipment at the rate of sixty five
(\$65.00) a month.

I am now in the process of pursuing
a plan which is in the paper form

NOTE THE CLIENTS PRODUCED TO ME
A NOTEBOOK OF APPROX 17 7" X 5"
PAGES OF ADDRESSES THAT THEY HAD LOOKED
AT IN AN EFFORT TO FIND A COMBINATION
HOME-SHOP SITUATION.

Elain Cogan
Chairman

PORTLAND DEVELOPMENT COMMISSION

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

Dr. W. A. Jenkins
Secretary

October 31, 1973

John B. Kenward
Executive Director

John S. Griffith
Charlotte Beeman
Bob Walsh

Mr. and Mrs. Louis E. Marshall
1026 N. E. 107th Place
Portland, Oregon

Dear Mr. and Mrs. Marshall:

We have enclosed our Warrants Nos. 836 EH and 837 EH, in the amounts of \$200 and \$1,147.20, respectively, for a total of \$1,347.20. This amount is to reimburse you for your actual expense in searching for a new location and moving your business from 247 N. Fargo, and also to pay you the dislocation allowance in respect of your self move from 247 N. Fargo. Please note that the reimbursement for the business move includes a \$297.50 payment for the cost of materials, construction and installation of storage bins for your carpentry shop. To date we have not received receipts for this expenditure. It will be necessary that we receive the receipt as soon as the work is done.

Finally, please note that this payment does not include any amount for the fixed moving allowance payable to you in respect of the self move of your residential personal property from 247 N. Fargo. The reason for this omission is as follows:

As you know, on January 2, 1973 the Commission acquired your property through a default judgment in the Multnomah County Circuit Court. HUD regulations required that we start charging a fair rent to you as a former owner-occupant of real property at a date not later than two months after we acquired the property if you are still in occupancy at that time. Accordingly, we charged you rent at the rate of \$63.75 from March 5, 1973 to July 10, 1973. The total rent due is, therefore, \$265.63. By this letter we wish to inform you that we intend to offset the amount of rent due the Commission (\$265.63) against the \$300 fixed moving allowance, and pay you the balance of \$34.36.

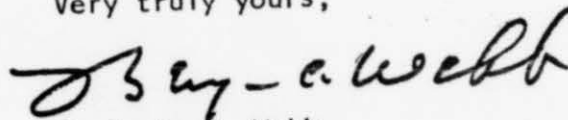
If you are agreeable to this proposal, may we have your agreement. If you are not agreeable, HUD regulations require that you give us your written objections within 30 days from the date of this letter. If we do not receive your objection within 30 days, we will be required

Mr. and Mrs. Louis E. Marshall
October 31, 1973
Page 2

to offset the rent as proposed above. If we do receive your objection within 30 days, we will be required to recommend to the Commission that it take legal actions to collect the rent.

Your prompt attention in this matter will be appreciated.

Very truly yours,



Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosures

January 10, 1974

Korpela Construction Company
13222 N. E. Rose Parkway
Portland, Oregon 97230

Gentlemen:

We have enclosed our Warrant No. 879 EH in the amount of \$35.00, in satisfaction of your invoice of July 19, 1973, copy enclosed, as compensation for the preparation of an estimate of the cost to replace certain items in a workshop at 247 N. Eargo.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 879 EH

DATE January 9, 19 74

PAY TO **Korpela Construction Company**

\$ 35.00

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 of Louis E. Marshall from 247 N. Fargo (Parcel A-3-13).	\$35.00

Account Distribution

NO.

TITLE

AMOUNT