

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-3-4	MARSHALL, LaVERNE 2740 N. VANCOUVER		
PARCEL NO. A-3-13	MARSHALL, LOUIS 247 N. FARGO		
PARCEL NO. R-14-8	MERCER, EMLIE 511 N. MORRIS		
PARCEL NO. R-10-15	MINNEWEATHER, STEWART 3117 N. COMMERCIAL		
PARCEL NO. A-3-17	MITCHELL, JAMES HENRY 217 N. FARGO		
PARCEL NO. A-8-10	MONTAGUE, CHARLES 319 N. FARGO		
PARCEL NO. A-3-19	MORGAN, EUGENE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	MORGAN, RONNIE 3213 N. VANCOUVER		
PARCEL NO. A-2-4	NAILLEN, ERMA ELAINE 3100 N. GANTENBEIN		
PARCEL NO. R-14-7	NICHOLS, RENA ELISESE 527 N. MORRIS		
PARCEL NO. A-4-10	NOLAND, FRANK & ETHEL 241 N. COOK		
PARCEL NO. A-2-11	OVERHOLTS, ANNA 3129 N. VANCOUVER		
PARCEL NO. A-3-20	PACE, THEODORE P. 3217 N. VANCOUVER		
PARCEL NO. R-4-7	PARASHOS, GEORGE 423 N. RUSSELL #4		
PARCEL NO. R-14-7	PARKS, DORINA 527 N. MORRIS		
PARCEL NO. E-3-6	PARRISH, BEVERLY 2653 N. COMMERCIAL		
PARCEL NO. A-2-5	PATTERSON, BILLY 227 N. MONROE		
PARCEL NO. E-3-12	LEWIS, MATTIE (PATTERSON) 531 N. RUSSELL		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-10-5 Advisor CD
 Client's Name Minnweather, Stewart Phone _____
 Address 3117 N. Commercial Ethn Black Age 50

- Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 2
2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife	50		

Economic Data

Employer Self-Emp. \$ 350⁰⁰

Address _____

Other Source of Income _____

_____ \$

Total Monthly Income \$ (350⁰⁰)

- 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 7-6-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1951

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

Date of initiation of negotiations for purchase of property 7-7-71

Date of Acquisition 10-8-71

Date of letter of Intent _____

Date of move 11-2-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1889

Size of Habitable Area 813

Furnished with claimant's furniture
 YES NO

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

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 5,000.00 Amenities _____

REPLACEMENT DWELLING UNIT

Address 1434 716 Failing LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1923

Size of Habitable Area 1400

No. of Rooms 7 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 14,750

Taxes \$ 333.35

RHP or TACO (including incidental costs) \$ 9639

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MINNEWEATHER, Stewart RELOCATION ADVISOR C. Daniels
 ADDRESS 3117 N. Commercial PHONE 287-1343 PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN black VETERAN _____ AGE 50 PARCEL NO. R-10-15
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 7-6-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>apprx. 20 years</u>
INITIATION OF NEGOTIATIONS: <u>7/6/71</u>
DATE OF ACQUISITION: <u>10/8/71</u>

ECONOMIC DATA

Employer Self Employed \$ 350.00
 Address John Fozzio 284-9902
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 350.00

FAMILY COMPOSITION

Name	Relation	Age
Beulah	wife	50

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1889 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 5,000.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 813 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>5035 N. E. 10th</u>	
<u>1436 N. E. Failing</u>	

AGENCY REFERRALS

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

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 1434 N. E. Failing Phone _____ Date of Move _____

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms _____ Habitable Area _____

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	107 EH	10/21/71	\$ 9,639.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$ 510.50
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$10,149.50

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relc
WORKER

Date	
1/15/71	FLYER: delivered to Mr. Minneweather by Marion Scott. He attends all of the meetings- "would like one with some real guts."
2/25/71	<u>SURVEY</u> : The Minneweathers are involved in a small scale shrubbery and junk business. They have a large inventory of plants, etc. Mr. Minneweather's wife is ill and is currently living elsewhere.
2/26/71	Delivered Relocation pamphlet and outlines benefits available to him.
7/6/71	Mr. Minneweather came in and said that he had found a house at N. E. 10th and Alberta. He asked if I would contact Real Estate Department and arrange for an appointment for 4:30.
7/7	There was some question as to the status of Mr. Minneweathers operating a business. However, it has been determined that he does not qualify for business benefits.
7/13	Met with Mr. Minneweather and Norm Bulkeman concerning the option. We arranged to view the unit at 10th and Alberta
7/19	Received inspection notice from Housing Division on unit at 1434 N. E. Failing. It was found to be substandard in a number of areas.
8/10	Took Mr. Minneweather to see house at 5035 N.E. 10th.
9/9	Mr. Minneweather signed option and brought Earnest money for a house at 1434 N. E. Failing. He said he liked the house and was quite anxious to buy it.
9/13	Complete claim forms for Replacement Housing Payment. It has been determined that he will receive \$9,639.00.
	Note to file: The above amount plus dislocation allowance of \$200 will be sent to Transamerica Title Insurance Co. Escrow Account when certification is provided by us that the claimant has purchased and occupy standard housing at 1434 N. E. Failing
9/28	Received reinspection notice of unit at 1434 N. E. Failing. It was found to be standard.
10/2	Received letter from Mr. Minneweather authorizing us to prepare and process check for his fixed moving expense in the sum of \$260.00 made payable to Transamerica Title Insurance Company. Said monies are to be placed in escrow account.
10/11	Received escrow statement from Transamerica. Received letter of authorization from Minneweather to place replacement housing payment and dislocation allowance in escrow.
10/21	Check was processed in amount of \$9,839.00 for replacement housing payment and dislocation allowance.
10/27	Mailed warrant #107 EH in the amount of \$9,839.00 to Transamerica Co. with instructions that it be deposited in escrow.

INTERVIEW REGISTER

Date

Rel
Worker

10/28	Received from Transamerica, statement of taxes owed on property.
11/2	Claim forms for fixed payment were prepared and approved today.
11/3	Mailed letter and check #27628 G, in sum \$260 to Transamerica Insurance Co. with instructions that it be deposited in escrow. Also authorized them to release payment of \$260 together with sum of \$9,839.00 previously deposited by us and to disburse these sums as directed by the Minneweathers.
11/10	Mr. Minneweather came into the office today and signed statement re-releasing personal property at 3117 N. Commercial.
11/11	Mr. Minneweather came into the office and turned in keys.

Transamerica Title Insurance Co. 9,839.00

Deposit in escrow for Stewart
& Beulah Minnieweather the
following per Claims filed. Move
from 3,117 N. Commercial (Parcel R-10-15)

Replacement Housing Payment 9,639.00
Dislocation allowance 200.00


9,839.00

E1501

Rela Bmts
(RHP 9,639.)
(Dislocation 200.)

9,839.00

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

<p>(For Local Agency Use Only)</p> <p>DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT Stewart & Beulah Minnieweather 3117 N. Commercial, Portland 97227</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p>
<p>INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.</p>	
<p>1. Did the claimant own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: <u>7/1/51</u> Date of Acquisition: <u>10/8/71</u> Month-Day-Year Month-Day-Year</p>	
<p>2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial Date of Ownership: <u>7/1/51</u> Date of Initiation of Negotiations: <u>7/6/71</u> Month-Day-Year Month-Day-Year</p>	
<p>3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Displacement: _____ Date of Purchase of Replacement Housing: _____ Month-Day-Year Month-Day-Year</p> <p>Date of Occupancy of Replacement Housing: _____ Month-Day-Year</p> <p>(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)</p>	
<p>4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Issuance Date of Mortgage: _____ Date of Discharge of Mortgage: _____ Month-Day-Year Month-Day-Year</p> <p>Date of Initiation of Negotiations: _____ Month-Day-Year</p>	
<p>5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. CERTIFICATION OF LOCAL AGENCY</p> <p>This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ <u>9,639.00</u> is authorized.</p> <p><u>10-20-71</u> Date  Authorized Signature</p>	
<p>7. RECORD OF PAYMENT</p> <p>Date of payment: <u>10/21/71</u> WARRANT Check number: <u>107EH</u> Amount: \$ <u>9,639.00</u></p>	

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CHAPTER 6 APPENDIX 6

APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth, Portland, Oregon 97201	PROJECT NUMBER ORE R-20
INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim.	
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."	
1. FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) MINNIEWEATHER, Stewart Jr. and Beulah	2. DATE OF DISPLACEMENT (f)
3. INFORMATION IN SUPPORT OF CLAIM	
A. Differential Payment	
PARCEL: R40-15	
Part I. Data on dwelling unit from which you moved	
1. Address of dwelling unit from which you moved <u>3117 N. Commercial</u> <u>Portland, Oregon</u>	
2. Date you first occupied this dwelling as the owner <u>Jan. 1, 1951</u> Month-Day-Year	
3. Number of bedrooms in the dwelling <u>2</u>	
4. Date of initiation of negotiations for local agency acquisition of dwelling <u>7/6/71</u> Month-Day-Year	
5. Payment made by local agency for the dwelling \$ <u>5,000.00</u>	
Part II. Data on dwelling unit to which you moved	
6. Address of dwelling unit to which you moved (include ZIP Code) <u>1434 N.E. Failing, Portland, Oregon 97217</u>	
7. Number of bedrooms in replacement dwelling <u>3</u>	
8. Purchase price of the replacement dwelling \$ <u>14,750.00</u>	

[form continued on next page]

9. Complete either a or b:

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

Date you signed purchase agreement 8/29/71 Date of settlement
 Month-Day-Year Month-Day-Year

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

Date you signed purchase contract 8/29/71 Date of settlement
 Month-Day-Year Month-Day-Year

Date you expect to occupy
 Month-Day-Year

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

Schedule Comparative

B. Interest Payment

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

[form continued on next page]

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

<p>(For Local Agency Use Only)</p> <p>WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT Stewart Minnieweather 1434 N. E. Failing, Portland, Oregon 97217</p> <p>COMPUTATION PREPARED BY: C. Daniels <u>12/13/71</u> (Name) (Date)</p>
<p>INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.</p>	
<p>A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	
<p>1. Amount of differential payment (Block B, Line 6)</p> <p>2. Plus interest payment (Block C, Step 4, Last line)</p> <p>3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e))</p> <p>4. Total (Sum of Lines 1, 2, and 3)</p> <p>5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others)</p> <p>6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5)</p> <p>(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)</p>	<p>\$ <u>9,639.00</u></p> <p>+ \$ _____</p> <p>+ \$ _____</p> <p>\$ <u>9,639.00</u></p> <p>- \$ _____</p> <p>\$ <u>9,639.00</u></p>
<p>B. COMPUTATION OF DIFFERENTIAL PAYMENT</p> <p><u>Required Information</u></p>	
<p>1. Actual purchase price of replacement dwelling</p> <p>2. Cost of comparable replacement dwelling (Cost based on: <input checked="" type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other)</p> <p>3. Acquisition payment made by agency for claimant's former dwelling</p> <p><u>Computation</u></p> <p>4. Line 1 or Line 2, whichever is less</p> <p>5. Minus Line 3</p> <p>6. Amount of differential payment</p>	<p>\$ <u>14,750.00</u></p> <p>\$ <u>14,639.00</u></p> <p>\$ <u>5,000.00</u></p> <p>\$ <u>14,639.00</u></p> <p>- \$ <u>5,000.00</u></p> <p>\$ <u>9,639.00</u></p>

[form continued on next page]

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CHAPTER 6 . APPENDIX 6

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:

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

10/15/71
Date

[Signature]
Signature of Owner-Occupant(s)

ALBINA REAL ESTATE

Property Management • Rentals • Leases • Sales

3120 N. Williams Avenue
Portland, Oregon 97212
282-5571

October 11, 1971

Portland Development Commission
Emanuel Hospital Relocation Site
235 N. Monroe
Portland, Oregon 97211

Subject: Relocation Housing Payment

Attention: Mr. Chet Daniels

Dear Sir:

We the undersigned request that your office transfer to the Transamerica Title Insurance Company, Escrow Department, 409 S.W. 9th, Pittock Block Building, the sum of ~~\$9,600~~ ^{9,639} which monies are due us as relocation housing payment.

Sincerely yours,

*Please Send my Moving Allowance of \$200.00
As I will need \$152.18 to pay off this house completely.*

Stewart Mineweather
Stewart Mineweather
Beulah Mineweather
Beulah Mineweather
SM:wbm

Stewart Mineweather
10/13/71

Escrow Acct No.

222-9931

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

September 28, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegvidden, Chief

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

Re: 1434 N.E. Failing Street

Attn: Mr. Crolley

Gentlemen:

A reinspection was made by the Housing Division of the one-story with attic, wood frame, three bedroom, single-family dwelling at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegvidden
Chief Housing Inspector

CHF:mfm



EARNEST MONEY RECEIPT

City PORTLAND State OREGON AUG 31

RECEIVED FROM STEWART MINEWEATHER & BULAR MINEWEATHER (hereinafter called

the sum of TWELVE HUNDRED DOLLAR & NO CENT Dollars (\$ 1,200)
in the form of NOTE as earnest money and in part payment for the purchase

following described real estate situated in the City of PORTLAND, County of MULT, State of OREGON
1434 N.E. Failing St.

for the sum of FOURTEEN THOUSAND, SEVEN HUNDRED, FIFTY Dollars (\$ 14,750)
on the following terms, to-wit: The sum, hereinabove receipted for, of TWELVE HUNDRED Dollars (\$ 1,200)

• {On _____, 19____, as additional earnest money, the sum of _____ Dollars (\$ _____)
• {On owners acceptance, _____ Dollars (\$ _____)
Upon acceptance of title and delivery of * { deed, _____ the sum of _____ Dollars (\$ _____)
contract, _____ Dollars (\$ _____)

Balance of _____ Dollars (\$ _____)
payable as follows: SUBJECT TO PAYMENT OF BENEFITS UNDER THE UNIFORM REAL PROPERTY ACQUISITION POLICIES ACT OF 1940 IN THE AMOUNT OF \$ 9,750.00 BY PORTLAND DEVELOPMENT COMMISSION. \$ 5,000.00 TO BE PAID UPON CLOSING, BALANCE TO BE PAID UPON PURCHASE TAX. IN POSSESSION, THE SELLER IS ACCEPTING THIS OFFER SUBJECT TO SALE BEING CLOSED BY SEPT 15 1991

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course at seller's expense; preliminary title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title.

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

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

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

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said sale: DRAPES IN LIVING & DINING ROOMS

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

Possession of said premises is to be delivered to purchaser on or before AT CLOSING, 1991, or as soon thereafter as existing laws and regulations require, and removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of both parties. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address: 3120 N. WILLIAMS AVE 8830 Albina Real Estate
Phone: 282-5571 787 By: Don Hart Sale Rep.

AGREEMENT TO PURCHASE

AUG 13 91

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$ 14,750.00, as set forth above and to give a period of 3 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or other instrument shall be prepared by the broker.

In name of STEWART MINEWEATHER & BULAR MINEWEATHER HUSBAND & WIFE

Address _____ Purchaser: Stewart Mineweather
Bular Mineweather
Phone _____

AGREEMENT TO SELL

Sept 7 91

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when stated.

Address _____ Seller: Virgil H. Walden
Phone _____

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.

Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. DATE: _____ Purchaser: _____
Copy hereof showing Seller's signed acceptance sent purchaser by _____ to purchaser's above address (return receipt requested) on _____ Return receipt card received and attached to broker's copy

SELLER'S CLOSING INSTRUCTIONS

SEPT 7 91

I agree to pay forthwith to the above named broker a commission amounting to \$ 883.00 for services rendered in this transaction. In the event of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. Said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances payable by me at/or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named herein.

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

Seller: Virgil H. Walden

108

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Steward Minnieweather
1434 N. E. Failing
Portland, Oregon

NAME OF LOCAL AGENCY

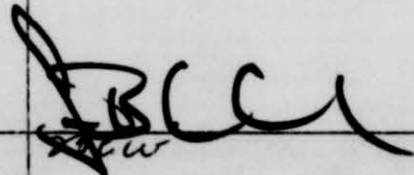
Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			10-20-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
10/21/71	107EH	\$ 200.00			\$

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

** Dislocation Allowance

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

HUD-6140.1
 (4-66)

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

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

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

1. FULL NAME OF CLAIMANT MINNIEWEATHER, Steward	(f)	2. DATE(S) OF MOVE X
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3117 N. Commercial, Portland, Oregon 97227 b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>June 1, 1951</u>	R-10-15	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 1434 NE Failing, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

X Dislocation Allowance

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

\$ 200.00

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

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

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

X _____ Date

Steward Minnieweather
Signature of claimant

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

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

July 19, 1971

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

Attn: Mr. Crowley

Re: 1434 N.E. Failing

14,750

Gentlemen:

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

Our inspector reports the following conditions are in non-compliance with City regulations:

1. Attic and cellar stairways lack safety handrails.
2. Broken window panes in cellar.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

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

CHF :mfm

*Re inspection
1:00 PM
9/27*

KVS

REQUEST FOR FINANCIAL DETERMINATION

Date 7/27/73

TO: Vern F. Schmidt, Supervisor, Finance Section
FROM: Ray Wilson, Supervisor, Rehabilitation Section
SUBJECT: Request for Maximum Financial Eligibility

ADDRESS 1434 NE Failing

NAME MINNIEWEATHER, Stewart

PHONE NUMBER 287-1343

ESTIMATED MINIMUM COST OF REHABILITATION 3500

ATTITUDE OF BORROWER _____

MAX. DETERMINATION _____

FINANCE CONSULTANT INT. _____

July 25, 1973

Mr. Stewart Minnieweather
1434 N. E. Failing Street
Portland, Oregon 97212

Re: 1434 N. E. Failing Street

Dear Mr. Minnieweather:

Recently the City of Portland, through its Concentrated Code Compliance Program, initiated a survey of structures located in the King-Vernon-Sabin Neighborhood Development Program area. The purpose of this program is to effect corrections of hazards that may exist, to improve maintenance, and to upgrade the general community in compliance with City of Portland Code requirements.

As the result of this survey, an inspection was made of your one-story, wood frame, single-family dwelling and detached garage at the above address, and the following conditions are in noncompliance with City Housing regulations:

1. Electrical violations noted include: there are improper splices in the attic; general lighting panel is overfused; service is inadequate for the connected load.
2. Laundry trays are not connected to the sanitary sewer.
3. Cellar stairway lacks the required head room.
4. Garage lacks gutters and downspouts.

The following conditions are in noncompliance with the Property Rehabilitation Standards as adopted for the King-Vernon-Sabin Neighborhood Development Program:

1. Kitchen window hardware is broken.
2. Grout around kitchen sink is broken.
3. Cellar stair treads are split.
4. The oil-converted furnace refractory is broken.
5. Exterior protective paint covering of both structures is weathered and peeling.
6. Front concrete steps are broken.
7. Mortar joints of both chimneys are deteriorated in the cap.

Mr. Stewart Minnieweather

Page 2

July 25, 1973

We further note that the following items, while not constituting violations at this time, can be expected to deteriorate into substandard conditions unless corrective measures are taken:

1. Kitchen ceiling plaster is cracked.
2. The partially excavated area has unsupported earth banks adjacent to the foundation.
3. The driveway is unpaved.

It will be necessary, therefore, to correct the above conditions under proper permits in compliance with City regulations.

Your attention is called to Section 29.12.030 of the Portland Housing Ordinance #130672 which provides for your right to appeal to the Housing Advisory and Appeals Board.

Should you have any questions concerning this inspection report, please call the Bureau of Buildings, Housing Division, 2200 N. E. 24th Avenue, Telephone 288-6077.

Financial and technical assistance to correct these violations has been provided by the City of Portland to homeowners who qualify under the urban renewal program criteria. If you need this assistance or desire additional information, please contact the Portland Development Commission or visit their neighborhood office at 5630 N. E. Union Avenue, Telephone 288-5075.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

Sjc.

S. J. Chegvidden
Chief Housing Inspector

JHM:jb

cc: Portland Development Commission
Plumbing & Electrical Divisions

C
O
P
Y

TRACT: DIXON PL. LOT: 4 BLOCK: 6 CLIENT: MINNIE WEATHER

VAL 00, 1210500710
 1-21050-0710 LEGAL 08/02/73 VOCH
 MINNIE WEATHER, STEWART & BJLAR

THIS DOCUMENT WAS
 THROUGH THE COURT



224-0551

1434 NE FAILING ST
 97211

LOT 4 BLOCK 6

LZ R5 ACQ 71 MAP 2632 BP 08220073 RATIO 1116

VALCUR
 ACCT NO. 1-21050-0710

DATE INQUIRED 08-02-73

*** VALUES ***

YR	L/C	DATE	TYPE	LAND VAL	IMP VAL	TIMBER	MARKET VAL
2 0001		02-01-72	M	2,900	11,600		14,500
3 0001		01-12-73	T	3,240	11,600		14,840

*** CURRENT TAXES ***

YR	L/C	DATE	TAX	UNPAID	INT	TOTAL
3 0001		08-15-73	419.34	419.34	12.58	431.92

No delinquent taxes

W/D	DATE	NAME	AMOUNT
W/D	11/3/71	VIRGIL H. Walker	MINNIE-WEATHER	22972	822	73
	<i>Nothing since</i>					

TRACT RECORDS SEARCHED THIS DATE: 8/3/73 at Pioneer

KRG

INSPECTION

NAME Stewart Minnie weather

ADDRESS 1434 N.E. Sailing

TEL 297-1343 APPOINTMENT DATE 7/24/73

TIME 9:00 AM COMMENTS Chet Dornick

DATE 7/24/73 SIGNED ms

7/1/73

Called 7/17/73
rjd

85 per week - Grower fruit - Scrubs - N.E. Columbia

58 yrs old
60 yrs. old - Wife

ADDRESS 1434 N. E. Failing Street 97212

OWNER Stewart Minnieweather 287-1343

KVS

-Boise-Humboldt NDP 9:00 am July 24, 1973

rec'd fr Frances 7/20/73 VM

NO. ROOMS 6 SQ. FT. 1020

NO. BEDROOMS 3 STAIRS 1

CELLAR: NO FULL A

OIL CONVERTIBLE

HOUSING SURVEY INSPECTOR

I certify that I have made a comprehensive housing inspection of this structure and the findings as noted are in accordance with the housing code of the City of Portland and the property rehabilitation standards designated for this area.

[Signature]
INSPECTING OFFICER

DATE 7/24/73

N/A-OK	CODE	PRS	INCLP.	
CELLAR AREA				
<input checked="" type="checkbox"/>	40.8			FLOOR
<input checked="" type="checkbox"/>	41.7			WALLS
<input checked="" type="checkbox"/>	41.8			CEILING
<input checked="" type="checkbox"/>	40.6			DOORS
<input checked="" type="checkbox"/>	40.7			WINDOWS
<input checked="" type="checkbox"/>	42.5			PLATES
<input checked="" type="checkbox"/>	41.4			BEAMS
<input checked="" type="checkbox"/>	41.5			POSTS/FOOTING
<input checked="" type="checkbox"/>	41.6			JOISTS
<input checked="" type="checkbox"/>	41.0			STEPS T/F
<input checked="" type="checkbox"/>	41.9			SANITATION
<input checked="" type="checkbox"/>	41.2			FIREPLACE & CHIMNEYS
<input checked="" type="checkbox"/>	42.9			ROOM SIZE
<input checked="" type="checkbox"/>	43.0			CEILING HEIGHT
<input checked="" type="checkbox"/>	42.7			PARTY ROOM
<input checked="" type="checkbox"/>	30.8			FREEZER
<input checked="" type="checkbox"/>	30.8			SHOP TOOLS
CELLAR AREA-ELECTRICAL				
<input checked="" type="checkbox"/>	30.0			WRING N S E W
<input checked="" type="checkbox"/>	30.1			OUTLETS N S E W
<input checked="" type="checkbox"/>	30.2			SWITCHES N S E W
<input checked="" type="checkbox"/>	30.3			LIGHTS N S E W
CELLAR AREA-PLUMBING				
<input checked="" type="checkbox"/>	20.8			PLUMBING FIXTURES T F V
<input checked="" type="checkbox"/>	20.0			DRAIN PIPE
<input checked="" type="checkbox"/>	20.0			WATER PIPE
<input checked="" type="checkbox"/>	20.0			GAS PIPE
<input checked="" type="checkbox"/>	20.9			FLOOR DRAIN
NON-EXCAVATED AREAS				
<input checked="" type="checkbox"/>	41.3			SILLS
<input checked="" type="checkbox"/>	41.4			BEAMS
<input checked="" type="checkbox"/>	41.5			POSTS/FOOTING
<input checked="" type="checkbox"/>	41.6			JOIST/CLEARANCE
<input checked="" type="checkbox"/>	42.7			VENTILATION
<input checked="" type="checkbox"/>	42.8			ACCESS
NON-CELLAR AREAS				
<input checked="" type="checkbox"/>	20.0			DRAIN PIPE
<input checked="" type="checkbox"/>	20.0			WATER PIPE
<input checked="" type="checkbox"/>	20.0			GAS PIPE
MISCELLANEOUS				
<input checked="" type="checkbox"/>	41.2			FIREPLACE/CHIMNEYS
<input checked="" type="checkbox"/>	42.2			FURNACE

N/A-OK	CODE	PRS	INCLP.	
UTILITY-ELECTRICAL				
<input checked="" type="checkbox"/>	30.5			PANEL CAP (100)
<input checked="" type="checkbox"/>	30.1			DRYER OUTLET
<input checked="" type="checkbox"/>	30.1			2ND RANGE
<input checked="" type="checkbox"/>	30.1			GROUNDING-PORTABLES
<input checked="" type="checkbox"/>	30.1			GROUNDING-FIXED WRING
<input checked="" type="checkbox"/>	30.1			GROUNDING-SERVICE
<input checked="" type="checkbox"/>	30.4			WATER HTR CIRCUIT
<input checked="" type="checkbox"/>	30.4			FURNACE CIRCUIT
<input checked="" type="checkbox"/>	31.1			SERVICE ENTRANCE
<input checked="" type="checkbox"/>	31.2			NUMBER OF MAIN SER. VICE DISCONNECTS
UTILITY-PLUMBING				
<input checked="" type="checkbox"/>	20.4			WATER VOLUME
<input checked="" type="checkbox"/>	20.5			LAUNDRY TRAYS T F V
<input checked="" type="checkbox"/>	20.6			AUTOMATIC WASHER FAC.
<input checked="" type="checkbox"/>	20.7			FAUCET, DRAIN, VENT WATER HEATER CONDITION ASME VALVE
EXTERIOR OF BUILDING				
<input checked="" type="checkbox"/>	40.0			FOUNDATION
<input checked="" type="checkbox"/>	40.9			WOOD-SOIL CONTACT
<input checked="" type="checkbox"/>	40.1			SIDING
<input checked="" type="checkbox"/>	40.2			EAVES & CORNICE
<input checked="" type="checkbox"/>	40.3			ROOF
<input checked="" type="checkbox"/>	40.4			GUTTER & DOWNSPOUTS
<input checked="" type="checkbox"/>	40.0			STEPS EXT. (F) R
<input checked="" type="checkbox"/>	41.1			PORCHES F R
<input checked="" type="checkbox"/>	40.6			DOORS & FRAMES F R
<input checked="" type="checkbox"/>	40.7			WINDOWS & FRAMES-SCREENS
<input checked="" type="checkbox"/>	41.2			FIREPLACE & CHIMNEYS
<input checked="" type="checkbox"/>	42.7			SKIRTING/VENTILATION
EXTERIOR-ELECTRICAL				
<input checked="" type="checkbox"/>	30.0			WRING TO UTILITY BLDG.
<input checked="" type="checkbox"/>	30.3			LIGHTS (YARD)
<input checked="" type="checkbox"/>	30.3			LIGHTS (PORCH) F R
<input checked="" type="checkbox"/>	30.7			SVC DROP
<input checked="" type="checkbox"/>	30.6			METER BASE SIZE
<input checked="" type="checkbox"/>	30.6			METER SEQUENCED (YES) (NO)

N/A-OK	CODE	PRS	INCLP.	
LOT CONDITION				
<input checked="" type="checkbox"/>	10.0			YARD
<input checked="" type="checkbox"/>	10.1			DRAINAGE
<input checked="" type="checkbox"/>	10.2			FENCE
<input checked="" type="checkbox"/>	10.3			SIDEWALKS/DRIVEWAY
<input checked="" type="checkbox"/>	41.0			STEPS (APPROACH)
<input checked="" type="checkbox"/>	10.5			RETAINING WALL
<input checked="" type="checkbox"/>	10.6			GARBAGE/NUISANCE
<input checked="" type="checkbox"/>	10.7			SHRUBS
<input checked="" type="checkbox"/>	10.8			RODENTS & PESTS
<input checked="" type="checkbox"/>	10.9			ALLEY
EXTERIOR-PLUMBING				
<input checked="" type="checkbox"/>	20.1			HOSE BIBBS
<input checked="" type="checkbox"/>	20.2			SEWER LINES
<input checked="" type="checkbox"/>	20.3			RAIN DRAINS
<input checked="" type="checkbox"/>	20.3			GAS METER
<input checked="" type="checkbox"/>	20.4			WATER SERVICE
GARAGE/OUT BUILDINGS				
<input checked="" type="checkbox"/>	40.0			FOUNDATION
<input checked="" type="checkbox"/>	40.9			WOOD-SOIL CONTACT
<input checked="" type="checkbox"/>	40.1			SIDING
<input checked="" type="checkbox"/>	40.2			EAVES & CORNICE
<input checked="" type="checkbox"/>	40.3			ROOF
<input checked="" type="checkbox"/>	40.4			GUTTER & DOWNSPOUTS
<input checked="" type="checkbox"/>	40.6			DOORS
<input checked="" type="checkbox"/>	40.7			WINDOWS
<input checked="" type="checkbox"/>	40.8			FLOOR
<input checked="" type="checkbox"/>	41.0			STEPS
UTILITY-BUILDING				
<input checked="" type="checkbox"/>	30.0			WRING IN UTILITY BLDG.
<input checked="" type="checkbox"/>	30.1			OUTLETS
<input checked="" type="checkbox"/>	30.2			SWITCHES
<input checked="" type="checkbox"/>	30.3			LIGHTS

N/A-OK CODE PHS INCLP	N S E W B 1 2				
	BR	LR	DR	HALL	UTIL STAIRS
	40.3				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	N S E W B 1 2 3				
	BR	LR	DR	HALL	UTIL STAIRS
	40.3				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.3				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSETS
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	BATH B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOOR
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS
	42.4				WATER CLOSET CLEARANCE
	42.0				HEAT
	42.9				SANITATION
	42.5				CLOSETS
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
BATH-ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS
	30.9				HEAT
	31.0				VENTILATION

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	BATH-PLUMBING				
	BR	LR	DR	HALL	UTIL STAIRS
	21.3				WATER CLOSET / VENT
	21.4				TUB F V W
	21.5				SHOWER F V W
	21.6				LAVATORY T F V W
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS
	30.9				HEAT
	31.0				VENTILATION

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	KITCHEN B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOOR
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS
	42.3				CABINETS
	41.2				CHIMNEY
	42.0				HEAT
	41.9				SANITATION
	30.8				GARBAGE DISPOSAL
	30.8				DISHWASHER
	30.8				EXHAUST FAN
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
KITCHEN-ELECTRICAL					
	30.4				UTILITY CIRCUITS-RECEP
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS
	30.8				ELEC. EQUIP. STOVE, REFRIG.
KITCHEN-PLUMBING					
	21.0				SINK T F V W
	21.1				HOT & COLD WATER
	21.2				GAS OUTLET

N/A-OK CODE PHS INCLP	N S E W B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOORS
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS & VENTILATION
	42.0				HEAT
	41.9				SANITATION
	41.0				STEPS
	42.5				CLOSET
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W

N/A-OK CODE PHS INCLP	BATH B 1 2 3 A				
	BR	LR	DR	HALL	UTIL STAIRS
	40.8				FLOOR
	41.7				WALLS
	41.8				CEILING
	40.6				DOORS
	40.7				WINDOWS
	42.4				WATER CLOSET CLEARANCE
	42.0				HEAT
	41.9				SANITATION
	42.5				CLOSETS
	42.9				RM. SIZE
	43.0				CEILING HEIGHT
BATH-ELECTRICAL					
	30.0				WIRING N S E W
	30.1				OUTLETS N S E W
	30.2				SWITCHES N S E W
	30.3				LIGHTS N S E W
	30.9				HEAT N S E W
	31.0				VENTILATION N S E W
BATH-PLUMBING					
	21.3				WATER CLOSET / VENT
	21.4				TUB F V W
	21.5				SHOWER F V W
	21.6				LAVATORY T F V W

DEFICIENCY CATEGORIES
 - CODE & PRS
 - INCIPIENT
 - OTHERWISE ELIGIBLE
 - G.P.I.

ITEMIZATION OF REHABILITATION WORK REQUIRED

STEWART MINNIE WEAVER

OWNER'S NAME

1434 NE. FAILING

PROPERTY ADDRESS

CITY BLOCK

PARCEL

CASE NO.

DATE 24 Jul 73 PHONE

IDENT. NO.	DEF. CAT.	LOCATION OF COMPONENT	IDENTIFICATION OF COMPONENT	IDENTIFICATION OF EXISTING MATERIAL	COMPONENT CONDITION	ACTION				REMARKS	ITEM MEASURE
						REPAIR	REPLACE	REMOVE	INSTALL		
1	4/8	2	Kit (D)	ceiling	Plaster	cracked	X	X			AS required
2	4/7	(D)	✓	window	hardware	broken		X			✓
3	2/0	(D)	✓	sink	grout	broken		X			✓
4	4/0	1	Cellar	stair	5'-0" headroom	deficient	X				✓
5	4/0	(D)	✓	stair	tread	broken		X			✓
6	4/0	2	✓	Foundation	Partial excavation	unsupported earth wall	X				✓
7	4/2	(D)	✓	FURNACE	oil conv	refractory broken	X	X			✓
8	3/5	1	utility - Elect	Panel	100 A	inadequate		X			✓
9	2/5	1	utility - Plumb	laundry tray	drain	not connected		X	X		✓
10	4/1	(D)	Exterior	Siding trim	Paint	Peeling		X			✓
11	4/0	(D)	✓	steps F	concl	cracked	X				✓
12	4/2	(D)	✓	Chimney (2)	Mortar	deteriorated in cap.	X				✓
13	1/3	2	Lot	driveway	gravel	unpaved				X	✓
14	4/1	(D)	Garage	Siding	Paint	weathered		X			✓
15	4/4	1	✓	Gutters & DS	none	missing				X	✓

DEFICIENCY CATEGORIES

- 1 - CODE A PRS
- 2 - INCIPIENT
- 3 - OTHERWISE ELIGIBLE
- 4 - G.P.I.

ITEMIZATION OF REHABILITATION WORK REQUIRED

Minnie Weather
OWNER'S NAME

1434 N.E. Fading. _____ _____ _____
PROPERTY ADDRESS CITY BLOCK PARCEL CASE NO.

DATE 24 Jul 73 PHONE _____

IDENT. NO.	DEF. CAT.	LOCATION OF COMPONENT	IDENTIFICATION OF COMPONENT	IDENTIFICATION OF EXISTING MATERIAL	COMPONENT CONDITION	ACTION				REMARKS	ITEM MEASURE
						REPAIR	REPLACE	REMOVE	INSTALL		
1	30/15	1	utility - Elect	Panel	rear porch		X				as required
2	30/10	1	✓	Attic-	wiring		X				✓
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

MEMORANDUM

Date September 5, 1973

TO: The File
FROM: SCD
SUBJECT: Minnieweather, Stewart

Mr. Minnieweather moved into this house about a year ago from Emanuel Hospital project. The upstairs portion or attic of the house, located at 1436 N. E. Failing, was uninhabitable at that time. My recent inspection shows that Mr. Minnieweather had hired an electrician to come in and put wiring in. In conversation, he indicated that his intent was to make the attic usable as bedrooms, however, he had to stop because he ran out of money. As far as I can remember, the house did not have laundry trays when Mr. Minnieweather moved in.

After seeing Mr. Minnieweather's home before he was relocated it is understandable that the condition in his new home would depreciate rapidly. He is a hard working man but with little or no understanding about how to care for or live in a modern house. His wife has been sick with diabetes for many years and there has been no one to do the housekeeping.

KVS

PORTLAND DEVELOPMENT COMMISSION

LOAN INTERVIEW

4/1
c/c Van

APPLICANT Stewart S. Minnewater AGE 58 DATE 8/7/73

ADDRESS 1434 N.E. Fairing St (12)

SPOUSE Brian Minnewater AGE 60 PHONE 287-1343

Married? No. of Years 11 No. of Dependents 1 Ages

If widowed, divorced or separated, name former spouse

PROPERTY TO BE IMPROVED

ADDRESS same

Purchase Price \$ 14,500 Present Balance \$ Free clear Date Purchased Dec 1972

Monthly Payment \$ Does payment include Taxes & Insurance? Interest Rate %

Payable to

ADDRESS Relocated from Emorced project Phone

EMPLOYMENT INFORMATION

Employer Growers Fruit & Shrub Center Yrs Spouse

Address 2240- NE Columbia Blvd. (11)

Phone

Position

Gross Income \$ 140⁰⁰ Per week \$ Per

Overtime second work - approximately

Other Income 5 months per yr.

Social Security Number [REDACTED]

Other Real Estate Owned:

Address	Market Value	Debt against Property	Rental Income	Who holds the Mortgage or Contract
<u>/</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>	<u></u>
<u></u>	\$ <u></u>	\$ <u></u>	\$ <u></u>	<u></u>

3 bedrooms

July 25, 1973

Mr. Stewart Minnieweather
1434 N. E. Failing Street
Portland, Oregon 97212

Re: 1434 N. E. Failing Street

Dear Mr. Minnieweather:

Recently the City of Portland, through its Concentrated Code Compliance Program, initiated a survey of structures located in the King-Vernon-Sabin Neighborhood Development Program area. The purpose of this program is to effect corrections of hazards that may exist, to improve maintenance, and to upgrade the general community in compliance with City of Portland Code requirements.

As the result of this survey, an inspection was made of your one-story, wood frame, single-family dwelling and detached garage at the above address, and the following conditions are in noncompliance with City Housing regulations:

1. Electrical violations noted include: there are improper splices in the attic; general lighting panel is overfused; service is inadequate for the connected load.
2. Laundry trays are not connected to the sanitary sewer.
3. Cellar stairway lacks the required head room.
4. Garage lacks gutters and downspouts.

The following conditions are in noncompliance with the Property Rehabilitation Standards as adopted for the King-Vernon-Sabin Neighborhood Development Program:

1. Kitchen window hardware is broken.
2. Grout around kitchen sink is broken.
3. Cellar stair treads are split.
4. The oil-converted furnace refractory is broken.
5. Exterior protective paint covering of both structures is weathered and peeling.
6. Front concrete steps are broken.
7. Mortar joints of both chimneys are deteriorated in the cap.

C
O
P
Y

Mr. Stewart Minnieweather

Page 2

July 25, 1973

As further note that the following items, while not constituting violations at this time, can be expected to deteriorate into substandard conditions unless corrective measures are taken:

1. Kitchen ceiling plaster is cracked.
2. The partially excavated area has unsupported earth banks adjacent to the foundation.
3. The driveway is unpaved.

It will be necessary, therefore, to correct the above conditions under proper permits in compliance with City regulations.

Your attention is called to Section 29.12.030 of the Portland Housing Ordinance #130672 which provides for your right to appeal to the Housing Advisory and Appeals Board.

Should you have any questions concerning this inspection report, please call the Bureau of Buildings, Housing Division, 2200 N. E. 24th Avenue, Telephone 288-6077.

Financial and technical assistance to correct these violations has been provided by the City of Portland to homeowners who qualify under the urban renewal program criteria. If you need this assistance or desire additional information, please contact the Portland Development Commission or visit their neighborhood office at 5630 N. E. Union Avenue, Telephone 288-5075.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S.J.C.

S. J. Chegvidden
Chief Housing Inspector

JEM:jb

cc: Portland Development Commission
Plumbing & Electrical Divisions

ALBINA REAL ESTATE

Property Management • Rentals • Leases • Sales

3120 N. Williams Avenue
Portland, Oregon 97212
282-5571

October 11, 1971

Portland Development Commission
Emanuel Hospital Relocation Site
235 N. Monroe
Portland, Oregon 97211

Subject: Relocation Housing Payment

Attention: Mr. Chet Daniels

Dear Sir:

We the undersigned request that your office transfer to the Transamerica Title Insurance Company, Escrow Department, 409 S.W. 9th, Pittock Block Building, the sum of \$9,600 which monies are due us as relocation housing payment.

Sincerely yours,

Stewart Mineweather

Stewart Mineweather

Beulah Mineweather

Beulah Mineweather

SM:wbm

DATED this 10 day of NOVEMBER 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
(3117 71. Commercial), Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

X *[Signature]*
(firm name)

by: _____

November 15, 1971

Mr. Stewart Minniemather
1434 N. E. Felling
Portland, Oregon 97212

Dear Mr. Minniemather:

Enclosed is our warrant, number 143 E. N., in the sum of Fifty and 00/100 (\$50.00) dollars, which represents reimbursement for allowable incidental expenses incurred in the purchase of your replacement dwelling at 1434 N. E. Felling, Portland, Oregon.

Very truly,
[Signature]

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 145 EH

DATE November 12, 1971

PAY TO **Stewart and Baulah Minnieweather**

\$ 50.50

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for settlement costs per claim filed. 1434 N.E. Felling (R-10-15).	\$50.50

Account Distribution

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

AL

[Signature]

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

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

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

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

1. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding) MINNIEWEATHER, Stewart and Beulah	Address (Include ZIP code) 3117 N. Commercial Ave. Portland, Oregon 97227
--	---

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description 1434 N. E. Failing, Portland, Oregon (displacement location)	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s) R-10-15 (on site - Emanuel)	

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

ITEM	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT	PAID DIRECTLY BY CLAIMANT	AMOUNT CLAIMED (Col. (b) + (c))	AMOUNT APPROVED
	(a)	(c)	(d)	(e)
½ of escrow fee	\$ 32.50	\$	\$ 32.50	\$ 32.50
recording of deed	1.50		1.50	1.50
Mult. County transfer tax	16.50		16.50	16.50
TOTAL	\$ 50.50	\$	\$ 50.50	\$ 50.50

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

attached copy of escrow closing statement

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

11/10/71

Date
Signature of claimant

LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP claim filed 10-15-71, paid 10-21-71.

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

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

D. CERTIFICATION

I CERTIFY that I have examined this claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment is authorized in the total amount of \$ 50.50.

11-11-71

Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 50.50 by check No. 145 EH dated 11/12/71

Transamerica Title Insurance Co

A Service of Transamerica Corporation

ESCROW DEPARTMENT

Escrow No. 9492
 Order No. 61-87846
 Date 11/1/72
 Adjustment Date 11/2/72

MINNIEWARTNER, Stewart and Dolar
1434 N.E. Felling
Portland, Oregon 97212

722-9931

SELLER: Virgil H. WALKER

	CHARGES	CREDITS
Property: <u>1434 N.E. Felling Portland, Oregon 97212</u>		
Purchase Price	<u>14,750.00</u>	
1971-72 taxes of: <u>\$333.33</u>		
Pro Rata Real Estate Taxes: <u>11/1/72 to 7/1/72</u>	<u>202.50</u>	
Pro Rata Fire Insurance:		
Escrow Fee <u>1/2 of \$65.00</u>	<u>32.50</u>	
Recording <u>Deed</u>	<u>1.50</u>	
Contract/Mortgage Balance		
Revenue Stamp	<u>16.50</u>	
	<u>50.00</u>	
For telephone conversation 11/1/72: Mr. Dolar authorized payment from his proceeds <u>200.00</u>		<u>200.00</u>
Earnest Money Deposit		
Deposit in Escrow		
	<u>15,000.00</u>	
To Balance		<u>1,000.00</u>
Due to client	<u>15,000.00</u>	<u>15,000.00</u>

Nov 5, 1972

PURCHASER'S STATEMENT

(Cash or Check)

November 3, 1971

Transamerica Title Insurance Co.
409 S. W. 9th Avenue
Portland, Oregon 97205

ATTENTION: Gerald Kelley
Escrow Department

Re: Escrow No. 54091
MISHINWEATHER, Stewart

Gentlemen:

Enclosed is my check, number 2532 2, in the sum of Two Hundred
Sixty Eight and no/100 dollars, to be deposited to your account.

Yr. attn.
at 504 S. W. 9th
5127 Hawthorne

Waggle
600.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 27628 G

DATE November 3, 1971

PAY TO THE ORDER OF **Transamerica Title Insurance Company**

\$ 260.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Stewart & Bouiah Minnieweather, #54091, Fixed Relocation Payment, own furniture, per claim filed. Move from 3117 N. Commercial, 11-10-15.	\$260.00

Account Distribution

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

AL

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)
Emanuel Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT MINNIEWEATHER, Stewart Jr. and Beulah Family Individual

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-10-15

a. Address 3117 N. Commercial, Portland, Oregon 97227

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

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

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 6

e. Date you moved into this
address: 6/1/51

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 1434 NE Failing, Portland, Oregon 97217

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

c. Were household goods moved to
or from storage?
 Yes No
If "Yes", complete table,
"Statement of Claim for Storage
Costs"

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

Dislocation Allowance	<u>\$200.00 (paid)</u>	
Fixed Moving Payment (Consult local agency)	<u>260.00</u>	
		Total \$ <u>260.00</u>

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

November 1, 1971

Date

Stewart Beulah Minnieweather
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Stewart Minnieweather, Jr.
1434 N. E. Failing
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: 10/28/71
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?

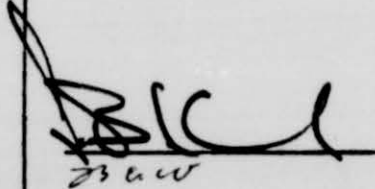
Yes No

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:

(Complete either A or B:)

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

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>11/3/71</u>	<u>276286</u>	<u>\$ 260.00</u>	<u>BD</u>		\$

** see attached copy of warrant number 107 EH.

October 2, 1971

Portland Development Commission
Emanuel Hospital Site Office
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

This is to authorize you to make my check for my fixed moving expenses, in the sum of \$260.00, payable to Transamerica Title Insurance Company, and to place said monies in escrow account no. 54091 at Transamerica Title Insurance Company, Escrow Dept., 409 S. W. 9th.

It is necessary that this payment be made as soon as possible so that we may close the deal on my relocation housing at 1434 N. E. Failing; I do not have sufficient money on hand to close this escrow without this payment being made.

Sub committed

*None
Event*

October 27, 1971

Transmitted Title Insurance Co.
2000 ...
...

...

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 107 EH

DATE October 21, 1971

PAY TO **Transamerica Title Insurance Company**

\$ 9,839.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 274-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Stewart & Beulah Minnieweather; the following per claims filed. Move from 3117 N. Commercial (Parcel R-10-15) Replacement Housing Payment \$9,639.00 Dislocation Allowance <u>200.00</u>	\$9,839.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments	\$9,839.00
	(RHP 9,639.00)	
	(Dislocation 200.00)	

[Handwritten signature]

*To Transamerica
 by Emanuel*

[Handwritten initials]



Pioneer National Title Insurance Company

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

OREGON DIVISION

Mr. and Mrs. Steward J. Minnieweather
3117 N. Commercial
Portland, Oregon 97227

October 11, 1971
ESCROW NO. 386733
RE: Minnieweather-Portland Devel.

Gentlemen:

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

(X) Statement of Receipts and Disbursements
(X) Our check # 311446 in the sum of \$ 4,758.82 for proceeds
of demand

() Deed recorded		Book	Page
records of	County,		
() Mortgage recorded		Book	Page
records of	County,		
() Note dated		in the sum of \$	
() Title Insurance Policy No.		in the sum of \$	
() Fire Insurance Policy in the amount \$			

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

Yours very truly,
Pioneer National Title Insurance Company

By: Jean Egberg
(Mrs.) Jean Egberg, Escrow Officer

Pioneer National Title Insurance Company

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

Branch Telephone: _____

Esc. No. 386733

ESCROW STATEMENT

October 11, 1971

Minnieweather, Steward, Jr. and Beulah

PROPERTY ADDRESS 3117 N. Commercial

DESCRIPTION North 36feet of Lots 13 and 14, Block 10, Subdivision of Riverview Addition to Albina

	Debit	Credit
	\$	\$
Demand-Deposit - for deed		5,000.00
Title Insurance Policy No.		
Escrow Fee		
Taxes <u>1971-72 pro-rata taxes from 7-1-71 to 10-8-71</u>	29.40	
City Liens		
Reconveyance		
RECORDING		
Deed to		
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage to		
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid <u>Bureau of Water Works</u> for <u>water bill</u>	11.78	
Paid for		
<u>Funds held in Escrow pending authorization from Portland Development Commission to release</u>	200.00	
Balance - Our Check Herewith	4,758.82	
Balance - Debit		
TOTAL	5,000.00	5,000.00

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

Pioneer National Title Insurance Company

By Jean Egberg
(Mrs.) Jean Egberg, Escrow Officer

\$1200.00

Aug

31

1927

ON DEMAND, each of the undersigned promises to pay to the order of

Albina Real Estate

Twelve Hundred Dollars and No Cent

DOLLARS,

with interest thereon at the rate of Cash percent per annum from until paid; interest to be paid in full.

All or any portion of the principal hereof may be paid at any time. If this note is placed in the hands of an attorney for collection, each of the undersigned promises and agrees to pay the holder's reasonable collection costs, including reasonable attorney's fees, even though no suit or action is filed hereon; however, if such suit or action is filed, the amount of such reasonable attorney's fees shall be fixed by the court, or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

This note subject to the terms of Earnest Money Agreement No. 0159

X Ed Amundson
X Bulas Mimmierweather

MEMORANDUM

Date September 9, 1971

TO: The File - Stewart Minneweather
FROM: Benjamin C. Webb
SUBJECT: Relocation Benefits

On September 7, 1971 a meeting was held at the C-CAP office at 106 N.E. Morris, between the client; John Hart from Albina Realty; Jim Barnes from Legal Aid; Olly Norville, PDC Attorney; and Ben Webb, PDC staff.

The clients have found a house that they want to buy at 1434 N.E. Failing. It has three bedrooms and one bath, and the asking price is \$14,950. We think we can get it for \$14,750. The only problem is that the County tax records indicate that the client's present house has two bedrooms, but the clients say they have added another bedroom. We must inspect and count the number of bedrooms.

After we get a copy of the earnest money receipt, we will request a City inspection of the new house and someone from our Real Estate Department will be asked to check the house for value.

BCW:ch

R E C E I P T

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

X *Real, ...*

2/26/91

date

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. R-20 PARCEL R-10-15
 NAME Minneweater, Stew ADDRESS 3117 N. Commercial APT NO. -
 PHONE 287-1343 INITIAL INTERVIEW 7/6/71 SEX M W - NW B AGE 50
 U.S. CITIZEN X ALIEN - VETERAN - SERVICEMAN - DATE ON SITE 6/1/81

FAMILY COMPOSITION

Name	Relation	Age
Bualau	wife	50

Employer: Name Self-employed \$ 350.00
 Address John Fozzio 284-8802
 MCW Caseworker
 Social Security
 Va. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME \$ 350.00

Owner-occupant
 Rent , Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 6

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered by
 Notify in case of accident:

Name Address Phone

Information Statement given to Mr. Minneweater on 2/26/71 by Daniels

Notice to move given to on by

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

REMOVED FROM CASELOAD: (Date)

Refused assistance

Relocated in:

Low-rent public housing

Other perm. public housing

Standard priv. rent. hsg.

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

Standard sales housing 11/10/71

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
<u>5035 N.E. 10th</u>	<u>Bel</u>	<u> </u>
<u>1436 N.E. Fairing</u>	<u>Bureau of Bldg.</u>	<u> </u>

NEW ADDRESS: 1434 N.E. Fairing
 Zip Phone

1/15/71 Flyer delivered to Mr. Minneweather by Marion Scott. He attends all of meetings - "would like one with some real guts".

2/25/71 - Survey - The Minneweathers are involved in a small scale shrubbery and junk business. They have a large inventory of plants, etc. Mr. Minneweather's wife is ill and is currently living elsewhere.

Norm - Mr. Minneweather called and said that he found a

2/26/71 - Received relocation pamphlet and outlined benefits available to him.

7/6/71 Mr. Minneweather came in and said that he had found a house on at N.E. 10th and Alberta. He asked if I would contact Real Estate Department and arrange for an appointment for 4:30.

7/7/71 - There was some question as to the status of Mr. Minneweather operating a business. However, it has been determined that he does not qualify for business benefits.

7/12/71 met with Mr. Minneweather and Norm Bulkeman concerning the option. We arranged to view the unit at 10th and Alberta.

7/19/71 Received inspection notice from Housing Division on unit at 1434 N.E. Failing. It was found to be in substandard in a number of areas.

8/10/71 Took Mr. Minneweather to see house at 5035 N.E. 10th.

9/9/71 - Mr. Minneweather signed option and brought earnest money for a house at 1434 N.E. Failing. He said he liked the house and was quite anxious to buy it.

9/13/71 - completed claim forms for replacement Housing Payment. It has been determined that he will receive \$9,639.00.

Note To File: The above amount plus Dislocation Allowance of \$5000 will be sent to Transamerica Title Ins. Co Escrow account when certification is provided by us that the claimant has purchased & occupied standard housing at 1434 N.E. Failing.

DATE	NOTES	C/N
9/28/71	Received reinspection notice of unit on 1434 N.E. Gulding. It was found to be in standard condition.	
10/5/71	Received letter from Mr. Mereweather authorizing us to prepare and process check for his fixed moving expense in the sum of \$200.00 made payable to Transamerica Title Ins. Co. Said monies are to placed in escrow account.	
10/11/71	Received escrow statement from Transamerica.	
10/11/71	Received letter of authorization from Mr. Mereweather to place replacement housing payment & relocation allowance in escrow.	
10/15/71	check was processed in amount of \$9,839.00 for replacement housing payment and relocation allowance. mailed to Transamerica Co.	
10/27/71	mailed warrant # 107 E.N., in the amount of 9,839.00 to Transamerica Co, with instructions that it be deposited in escrow.	
10/28/71	Received, from Transamerica, statement of taxes owed on property.	
11/2/71	claim forms for fixed payment were prepared and approved today.	
11/3/71	mailed letter and check # 276289, in sum of \$260 to Transamerica Insurance Co, with instructions that it be deposited in escrow. also authorized them to release payment of \$260 together with sum of \$9,839.00 previously deposited by us & to disburse these sums as directed by the Mr. Mereweather.	
11/10/71	Mr. Mereweather came into office today and signed statement releasing personal property at 317 N Commercial.	
11/12/71	Mr. Mereweather came into office and turned in keys.	

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 SCD Date of survey 2/25/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 6 Structure No. 6 Census Block No. 30 Census Tract No. 22A
 Street Address 3117 N. Commercial 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 _____

wife in hosp.

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

Name	Family relation	Age	Sex	Occupation
1. <u>Steward Minnieweather</u>	<u>Head of household</u>	<u>50</u>	<u>M</u>	
2. <u>Buslan Minnieweather</u>		<u>50</u>	<u>F</u>	
3. _____				
4. <u>In Shrubbery Business</u>				<u>Has \$1000. - \$500.00 worth in</u>
5. <u>Junk Business</u>				<u>yard</u>
6. _____				
7. _____				
8. _____				
9. _____				

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Steward Minnieweather</u>	<u>John Fozzilo</u>	<u>N Columbia</u>	
	<u>Self-Employed</u>		

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
<u>Steward Minnieweather</u>	<u>\$ 350.00</u>	<u>\$ 350.00</u>
_____	<u>?</u>	<u>?</u>
Total family or household income per month	\$ <u>350.00</u>	\$ _____

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

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

Approx 20 yrs

HOUSING RESOURCES SURVEY

To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst _____ Date _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 6 Census Block No. 30 Census Tract No. 22A
 Street Address 3117 N. Commercial Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: (Same) NAME & ADDRESS OF OWNER: Minnie Weather, Steward Jr. NAME & ADDRESS OF PROP. MGR: _____
 _____ 3117 N. Commercial _____
 TELEPHONE: _____ TELEPHONE: 289-1343 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

813 Sq. ft. in first floor (county figure)
813 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
1889 Date structure was originally built
 _____ Date of any major alterations

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2700</u>	\$ _____
Improvements	<u>980</u>	_____
Total	<u>3680</u>	_____

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

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

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

V. RENTAL RATE FOR THIS RENTED UNIT

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

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

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

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

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

VII. REMARKS

1 1-71080-3000 MINNIEWEATHER, STEWARD OR
BEULAH

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

3117 N COMMERCIAL AVE
PORTLAND, OREGON 97217

RIVERVIEW SUB

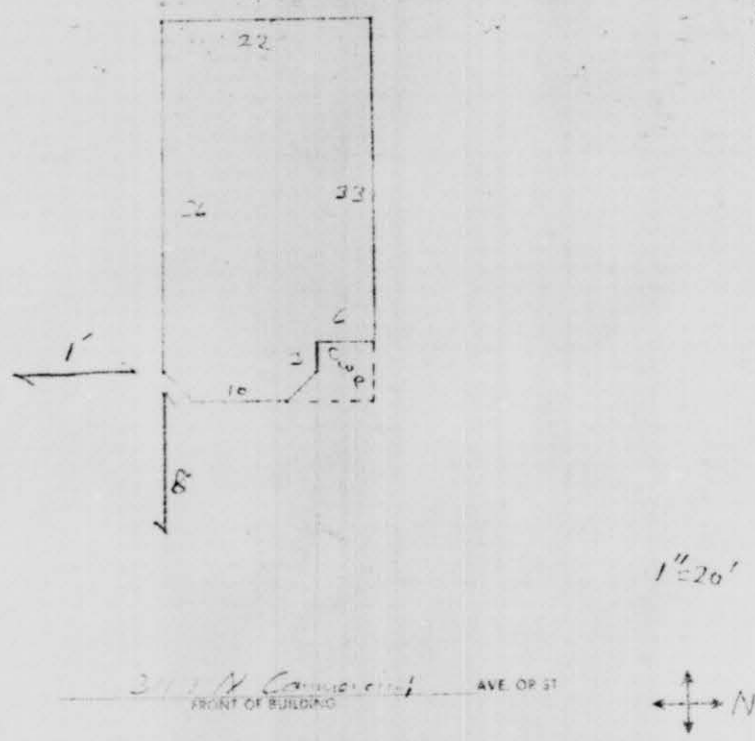
LOT BLOCK

N 36' OF

13 & 14 10

PROPERTY ADDRESS: 3117 N COMMERCIAL AVE
PORTLAND

APPEALS:



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN	DATE
1968			2600	950	3550		
1971			2700	980	3680		S. D.

AVENUE OR STREET

3117 N Commercial Ave. OR ST
FRONT OF BUILDING

1" = 20'

DATE / SIGNATURE

CHECKED	REVIEWED	SIGN	COUNT	INDEX	RE-CHECKED	NOTIFIED
	MAY 12 1968					

DATE FEB 27 68

BY ANDREWS S. MILLER

100M 40 100V 1 1 68

LAND REAPPRAISAL 1968

MARKET DATA		ADJUSTMENTS	IND. VALUE
IDENTIFICATION			

ZONING		SITE ADJUSTMENTS	
MONTHLY RENTAL \$	X GRM	S	IND. VALUE
ROAD TYPE D.G.P.			
TOPOGRAPHY	D.A.C.		
VIEW			
OTHER			
DEPTH FACTOR			
STANDARD DEPTH			
EFFECTIVE DEPTH			

COMPUTATIONS				VALUE
LAND DESCRIPTION	SIZE OF ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE
36 X 81 @ 20 FF		720	S	650
0.90 ac	2916	2624	70	2624

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ.
	TOTAL APPR VALUE 2605
	19 APPR VALUE
	19 APPR VALUE
	19 APPR VALUE
APPRAISER	19 APPR VALUE

7. [Signature] 4/27/67

ACCOUNT NO. 1-71080-3000		1968
CLASS 3	STORY	AREA 212
ADDRESS 317 N Commercial	BASE FACTOR 6900	
FDN. Con. Br. WP	BSMT 2 4	1 2 3 4
BSMT ROOMS 0	Lev. Bath	
FLOORS D	Line	Tile Hdw Con 150
ROOF H F Alum Comp Shg Shk	Tile	Built-Up
EXTER D	Shks. Siding	Bik Stuc Bik PD 200
INTER L & P	Drywall	Trim Fr Hdw Dt
PLUMB G FACILITY	Sink D.W. Toilet W.B. Tub Enc	Shower Enc St Lean W.H. 100
HEAT H W	Pkge. Pipe Floor	Oil Gas Elect H.A. 40
FIREPLACE Inc	OS S D T	1-2 2-3 3-4
ATTIC 0	Unf. Fin BR Bath	1-2 3-4
2ND STY 0	BR Bath	1-2
BAYS	DORMERS	
MISC		
MISC	V F & H R R O	V F Tile
OUTSIDE	BT Sprinkler	Y.L.

FIRST FLOOR	GARAGE	AREA	REPL COST	NET	TOTAL
Rec. Hall	Classy				
Serv. Hall	Type				
Liv. Rm.	Dim. X				
Den. Area					
Four Rm.		313'	7925	12	7951
Nook					
Kitchen	Floor				
Utility					
Bedroom	Const				
Bath	Roof				
Low					
Den.	Misc				

MISC	BUILT	AGE	1968	APPR. VALUE
Dim. X	1889	31	19	950
Fdn.	PERM NO		19	
Const	PREV APPR 1962		19	
Roof	D.A. RM M.C.		19	
MISC	RENTAL		19	
Dim. X			19	
Fdn.			19	
Const			19	
Roof			19	

TOTAL DEPRECIATED REPLACEMENT COST 950