

	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, EMILIE 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	NAILEN, 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. R-14.7 Advisor CS

Client's Name Nichols, Rena Phone _____

Address 527 N. Morris Ethn White Age 36

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

Female Head of Household

Family Composition

Total Number in Family 6

1 wife, ~~husband~~

Other: Relation Age Relation Age

Relation	Age	Relation	Age
DTC	14		
SON	11		
"	7		
DTC	3		
SON	3		

Economic Data

Employer Ron Tomkin \$ 450.00

Address _____

Other Source of Income _____

_____ \$

Total Monthly Income \$ (450.00)

- Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

- Presently Receiving Welfare YES NO
 Other Assistance _____

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

- YES NO

Date of initial interview 6-19-72 Date of Info pamphlet delivery 6-19-72

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5-1-72

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

Date of initiation of negotiations for purchase of property 5-10-71

Date of Acquisition _____

Date of letter of Intent _____

Date of move 12-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit _____
 Size of Habitable Area 1500
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 8 Rent Paid \$ 100.00 Utilities (inc.)
 Number of Bedrooms 5 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 2740 N.E. Saratoga LPA Referred _____ Self Referred

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

Outside city Outside state
 ✓ Age of Housing Unit 1922
 ✓ Size of Habitable Area ~~968~~ 1450
 ✓ No. of Rooms 6 No. of Bedrooms 3

FHA 235 - Repo

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 17,950 Rent \$ _____
 Taxes \$ 355.91 Utilities \$ _____
 RHP or TACO (including incidental costs) \$ 500 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

Moving benefits only

No. of Housing Referrals to: 2 Standard Sales Agency Referrals: _____ MCW _____ HAP _____ OTHER (FHA)
 _____ Standard Rent Food Stamp _____ Legal Aid _____ Other (____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME NICHOLS, Rena E. RELOCATION ADVISOR CD
 ADDRESS 527 N. Morris PHONE 287-4511 PROJECT NAME Emanuel
 SEX F ETHN W VETERAN _____ AGE 36 PARCEL NO. R-14-7
 MARITAL STATUS D TENURE t/o
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-25-72 DATE INFO PAMPHLET DELIVERED 5-25-72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>5-1-72</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer Ron Tonkin \$ 450.00
 Address 122 N. E. 122
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 450.00

FAMILY COMPOSITION

Name	Relation	Age
Rena	Mother	36
Jackie	D	14
Mark	S	11
Lee	S	7
Valerie	D	5
J. C.	S	3

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			

Age of Structure _____ No. Rooms 8
 No. Bedrooms 5 Furn. _____ Unfurn x
 Utilities \$ _____
 Monthly Payments (Rent) \$ 100.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1500 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>3425 S. E. Stark</u>	<u>4</u>
<u>2740 N. E. Saratoga</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred x

Address 2740 N. E. Saratoga Phone _____ Date of Move 12-1-72

WHERE RELOCATED:

				S	SS
Same City	<u> x </u>	Subsidized Sales		Single Family	<u> x </u>
Outside City		Subsidized Rental		Multiple Family	
Out of State		Public Housing		Duplex	
		Private Rental		Mobile Home	
		Private Sales	<u> x </u>		

Furnished _____ Unfurnished x Number of Rooms 6 Number of Bedrooms 3 Habitable Area 1450

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 17,950

Age of Structure: 1922 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	527 EH	9-11-72	\$ 200.00
Actual Move D.A.	598 EH	11-13-72	\$ 300.00
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 500.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

Date

5-25-72

Mrs. Nichols came in and we discussed her status as a displacee from Emanuel Project. She moved in May 1, 1972 - Only eligible for M.C.

6-9-72

Mrs. Nichols called to see if House had been sold to PDC (Not sold but in condemnation).

6-19-72

Mrs. Nichols came in and (6:00 p.m.) said she would like to start looking now for a house and possibly move.

6-29-72

Mrs. Nichols came in at 6:00 p.m. I introduced her to Herman Plummer Real Estate. Mr. Plummer has a contract with HUD to service their repossessed houses. After some discussion and questions, it was determined that Mrs. Nichols could get a 235 Loan and could buy one of the repos from HUD.

7-1-72

Mrs. Nichols has not found a place one she want on Stark was sold and she now plans to wait till she comes back from her vacation.

9-11-72

Mrs. Nichols made application for her Moving Allowance. She needed it to make deposit on house at 2740 N. E. Saratoga. She picked up the check 10-18-72. Had call from H. Plummer stating that FHA had approved house for her - Application was with Peoples Mortgage in Vancouver, Wa.

CD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 598 EH

DATE November 13, 19 72

PAY TO **Rena E. Nichols**

\$ 300.00

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
		<p>Relocation per Claim for Relocation Payment filed. Move from 527 N. Morris (Parcel R-14-7).</p> <p>Fixed moving payment</p> <p style="text-align: right;"><i>Rec'd by Date Rena E. Nichols 12/1/72</i></p>	<p>\$300.00</p>

Account Distribution

NO. TITLE AMOUNT

0600 F 0 901

RELOCATION PAYMENT

Project: Emanuel Parcel: R-14-7

Payable to: Rena E. Nichols

Amount

For: <u> </u>	RHP for Homeowners	\$	<u> </u>
<u> </u>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> </u>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
	or Purchase:	\$	<u> </u>
<u> X </u>	Fixed Moving Payment	\$	<u>300.00</u>
<u> </u>	Dislocation Allowance.	\$	<u> </u>
<u> </u>	Actual Moving Costs.	\$	<u> </u>
<u> </u>	Storage Costs (if separate claim).	\$	<u> </u>
<u> </u>	Business: Moving Expenses.	\$	<u> </u>
<u> </u>	Business: In Lieu Payment.	\$	<u> </u>
<u> </u>	Business: Storage Costs.	\$	<u> </u>
<u> </u>	Business: Loss of Property	\$	<u> </u>
<u> </u>	Business: Searching Expenses	\$	<u> </u>

Name of Client Rena E. Nichols Less - \$ *

Move from 527 N. Morris ME Total \$ 300.00 WBY

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)
Emanuel Hospital

Project Number: R-20

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

1. FULL NAME OF CLAIMANT X Family Individual
Rena Elisese Nichols

2. DATE(S) OF MOVE

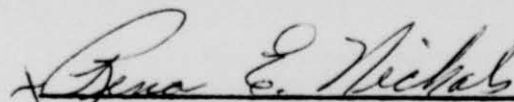
3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R 14-7
a. Address 527 N. Morris
Portland, Oregon 97227
b. Apartment, Floor, or Room Number
c. Was it furnished with your own furniture?
 X Yes No
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 8
e. Date you moved into this address: May 1, 1972

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 2740 N. E.
Saratoga, Portland, Oregon 97211
b. Apartment, Floor, or Room Number
c. Were household goods moved to or from storage?
 Yes X No
If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00- Previously paid as hardship
Fixed Moving Payment \$300.00
(Consult local agency) Total \$ 300.00 Balance of Moving Expenses

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 6, 1972
Date


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:

Rena Elisese Nichols
527 N. Morris
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 S. W. 4th 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? XX Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

-
3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

 Yes No

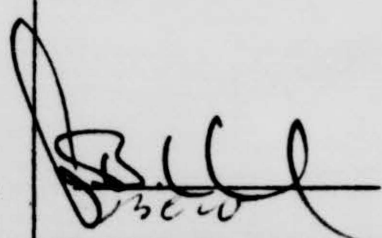
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment <u>\$300.00</u>			<u>11-8-72</u>
2. Dislocation allowance \$ _____			
3. Total <i>WJH</i> <u>\$300.00</u>	<u>\$300.00</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>11/13/72</u>	<u>598EH</u>	<u>\$ 300.00</u>			\$

Memo to File

Mrs. Nichols move into this Emanuel Project well after the start of the program she is only entitled to moving expenses and relocation allowances.

\$200.00	Moving Allowance
<u>300.00</u>	Moving Expenses
\$500.00	Total Moving Payment

Mrs. Nichols has received \$200.00 moving allowance already and this was used to purchase a F.H.A. repossession. Due to the fact that she will only receive moving expenses and that her personal funds are limited, we have helped her to obtain a 235 F.H.A. Loan. I am submitting this claim for the balance of her moving expenses. (\$300.00), so that she will have closing money to pay taxes and insurance reserves.

At present everything seem alright. F.H.A. has approved her purchase of the property and it was now being approved by Peoples Mortgage in Vancouver, Washington.

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 527 EH

DATE September 11, 1972

PAY TO **Rena E. Nichols**

\$ 200.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for Dislocation Allowance filed. Move from 527 N. Morris (Parcel R-14-7).</p> <p><i>Rena Nichols 10-18-72 received</i></p>	<p>\$200.00</p>

Account Distribution

NO.

TITLE

AMOUNT

0600 279

901

\$ 200.00

RELOCATION PAYMENT

Project: Emanuel Parcel: R-14-7

Payable to: Rena E. Nichols

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

Name of Client Rena E. Nichols Less - \$ _____ *

Move from 527 N. Morris Total \$ 200.00 *RE*

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel Hospital

Project Number: 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

Family Individual

Rena Elisese Nichols

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO.

R14-7

a. Address 527 N. Morris

Portland, Oregon

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: 8

e. Date you moved into this
address: May 1, 1972

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

2740 N E. Saratoga, Portland, Oregon

b. Apartment, Floor, or Room Number _____

Due to financial hardship P.D.C. is advancing the
\$200.00 Dislocation Allowance for Down Payment on
F.H.A. Repo.

c. Were household goods moved to
or from storage?

Yes No

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

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

Dislocation Allowance \$200.00

Fixed Moving Payment -0-

(Consult local agency)

Total \$ 200.00

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

7-14-72

Date

Rena E. Nichols
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:

Rena Elisesè Nichols
527 N. Morris
Portland, Oregon

NAME OF LOCAL AGENCY:

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

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

-
1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

-
3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment ²⁰⁰ \$ <u>-0-</u>		<i>[Signature]</i> B. C. C. B. C. C.	<u>9-8-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>200.00</u>	<u>\$200.00</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
<i>Delete</i> 9/11/72	527EH	\$ 200.00			\$

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>6</u>	Beds & Springs	<u>1</u>	Night Stand
<u>2</u>	Bedroom Chair		Occasional Chair
<u>1</u>	Breakfast Table	<u>1</u>	Overstuffed Chair
<u>2</u>	Breakfast Table Chairs	<u>1</u>	Overstuffed Rocker
	Bridge Lamp & Shade	<u>1</u>	Range
	Buffet	<u>2</u>	Refrigerator: Brand _____
<u>5</u>	Chest of Drawers		Rocker
	Coffee Table	<u>2</u>	Rug & Pad: Size <u>12 X 12</u>
<u>1</u>	Couch	<u>1</u>	Stool
<u>1</u>	Davenport		Table Lamp & Shade
<u>2</u>	Desk	<u>1</u>	Table, small
<u>1</u>	Dining Table		Vanity & Bench
<u>6</u>	Dining Chairs	<u>1</u>	Suitcases
	Dresser	<u>1</u>	Trunks
<u>2</u>	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
<u>2</u>	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
<u>1</u>	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

<u>Freezer</u>	_____
<u>Washer & Dryer</u>	_____
<u>Book case</u>	_____
_____	_____
_____	_____
_____	_____

COMMENTS:

November 9, 1972

Peoples Mortgage Company
P. O. Box 204
Yakouwer, Washington 98460

Re: Mrs. Rene E. Nichols

Attn: Gene Edwards

Enclosure

Mrs. Rene E. Nichols moved into the Emanual Hospital Project area after the program began, therefore, she is eligible for only the moving expense and allowance. This would amount to a total of \$500.00

\$500.00
200.00
\$300.00

Total Moving Benefits
Additionally \$200 for F.M.A. Deposits
Balance will be made available to
Mrs. Nichols at close.

The above information was reviewed by the undersigned and found to be correct. To maintain the accuracy of the records, the undersigned has advised the National Development Commission of the above information. The undersigned is a member of the National Development Commission and is authorized to provide this information.

Director
National Development Commission

DATED this 1 day of Dec 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 527 N. Morris St., 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 Gene E. Nichols
(firm name)

by: _____

PORTLAND DEVELOPMENT COMMISSION

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

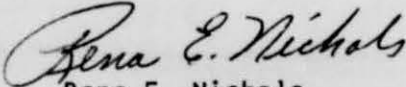
November 9, 1972

Portland Development Commission
1700 S.W. 4th Avenue
Portland, Oregon 97201

Gentlemen:

Please send the moving expense funds (\$300.00) to Peoples Mortgage Company, P. O. Box 204, Vancouver, Washington 98660. Attention Dona Edward. These funds should be applied toward my closing expenses. Thank you.

Sincerely,


Rena E. Nichols

REN:ss

How to File

Mrs. Nichols came into this Annual Project well after the start of the program she is only entitled to moving expenses and relocation allowances.

\$200.00	Moving Allowance
<u>300.00</u>	Moving Expenses
\$500.00	Total Moving Payment

Mrs. Nichols has received \$200.00 moving allowance already and this was used to purchase a F.H.A. repossesion. Due to the fact that she will only receive moving expenses and that her personal funds are limited, we have advised her to purchase a F.H.A. loan, to satisfy this claim for the balance of her moving expenses, (\$300.00), so that she will have closing money to pay taxes and insurance reserves.

At present everything seem alright. F.H.A. has approved her purchase of the property and it was now being approved by Federal Mortgage in Vancouver, Washington.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Rena E. Nichols Project Emanuel
 2. Date(s) of move _____ Parcel No. _____
 3. Dwelling unit from which you moved:
 Address 527 N. Morris No. of rooms 8
 _____Furnished Unfurnished Date you moved into this unit May 1, 1972
 4. Dwelling unit to which you moved:
 Address _____
 Were goods moved to or from storage? _____ Yes No

5. Total claim \$ 300.00

 FIXED PAYMENT: \$200 + \$ 300.00 = \$ 500.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim
 _____initial _____supplementary _____final
 B. Storage period
 1. Total period: _____months. Check one: _____ Actual _____ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

 D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 _____reimburse client (attach receipt or paid bill)
 _____pay storage company directly (attach bill)

PORTLAND DEVELOPMENT COMMISSION

OFFICE
EMANUEL HOSPITAL PROJECT
222 N. MORRIS ST.
PORTLAND, OREGON 97207
PHONE 222-0100

October 2, 1972

Mrs. Rene E. Nichols
527 N. Morris
Portland, Oregon

Dear Mrs. Nichols:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any plans. If you are unable to reach our office during office hours - 9:00 a.m. to 5:00 p.m., Monday through Friday, an alternate arrangement can be arranged by telephone. Our office is located at 222 N. Morris St.

We look forward to seeing you soon.

Sincerely yours,

Stanley L. Holt
Chairman, Portland Development Commission

SLH:ch
Enclosure

1) COPY TO EMANUEL ✓
2) GAB. JACE
5 HOUSING INVENTORY FILE
NOW
LOOK AT THIS FILE
MUST SEE

RECEIVED

OCT 18 1972

PORTLAND DEVELOPMENT COMMISSION



EQUAL HOUSING OPPORTUNITY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PORTLAND AREA OFFICE
520 Southwest Sixth Avenue
Portland, Oregon 97204

WHAT CONCERN

PROPERTY LISTING

In reply please refer to: Property Disposition

(Open to all Brokers)

Phone: 221-2671 - 221-2674

Date: September 15, 1971

HOUSE KEY IS AVAILABLE IN LOCK BOX ON THE FRONT DOOR

Relisted: October 18, 1972

FHA Case No. 431-096576-221

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL A SALE IS CLOSED. THE SELLING BROKER WILL RETURN THE LOCK BOX TO THE AREA MANAGEMENT BROKER OR THE PORTLAND AREA OFFICE AFTER THE SALE IS CLOSED.

The property described below was acquired by the Secretary of Housing and Urban Development and is offered for sale.

Address: 2740 N. E. Saratoga Street, Portland, Oregon

Legal Description: Lot 10, except East 25, Lot 11 and 12, Block 86, Irvington Park

Sales Price: \$17,950.00

Minimum Down Payment: \$750.00 plus reserves for taxes and insurance
Minimum Earnest Money Deposit: \$200.00

Maximum Mortgage: \$17,200.00 - 30 year term at 7% interest and 1/2% FHA mortgage insurance premium

Approximate Monthly Payment: \$154.00 including principal, interest, taxes and insurance

Approximate Lot Size: 100' x 97' Dwelling Square Feet: 1,450

Improvements: 6 rooms, 3 bedrooms, 2 1/2 baths, 2-car detached garage, 3 fireplaces, 2 recreation rooms, finished attic, oil forced warm air heat

Approximate Age of Dwelling: 49 years Taxes: \$355.91

Instructions and information on preparing and submitting offers are available and can be obtained from this office.

HUD PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN. PURCHASERS SHOULD CONTACT THE REAL ESTATE BROKER OF THEIR CHOICE. OFFERS TO PURCHASE MAY BE SUBMITTED DIRECT TO THE PORTLAND AREA OFFICE WHEN THE PURCHASER CANNOT SECURE THE SERVICES OF A QUALIFIED BROKER. THE PORTLAND AREA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204.

OFFERS MUST CONSIST OF COMPLETED FORMS 2384, 2385 AND EARNEST MONEY DEPOSIT.

THIS PROPERTY IS ON A FIRST COME, FIRST SERVED BASIS.

R E C E I P T

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

James E. Nichols

6/19/72
date

	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	NAILEN, 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

(1)

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL # 4-10

NAME Noland, Frank (Mrs) ADDRESS 241 N. Cook APT NO. —

PHONE _____ INITIAL INTERVIEW _____ SEX F W NW AGE _____

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

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1/15/71 flyer delivered by Wilson Smith. Mrs Nolan is in California for health reasons.

2/25/71 survey: Mrs Nolan's neighbor at 233 N Cook says that Mrs Nolan's husband is deceased, and when Mrs Nolan became ill she went to California to stay with daughter - still there. Neighbor says lady on corner (259 N Cook) looks after the house - belongings still in house. WSD

*Noland
H-4-10
241 N. Cook*

December 21, 1971

Mrs. Jean E. Butler
168 Dorantes Avenue
San Francisco, California 94116

Dear Mrs. Butler:

The relocation department has received notice that the Portland Development Commission acquired the property at 241 N. Cook, Portland, Oregon on December 16, 1971 and that some time ago you submitted a request for information regarding relocation benefits for your mother who I assume is Mrs. Ethel T. Noland.

Our records indicate that Mrs. Noland was not living in the project on or after the date of federal approval of the project on April 23, 1971. Therefore you must have moved after this date in order to be eligible for relocation benefits.

If you have any questions about this matter, please do not hesitate to contact me.

Sincerely yours,

Dear Sir:

A.4-10

^D Sept. 20.-71.

Due to the action of your office -
(Condemnation) my mother is living
with me. Please advise me of amount
of relocation monies due her. This (241
N. Cook St.) has been her home since
1920. The home is now untenable.

Please give reasons for the appraisal
of \$4,000. The adjacent property of same
size went for \$6,000 plus \$2,000 re-location
money. Since the hospital is interested
only in the land, there should be a
re-evaluation of the proposal. This is fair.
I would appreciate a prompt reply.

Sincerely -

Mrs. Jean E. Butler -
(Thomas F. Butler, Jr.)

168 Dorantes Ave.
San Francisco, Calif. 94116.

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 WSJ Date of survey 2/25/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 10 Structure No. 10 Census Block No. 20 Census Tract No. 44A
 Street Address 241 N. COOK 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 _____

On 1/14/71 it was reported that this person was in California for health checks w/ neighbors

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

Name	Family relation	Age	Sex	Occupation
<u>NOLAND, FRANK</u> (ETHEL) MRS	<u>Head of household</u>	<u>est. 65+</u>	<u>F</u>	<u>(widow)</u>

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

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>estimated</u> Total family or household income per month	\$ <u>100</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 X, expect to pay rent, including utilities, at \$ 60 per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 1, kitchen ✓, dining room _____, living room _____, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O (B) I M

estimated

quer
DATE ON SITE _____

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 10 Structure No. 10 Census Block No. 24 Census Tract No. 22A
 Street Address 241 N COOK ST Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Ethel T. Noland NAME & ADDRESS OF OWNER: ETHEL T NOLAND
241 N COOK ST NAME & ADDRESS OF PROP. MGR: _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

863 Sq. ft. in first floor (county figure)
863 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
1892 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2960</u>	\$ _____
Improvements	<u>100</u>	_____
Total	<u>3060</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

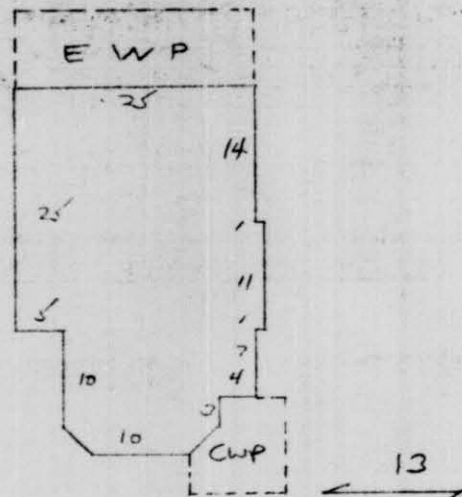
Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

1 1-00990-0690 NOLAND, ISABELLE
 MAP: 2730 BY NOLAND ETHEL
 ZONE: A25
 RATIO: 1401 241 N COOK ST
 LVY C:001 PORTLAND OREGON 97227

ALBINA ADD LOT BLOCK
 10 4

PROPERTY ADDRESS: 241 N COOK ST
 PORTLAND
 APPEALS:



241 N. COOK AVE. OR ST.
 FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			2850	100	2950	2/3/68
1971			2960	100	3060	UD

TRACT G A P
 REASON G A 1 Not best Land use
 CONC G A / Very poor Cont. IN & OUT
 REMARKS

DATE	2 20 68	SIGN	[Signature]	DEPUTY
CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED
DATE	FEB 29 '80	3-21-18		
BY	[Signature]			

LAND APPRAISAL 1968

ACCOUNT NO 1-00990-0690

IDENTIFICATION		MARKET DATA		
DATE		ADJUSTMENTS		IND VALUE

CLASS 4 STORY 1 AREA 883 853
 ADDRESS 241 N. COOK BASE FACTOR 1.706
 FDN. con Gr WP BSMT Fall 3 4 1 2 1 4
 BSM T ROOMS 0 Lev Bath
 FLOORS D 5 Limb Tile Hdw Fr Con 216
 ROOF H F Alum Comp Shg Shk Tile Built-Up
 EXTER D 5 Shks Siding Blk Stuc Brk P.D. 220
 INTER L & P Drywall Tap Fr Hdw B.I AVG
 PLUMB G FACILITY Sink D.W. Toil. WB Tub Enc OT Shower Enc. S. laun. W.H.
 Quantity 3
 HEAT H.W Pkg. Cole Pipe G-S Floor Oil Gas Elect H.A.
 FIREPLACE Ins. OS S D T 1-Sty. 2-Sty. Flue
 ATTIC * Unf. Fin. BR Bath Lov H 3 4 1 2 1 4
 2ND STY. 0 BR Bath Lov H
 BAYS DORMERS
 MISC
 MISC V.F. & H R & O V.F. Tile

MONTHLY RENTAL \$ X GRM = 5 IND VALUE

ZONING	SITE ADJUSTMENTS		
	ROAD TYPE	D <u>G</u>	
	TOPOGRAPHY	<u>I.A.G.</u>	
	VIEW		
	OTHER		
	DEPTH FACTOR		
	STANDARD DEPTH		
	EFFECTIVE DEPTH		

OUTSIDE 509 BT Sprinkler Y.I.
 FIRST FLOOR GARAGE
 Rec. Hall Class 4
 Serv. Hall Type Det
 Liv Rm Dim 10 X 18 IMPS. AREA REPL COST ADJ REP COST R.G.
 Din. Area Dim Con DIMG. 863 9796 -1 97
 Fam Rm Floor slab GAR. 180 896 1 8
 Nook Const Frame MISC.
 Kitchen Utility Const Frame MISC.
 Bedroom Bath Comp MISC.
 Lav Den Misc.

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D. UNIT VALUE	VALUE
<u>41 X 100</u>	<u>0.1811</u>	<u>7381</u>	<u>100</u>	<u>738</u>	<u>738</u>
<u>@ .90</u>	<u>4.22</u>	<u>3690</u>	<u>-820</u>	<u>2870</u>	<u>2870</u>
TOTAL AREA	SUB-TOTAL			<u>2870</u>	
REMARKS	SITE ADJ. %				
	TOTAL APPR. VALUE			<u>2850</u>	
			19	APPR. VALUE	
			19	APPR. VALUE	
			19	APPR. VALUE	
			19	APPR. VALUE	

TOTAL DEPRECIATED REPLACEMENT COST	
10540	
750	
9796	
97	
8	
105	

MISC	BUILT	ADJUSTMENT	DATE	APPR. VALUE
Dim. X	<u>1892</u>	Age <u>32</u>	<u>1968</u>	<u>100</u>
Fdn.	PERM. NO.	Func.	<u>19</u>	APPR. VALUE
Const.	PREV. APPR	Econ <u>-19</u>	<u>19</u>	APPR. VALUE
Roof	D.P.R. RM MO	Cond <u>-12</u>	<u>19</u>	APPR. VALUE
MISC	RENTAL	NET <u>1</u>	<u>19</u>	APPR. VALUE
Dim. X			<u>19</u>	APPR. VALUE
Fdn.			<u>19</u>	APPR. VALUE
Const.			<u>19</u>	APPR. VALUE
Roof			<u>19</u>	APPR. VALUE

APPRaiser F.A. DATE 5/9/67