

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. E-4-7	PAYTON, FRANK 423 N. RUSSELL		
PARCEL NO. R-14-2	PENDERGRAPH, INELL 536 N. MONROE		
PARCEL NO. A-2-4	PENHARLOW, CHERYL N. 3102 N. GANTENBEIN		
PARCEL NO. A-3-8	PEOPLES, RUTH 252 N. COOK		
PARCEL NO. A-2-3	PERKINS, MARY 3116 N. GANTENBEIN		
PARCEL NO. R-10-14	PETERSON, FRED 501 N. MONROE		
PARCEL NO. RS-4-9	POWELL, LUSHIE 7 N. RUSSELL		
PARCEL NO. A-3-12	PRUITT, LAVERNE 248 N. IVY		
PARCEL NO. R-9-11	RADEL, ANNA 3127 N. GANTENBEIN		
PARCEL NO. RS-4-9	ROBERTS, BETTY (DECEASED) 7 N. RUSSELL		
PARCEL NO. RS-3-3	ROBINSON, JAKE 122 N. GRAHAM		
PARCEL NO. A-2-7	SKIPPER, GENERAL S. 3103 N. VANCOUVER		
PARCEL NO. A-3-14	SKOKO, LUCY (DECEASED) 241 N. FARGO		
PARCEL NO. A-3-4	SMITH, AARON J. 222 N. COOK		
PARCEL NO. A-4-3	SMITH, RICHARD DENNIS 232 N. IVY		
PARCEL NO. A-4-3	SMITH, WILLIAM 232 N. IVY		
PARCEL NO. RS 8-3	STEWART, MARY (ESTATE OF) 203 N. STANTON		
PARCEL NO. A-2-2	STITT, WILLIAM D. 3138 N. GANTENBEIN		

R E S U M E

DATE January 19, 1976

NAME Mary Perkins

---

---

Mrs. Perkins was moved from the Emanuel Hospital Area. She appears to suffer from arthritis and other health problems and is in for some hospitalization soon. She lives in HAP housing, and it seems as though she has solved her housing problem.

(signed) \_\_\_\_\_

CD

worker

**RESIDENTIAL RELOCATION RECORD**

Project Name Emanuel R-20 Parcel No. A-2-3 Advisor ACG  
 Client's Name Perkins, Mary Phone \_\_\_\_\_  
 Address 3116 Gautier Ethn B Age 65

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

Family Composition

Economic Data

Total Number in Family 1  
 \_\_\_\_\_ wife, husband

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income  
MCW \$ 58.20  
S.S. \$ 71.20  
 Total Monthly Income \$ (129.50)

- 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 2-23-72      Date of info pamphlet delivery \_\_\_\_\_

Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1965

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

Date of initiation of negotiations for purchase of property 3-16-72

Date of Acquisition 4-5-72  
4-18-72

Date of letter of Intent \_\_\_\_\_

Date of move 4-17-72

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 1889

Size of Habitable Area 897

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 45<sup>00</sup> Utilities \_\_\_\_\_

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

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 5053 N. Vancouver  CLPA Referred  Self Referred

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

*subsidized rental*

Outside city  Outside state

Age of Housing Unit HAP

Size of Habitable Area 550 sq. ft.

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

For Claimants Who Rented

Rent \$ 25.50

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ 4000<sup>-</sup>

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales

3 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 PERKINS, Mary E. RELOCATION ADVISOR A Gordon  
 ADDRESS 3116 N. Gantenbein PHONE 287-2269 PROJECT NAME Emanuel ORE. R-20  
 SEX F ETHN black VETERAN \_\_\_\_\_ AGE 65 PARCEL NO. A-2-3  
 MARITAL STATUS widow TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT X OTHER \_\_\_\_\_  
 INITIAL INTERVIEW February 23, 1972 DATE INFO PAMPHLET DELIVERED 2/23/72  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Ella Mae Johnson 287-6858

DATE ON SITE: <u>1965</u>
INITIATION OF NEGOTIATIONS: <u>March 16, 1972</u>
DATE OF ACQUISITION: <u>April 18, 1972</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW X 58.30  
 Social Security X 71.20  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 129.50

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1889</u> No. Rooms <u>5</u> No. Bedrooms <u>2</u> Furn. <u>Unfurn</u> <u>X</u> Utilities \$ _____ Monthly Payments (Rent) \$ <u>45.00</u> Acquisition Price \$ _____ Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental	Multiple Family		<u>X</u>	
Public Housing	Duplex			
Private Rental	Mobile Home	<u>X</u>		
Private Sales				
Size of Habitable Area	<u>897 sq. ft.</u>			

HOUSING REFERRALS

Address	Bedrooms
<u>5053 N. Vancouver Ave. Apt. C</u>	<u>2</u>
<u>3955 N. Collins</u>	
<u>5057 N. Vancouver Ave</u>	

AGENCY REFERRALS

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

AGENCY ACTION

Appeals  
Evicted  
Refused Assistance  
Address Unknown  
Other Search

SEARCHED  
SERIALIZED

CITIZENSHIP

ADDRESS

SEARCHED  
SERIALIZED

PLACES

UNIT

AGENCY

NAME

TOTAL RHP: \$4,000.00

SEARCHED  
SERIALIZED  
INDEXED  
FILED

RECEIVED

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 5053 N. Vancouver Apt. C Phone \_\_\_\_\_ Date of Move 4/17/72

WHERE RELOCATED:

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

Furnished \_\_\_\_\_ Unfurnished X Number of Rooms 3 Number of Bedrooms 1 Habitable Area 550<sup>sq</sup>

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 25.50 Purchase Price \$ \_\_\_\_\_

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

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)	396 EH	4/26/72	\$ 1,000.00	Down Payment	\$ _____
TACO (Rental)	739EH	4-16-73	\$ 1,000.00	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	30239 G	4/17/72	\$ 420.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		
TOTAL BENEFITS RECEIVED			\$ _____		

TOTAL RHP: \$4,000.00

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date		Relocation Worker
1/15/70	FLYER: Delivered by Hazel Polk. Would like meeting to inform and would attend. Showed letter from EDPA.	
2/13/71	SURVEY: Refused to give information or talk to PDC. Would go to EDPA meetings for her information. Not hostile - only tired to people calling on her.	SLC
2/22/72	Interviewed Mrs. Perkins who desires low rent supplement, one bedroom apartment near stores and transportation. Explained benefits and options to her. She plans to go into public housing.	AG
2/26/72	A call from Mrs. Perkins: message - do not call her for appointment. She would call when she was ready.	AG
3/16/72	No further contact has been made with Mrs. Perkins.	AG
3/19/72	Verification of income received from welfare and Social Security.	
3/20/72	Mrs. Mary Perkins made application for low rent housing. Displacee letter and verification of income submitted. Her name was placed on Displacee waiting list at HAP.	
4/18/72	Reimbursement for relocation payment for tenant per claim after move from 3116 N. Gantenbein Parcel A-2-3. Relocation and fixed payment - own furniture Check No. 30239 G for sum of \$420.00	AG
4/26/72	Check no. 396 EH issued to Mrs. Perkins as her first annual payment RHP payment in the amount of \$1000 for move from 3116 N. Gantenbein Parcel 2-3.	AG
4/17/72	Mrs. Perkins made self move on April 17, 1972 to Royal Rose Courts - 5053 N. Vancouver from 3116 N. Gantenbein.	AG
4-10-73	Self inspection on the dwelling at 5053 N. Vancouver Ave. HAP, FHA rent supplement claim filed for 2 TACO. <i>2nd TACO payment.</i>	
4-17-73	Check for \$1000 payable to Mary Perkins dated 4-16-73 #737EH received in our office. Reimbursement per claim for 2 annual TACO for move from 3116 N. Gantenbein parcel A2-3 delivered check to Mary Perkins-signature of client on receipt.	AG
4/30/73	<i>Mrs Perkins was taken to the bank to deposit her housing payment check.</i>	
4/4/74	Mrs. Perkins received her 3rd TACO Payment.	SCD
5/9/75	Mrs. Perkins received her 4th and final TACO payment. She appeared to be suffering from stomach problems. She said she would have to go back to the hospital.	
	File Closed.	SCD



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 1033 EH**

DATE May 7, 1975

PAY TO **Mary E. Perkins**

\$ **1,000.00**

**DOLLARS**

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3116 N. Santenbein (Parcel A-2-3). Total approved <span style="float: right;">\$4,000.00</span> 4th & FINAL PAYMENT	\$1,000.00
<i>x Mary E Perkins 5/9/75</i>			

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A-2-3

PAYABLE TO: Mary C. Perkins

For: <input type="checkbox"/> RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/> Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000</u> ; Annual amount \$ <u>1000</u> .	\$	_____
<input type="checkbox"/> RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/> Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/> Interest Expense . . . . .	\$	_____
<input type="checkbox"/> Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/> Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/> Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/> Storage Costs. . . . .	\$	_____
<input 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 Mary E. Perkins  Family Less - \$ \_\_\_\_\_ \*

Move from 3116 N. Gantenbein  Individual Total \$ 1000.

Accounting: Indicate symbol and Accounting No.  
\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: \_\_\_\_\_ DATE March 24, 1975  
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Mary E. Perkins (Emanuel) 5053 N. Vancouver  
(Displacee) (Address)

No. 4th \$ 1,000.00 April 1975  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: Same as Above

Date Inspected: \_\_\_\_\_ Condition: H.A.P. Standard \_\_\_\_\_ Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_  
or (2) Displacee notified of ineligibility: \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: 4th and Final T.A.C.O. Payment

SIGNED: Mary E. Perkins SIGNED: Samuel R. Daniel  
(Displacee) (Relocation Advisor)

DATE: 4/28/75 DATE: 4/29/75

TO: Bob Douglas DATE: 4/29/75

FROM: Chet Daniel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Mary E. Perkins

PROJECT: Emanuel R. 20

FOR: 4th & Final Tacc. Payment

AMOUNT: 1000.<sup>00</sup>

BCW SIGNED: Samuel R. Daniel

ELECTION FORM

I, (WE) Mary E. Pletford, elect to  
receive the balance of our rent assistance as follows:

X In one lump sum payment.

           In annual installment payments.

Signed: Mary E. Pletford

Tele.#: 9872269

Date: 4/28/75

**DETERMINATION OF ELIGIBILITY FOR REPLACEMENT  
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME OF CLAIMANT PERKINS, Mary E.

Parcel No. A-2-3

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: XXXXXXXX 1965  
~~XXXXXXXX~~

Date of Acquisition: April 18, 1972

Owner-Occupant's initial date of ownership: \_\_\_\_\_

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations?  Yes  No

Date of Rental or Purchase: 1965

Date of Initiation of Negotiations: March 16, 1972

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

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

\_\_\_\_\_  
Month-Day-Year

**4. CERTIFICATION OF LOCAL AGENCY**

This is to certify that, where required, the property occupied by the claimant has been inspected. 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 \$ 4,000.00 is authorized.

4-25-72

Date

*[Signature]*

Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

\_\_\_\_\_ \$ \_\_\_\_\_

4/24/72 396 EH \$ 1,000.00

4/16/73 739 EH \$ 1,000.00

4/13/74 916 EH \$ 1,000.00

4/7/75 1033 EH \$ 1,000.00

b. Claimant moved to unit he purchased

\_\_\_\_\_ \$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_ \$ \_\_\_\_\_

THE CITY OF  
**PORTLAND**



**OREGON**

Date: April 17, 1975

Ms. Mary E. Perkins  
5053 N. Vancouver  
Portland, Oregon 97217

SUBJECT: Rent Assistance Payments

DEPARTMENT OF  
DEVELOPMENT AND  
CIVIC PROMOTION

PORTLAND  
DEVELOPMENT COMMISSION

Bob Walsh, Chr.  
Elaine Cogan  
Robert Ames  
Dennis Lindsay

John B. Kenward  
Executive Director

1700 S.W. Fourth Avenue  
Portland, Oregon 97201  
503-224-4800

Dear Ms. Perkins:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PROJECT, you were determined to be eligible to receive a rent assistance payment of \$4,000.00 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

*Benjamin C. Webb*

Benjamin C. Webb  
Chief, Relocation

BCW:s  
Enc. 1

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 916 EH

DATE April 3, 1974

PAY TO **Mary E. Perkins**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission . 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3116 N. Santenbein (Parcel A 2-3).  Total approved \$4,000.00 3rd annual payment \$1,000.00  <i>Received by</i> <i>4/4/74</i> <i>Mary E. Perkins</i>	

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 2-3

PAYABLE TO: Mary E. Perkins

For: <input type="checkbox"/> RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/> Incidental Expenses for Homeowners or Tenants . . . . .	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$4000.; Annual amount	\$	<u>1000</u>
<input type="checkbox"/> RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/> Settlement Costs (on acquisition by LPA only) . . . . .	\$	_____
<input type="checkbox"/> Interest Expense . . . . .	\$	_____
<input type="checkbox"/> Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/> Dislocation Allowance . . . . .	\$	_____
<input type="checkbox"/> Actual Moving Costs . . . . .	\$	_____
<input type="checkbox"/> Storage Costs . . . . .	\$	_____
<input 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 Mary E. Perkins  Family Less - \$ \_\_\_\_\_ \*

Move from 3116 N. Gantenbein  Individual Total \$1000.00

Accounting: Indicate symbol and Accounting No.  
\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

OK JAR

0600 E60 901



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE March 27, 1974  
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Mary E. Perkins (Emanuel) 5053 N. Vancouver  
(Displacee) (Address)

No. 3rd \$ 1,000.00 April, 1974  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5053 N. Vancouver Ave APT. C

Date Inspected: HAP Condition:  Standard  Substandard

If substandard: (1) Date re-inspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Displacee remains in same location as of last payment. Housing Authorities of Portland

SIGNED: Mary E. Perkins SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: March 29-74 DATE: 3/29/74

TO: Bob Douglas DATE: 4/1/74

FROM: Alma Gordon

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Mary Perkins

PROJECT: Emanuel R-20

FOR: 3rd Annual TACO Payment

AMOUNT: \$1000.00

SIGNED: [Signature]

INSPECTED BY A. J. DATE 3/29/74 MET  NOT MET   
 NAME Mary E. Perkins PHONE 287-2269  
 ADDRESS 5053 N. Vancouver Ave. Apt. C  
 HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT  SR \_\_\_\_\_ HK \_\_\_\_\_  
 NO. OF ROOMS 3 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN   
 NO. OF ROOMS ACCESSIBLE BY STAIRS none BY ELEVATOR \_\_\_\_\_  
 MANAGER \_\_\_\_\_ OWNER HAP  
 RENT \$25.50 INCL HEAT  WATER  GAS \_\_\_\_\_ GAR \_\_\_\_\_ ELEC   
 NO. BRS. 1 SIZE # adequate #3 \_\_\_\_\_ #4 \_\_\_\_\_

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020)
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010)
3. Doors and hatchways must be in good repair. (29.28.010 (13))
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c))
5. Exits must have direct access to outside or public corridor. (24.66.030 (G))
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d))
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d))
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020)
9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030)
10. There may be no unvented or open flame gas heaters. (29.24.030)

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a) )	✓	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	✓	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (29.24.040)	✓	
15. Water must be heated to not less than 120°F. (29.08.260)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (29.20.030(c) )	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2))		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1))		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4))		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3))		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5))		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b))	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b))	✓	
---	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>  1  </u> Size: #1 <u>      </u> #2 <u>      </u> #3 <u>      </u> #4 <u>      </u> #5 <u>      </u>		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	✓	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	✓	

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (29.24.040)	✓	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	✓	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall. (29.20.050(b))	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	✓	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	✓	

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")		
37. Basement areas must be dry and well drained. (29.20.040)		

SPACE REQUIREMENTS FOR STANDARD HOUSING

1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3. \* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

\* Indicates exceptions regarding efficiency units.

COMMENTS: *This unit is Housing Authorities of Portland*

0600 F10 901

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 2-3

PAYABLE TO: Mary Perkins

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount \$1000. . . . .	\$	1000.
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input 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 Mary Perkins

Move from 3116 N. Lantenshein

OK JMC

Less - \$ \_\_\_\_\_\*

Total \$ 1000.

Accounting: Indicate symbol and Accounting No. \_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

2nd Annual

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 739 EH

DATE April 16, 1973

PAY TO **Mary Perkins**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RNP for Tenants filed. Move from 3116 N. Gantenbein (Parcel A 2-3).	
		Total approved \$4,000.00 2nd annual payment	<u>\$1,000.00</u>
Received by <i>Mary Perkins</i> 4/17/73			

**Account Distribution**

NO. TITLE AMOUNT





**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 30239 G

DATE April 17, 1972

PAY TO THE ORDER OF **Mary E. Perkins**

\$420.00

DOLLARS

**NON-NEGOTIABLE**

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment for Tenants per claim filed. From 3116 N. Santanhein (A-2-3).  Relocation allowance \$200.00 Fixed payment - own furniture 220.00	<del>220.00</del> <b>420.00</b>

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payment (Fixed payment - Individual) (EH)	\$420.00

*Mary E. Perkins*  
Date 4/18/72 by P.B.

*AC*

*JW*

DATED this 18 day of April 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 3116 M. Gantenbein, 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.

Mary E. Perkins  
(firm name)  
by: \_\_\_\_\_

**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 Hospital 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 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 \_\_\_\_\_ Family  Individual

PERKINS, Mary E.

2. DATE(S) OF MOVE

April 15, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-3

a. Address 3116 N. Gantenbein, Portland, Oregon 97227

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

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

e. Date you moved into this address: 1965

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 5053 N. Vancouver, Portland, Oregon 97217

b. Apartment, Floor, or Room Number C

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 220.00

(Consult local agency)

Total \$ 420.00

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 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.

4-7-72

Date

Mary E. Perkins

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:

Mary E. Perkins  
5053 N. Vancouver, #C  
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

PDC

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

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

Yes  No

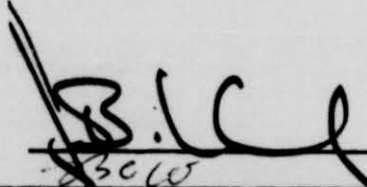
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>220.00</u>			<u>4-14-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</u>	<u>420.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment(s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>4/11/72</u>	<u>30239</u>	<u>\$ 420.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Perkins, Mary Project Emanuel B20  
 2. Date(s) of move 4-15-72 Parcel No. A 2-3  
 3. Dwelling unit from which you moved:  
 Address 3116 N. Hantenstein No. of rooms 5  
 Furnished  Unfurnished Date you moved into this unit 1956  
 4. Dwelling unit to which you moved:  
 Address 5053 N. Vancouver #C (HAP)  
 Were goods moved to or from storage?  Yes  No  
 5. Total claim \$ 420.00

-----  
 FIXED PAYMENT: \$200 + \$ 220.00 = \$ 420.00  
 -----

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company \_\_\_\_\_

- A. Type of claim  
 initial  supplementary  final  
 B. Storage period  
 1. Total period: \_\_\_\_\_ months. Check one:  Actual  Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_  
 C. Storage Costs  

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

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

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 396 EH

DATE April 26, 1972

PAY TO Mary E. Perkins

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 3116 N. Santenbein (Parcel A-2-3).	
		Total Approved \$4,000.00	
		1st Annual Payment	<u>\$1,000.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$1,000.00

Mary E. Perkins  
5/1/72 AG.

*JMM*

*fc*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: \_\_\_\_\_ DATE April 2, 1973  
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Mary E. Perkins 5053 N. Vancouver  
(Displacee) (Address)

No. 2nd \$ 1,000.00 4/26/73  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5053 N. Vancouver Apt. # C

Date Inspected: 4/6/73 by AL, Condition: X Standard      Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:      yes      no

Comments: Mrs Mary E Perkins still occupies  
standard housing. Housing Authorities  
of Portland. H.A.P.

SIGNED: Mary E. Perkins  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 4/6/73

DATE: 4/6/73

TO: Bob Douglas

DATE: 4/10/73

FROM: Alma Gordon

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Mary Perkins

PROJECT: Emanuel R-20

FOR: 2nd Annual TACO Payment

AMOUNT: \$1000

SIGNED: Alma Gordon  
ALG



# PORTLAND DEVELOPMENT COMMISSION

SEVEN OFFICE  
EMANUEL HOSPITAL PROJECT  
155 N. MONROE ST.  
PORTLAND, OREGON 97107  
PHONE 222-5100

March 16, 1972

Hrs. Mary E. Perkins  
3116 N. Gantenbein  
Portland, Oregon

Dear Hrs. Perkins:

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 number of the benefits available are subject to certain conditions which you may be eligible to receive.

We will be glad to hear your opinion as to the relocation assistance available to you. Certain conditions must be met before you can receive the benefits available.

Thank you for your interest in the Emanuel Hospital Project.

Sincerely,  
[Signature]

Walter E. [Name]  
[Title]  
Property Management

BCW:ch  
Enclosure

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.

2/22/72  
date

**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 Cammucco Date of survey 2/13/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 13 Structure No. 9 Census Block No. 24 Census Tract No. 22 A  
 Street Address 3116 N. Gartenheim Apartment No. —

- A. Status Of Relocation Assistance Needs At This Dwelling Unit: *Refused to give info. or talker going to meeting wed. In confusion tired of hearing so many different things. Leave her alone - renters have no say anyway - owner can sell anything he wants to.*
1. Assistance may be needed, yes , no \_\_\_\_\_
  2. Why no assistance may be needed
    - a. \_\_\_\_\_ Vacant
    - b. \_\_\_\_\_ Will be vacated on the following date \_\_\_\_\_
    - c. \_\_\_\_\_ Other reasons \_\_\_\_\_

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

Name	Family relation	Age	Sex	Occupation
1. <u>Perkins, Mary</u>	<u>Head of household</u>		<u>F</u>	
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

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

1. Jobholders in this household, employers and location of jobs:

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
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total family or household income per month</b>	\$ <u>100.00</u> <i>estimated</i>	\$ _____

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 \$ \_\_\_\_\_
6. Size of unit to be sought, number of bedrooms \_\_\_\_\_, kitchen \_\_\_\_\_, dining room \_\_\_\_\_, living room \_\_\_\_\_, number of bathrooms \_\_\_\_\_, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O B I M

*date on site: 1956*

**HOUSING RESOURCES SURVEY**

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

Date \_\_\_\_\_

Analyst Cannucci Surveyed 2/13/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 14 Structure No. 9 Census Block No. 28 Census Tract No. 22A  
 Street Address 3116 N Ganknein Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>Mary Perkins</u>	NAME & ADDRESS OF OWNER <u>Robert S. Poice</u> <u>2234 NE 10th</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>287-2269</u>	TELEPHONE: <u>244-2691</u>	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> 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. or plex	_____
_____ 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**

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

**IV. ASSESSOR'S MARKET VALUATION DATA**

A. Dates or period of time  
1971 Period market value data applicable  
5/8/67 Date of last appraisal  
1989 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2496</u>	\$ _____
Improvements	<u>780</u>	_____
Total	<u>3270</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	\$ <u>60.00</u>	\$ <u>20.00</u>	\$ <u>80.00</u>

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 1-00990-0280 PRICE, ROBERT S

13

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

3116 N GANTENBEIN AVE  
 PORTLAND, OREGON

97227

ALBINA ADD

LOT BLOCK

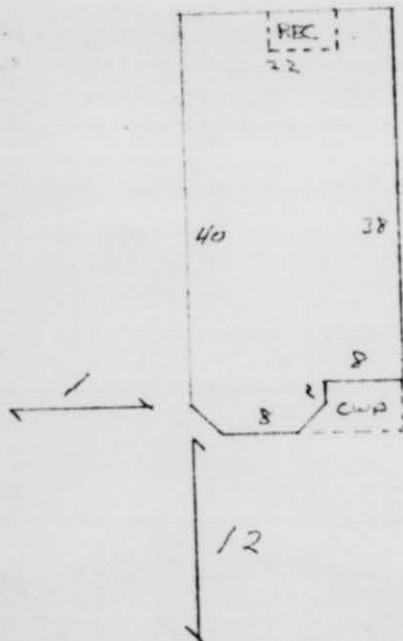
N 27' OF

8

2

PROPERTY ADDRESS: 3116 N GANTENBEIN  
 PORTLAND

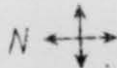
APPEALS:



AVE. OR ST

1" = 20'

3116 N Gantenbein AVE OR ST  
 FRONT OF BUILDING



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			2400	750	3150	
1971			2,490	780	3,270	UD

PLANT G A/P

COND C 1 Not best land use

COND G A/P

REMARKS

OUTSIDE DATE 2 13 68 SIGN *Ken P. ...* DEPUTY

CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED

DATE FEB 23 68 3-28-68  
 BY ANDREWS Fisher

FORM 27 REV 3-58





6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 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, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

4/7/72  
Date

Mary E. Perkins  
Signature of Claimant (s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.  
Listing of enclosed documents in support of amounts entered in Column (d) above:  
(Documentation must be provided to support any claim for incurred costs.)



OK Anne

RELOCATION PAYMENT

Project: Emanual Parcel: A-2-3

Payable to: Mary E. Perkins

	Amount
For: <u>    </u> RHP for Homeowners . . . . .	\$ <u>          </u>
<u>    </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>          </u>
<input checked="" type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>4000.00</u> ; Annual amount. . . . .	\$ <u>1,000</u>
or Purchase: . . . . .	\$ <u>          </u>
<u>    </u> Fixed Moving Payment . . . . .	\$ <u>          </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 same

Less - \$           \*

Move from 3116 N. Gantenbein

Total \$ 1,000

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment;            Project Cost \*(            )

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Hosp.  
PROJECT NO. R 20

1. Full name of claimant: \_\_\_\_\_ Family  Individual

Mary Perkins

2. Dwelling unit from which you moved: Parcel No. A 2-3

a. Address 3116 N. Jantzen

c. Number of bedrooms 2

b. Apartment or room number \_\_\_\_\_

d. Monthly rental \$ X 45<sup>00</sup> = 4 utilities

e. Date displaced X 4-17-72

3. Dwelling unit to which you moved (RENTAL)

a. Address 5053 N. Vancouver

c. Number of bedrooms 1

Portland, Oregon

d. Monthly rental \$ X 25.50

b. Apartment or room number C

e. Date moved in X 4-17-72

4. Dwelling unit to which you moved (PURCHASE)

a. Address \_\_\_\_\_

c. Downpayment \$ \_\_\_\_\_

b. Number of bedrooms \_\_\_\_\_

d. Incidental expenses \$ \_\_\_\_\_

e. Date of purchase \_\_\_\_\_

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved \_\_\_\_\_

b. Address to which you moved \_\_\_\_\_

c. Date of move \_\_\_\_\_

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

e. Require temporary housing for more than 3 months?  Yes  No

If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

1. Did claimant rent or own at time of acquisition?  Yes  No

Tenant's initial date of rental 4/17/72 1965

Date of acquisition n/a April 8, 1972

Owner-occupant's initial date of ownership \_\_\_\_\_

2. Did claimant own or rent 90 days prior to initiation of negotiations?  Yes  No

Date of rental or purchase n/a 1965

Date of initiation of negotiations X March 16, 1972

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard \_\_\_\_\_

4. Certification: HAP

(Amount of this claim \$ 4,000 - )

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING  
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Mary Perkins  
3116 N. Gantenbein

COMPUTATION PREPARED BY:

A. Gordon  
Name  
2/25/72  
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit \$ 128.35  
 (cost based on:  Schedule  
                            Comparative  
                            Other)
2. Base monthly rental for claimant's former dwelling, or  
 25% of adjusted monthly income, whichever is less. \$ 30.76

Computation

3. Line 1 minus Line 2, multiplied by 48
- |        |                  |                    |
|--------|------------------|--------------------|
| Line 1 | \$ <u>128.35</u> |                    |
| Line 2 | <u>\$ 30.76</u>  |                    |
|        | \$ <u>97.59</u>  |                    |
|        | X <u>48</u>      |                    |
|        |                  | \$ <u>4,684.32</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,  
 enter \$4,000. If amount on Line 3 is less than  
 \$4,000, enter amount on Line 3.) \$ 4000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment  
 (Line 4 minus Line 5) \$ 4000.00
7. Annual Payment \$ 1000.00

(Enter this amount in the space provided in Block 3 on  
page one of Replacement Housing Payment for Tenants  
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of more each of four annual payments to be made; enter on Line 7.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349  
Portland, Oregon 97207

Housing Authority of Portland  
1605 N. E. 45th  
Portland, Oregon 97213

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

- 1. Resident of the Housing Authority \_\_\_\_\_
- 2. Applicant for housing YES \_\_\_\_\_
- 3. Name Mary E. Perkins \_\_\_\_\_
- 4. Address 3116 N. Ganten Bein \_\_\_\_\_
- 5. Number of persons in family 1 \_\_\_\_\_
- 6. Total monthly assistance ~~58.30~~ Welfare plus 71.20 Social Security \_\_\_\_\_
- 7. Date assistance began 1962 \_\_\_\_\_
- 8. Date assistance to terminate OK going \_\_\_\_\_

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Pat Lewis mc  
 (Caseworker) (Dept.)  
2-24-72  
 (Date)

2/22/72  
(date)

Multnomah County Public Welfare Department  
508 S. W. Mill Street  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Mary E. Perkins  
(name)  
3116 N Gantenbein  
(address)

\_\_\_\_\_  
(caseload code number)

\_\_\_\_\_  
(date)

TQ; Portland Development Commission

The records of this office indicate that \_\_\_\_\_  
is receiving monthly benefits in the amount of \$ \_\_\_\_\_ from the  
Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by \_\_\_\_\_

CONFIDENTIAL

PORTLAND DEVELOPMENT COMMISSION

Social Security Administration  
1221 S. W. 12th Avenue  
Portland, Oregon 97201

PORTLAND DEVELOPMENT COMMISSION

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

RECEIVED  
DATE 3-1-72

FROM Social Security

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: July 3, 1907

My place of birth is: Charleston, Mississippi

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Mary E. Perkins  
(name)  
3116 N. Gantenbein  
(address)

2/29/72  
(date)

TO: Portland Development Commission

The records of this office indicate that Mary E Perkins is entitled to receive monthly benefits in the amount of \$ 71.20; and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as 7/03/07

SOCIAL SECURITY ADMINISTRATION

by ABoyce

CONFIDENTIAL

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Mary Perkins RELOCATION ADVISOR A. Gordon  
 ADDRESS 3116 N. Spentenberg PHONE 287-2269 PROJECT NAME Emanuel  
 SEX F ETHN B VETERAN \_\_\_\_\_ AGE 65 PARCEL NO. A 2-3  
 MARITAL STATUS Widow TENURE \_\_\_\_\_  
 DISABILITY \_\_\_\_\_ INDIV  FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT  OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 2/23/72 DATE INFO PAMPHLET DELIVERED 2-23-72  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE:	<u>1956</u>
INITIATION OF NEGOTIATIONS:	<u>March 16, 1972</u>
DATE OF ACQUISITION:	<u>April 18, 1972</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW  \_\_\_\_\_ 58.30  
 Social Security  \_\_\_\_\_ 71.20  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 129.50

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family <input checked="" type="checkbox"/>		
Subsidized Rental	Multiple Family <input checked="" type="checkbox"/>		
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales			

Age of Structure 73 No. Rooms 5  
 No. Bedrooms 2 Furn. \_\_\_\_\_ Unfurn.   
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 45.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 897

HOUSING REFERRALS

Address	Bedrooms
<u>5053 N. Vancouver Ave. APT C</u> <u>Royal Rose Courts</u>	<u>1</u>

AGENCY REFERRALS

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

RESIDENTIAL RELOCATION RECORD

1

RELOCATION WORKER Gordon PROJECT NO. R-20 PARCEL A 2.3  
 NAME Perkins, Mary ADDRESS 3116 N. Gardenheim APT NO. House  
 PHONE 387-2269 INITIAL INTERVIEW 2/22/72 SEX F W W NW B AGE 65  
 U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE 1956 16 yrs

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address 280-6044  
 MCW  Caseworker PAT LEWIS 58.30  
 Social Security \_\_\_\_\_ 71.20  
 Va. \_\_\_\_\_ Fed. \_\_\_\_\_ Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_  
 TOTAL MONTHLY INCOME 129.50

Rent 45.00 (pay all utilities) tenants Inc. Heat  Water  Gas  Gar  Elec  Unfurn  Furn  No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62 YES 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
<u>5053 N. Vancouver Ave. Royal Park H.S.</u>	<u>HS</u>	<u>4/7/72</u>
<u>moved 4/17/72</u>		

NEW ADDRESS: 5053 N. Vanc. APT. C HAP Housing Zip \_\_\_\_\_ Phone \_\_\_\_\_



1-15-70 flyers delivered by Hazel Polk. Would like meeting to inform & would attend. Showed letter from EDPA.

2/13/71 survey: refused to give info. or talk to POC. Would go to EDPA meetings for her info. - Not hostile - only tired of people calling on her. SL

2/22/72 Interviewed Mrs Perkins who desires low rent supplement, 1 bed room apt, near stores and transportation. Explained benefits and options to her. She plans to go into public housing.

2/26/72 A call from Mrs Perkins' message do not call her for appointment. She would call when she was ready.

3/16/72 <sup>3/19</sup> Verification of income received from welfare and Soc. Security. No further contact has been made with Mrs Perkins.

3/20/72 Mrs Mary Perkins made application for low rent housing. Displace letter and verification of income submitted. Her name was placed on Displace waiting list at H.A.P.

4/18/72 Reimbursement for relocation payment for tenant per claim after move from 3116 N. Gantenbein Parcel A(2-3) and filed payment, own furniture check No. 302396 for sum of 420<sup>00</sup>.

4/26/72 Check No. 396 EH. issued to Mrs Perkins for her 1st Annual Payment & H.P. payment in the amount of 1000. for move from 3116 N. Gantenbein Parcel A2-3.

4/17/72 Mrs Perkins made self move on April 17, 1972 to Royal Rese Courts 5053 N. Vancouver from 3116 N. Gantenbein.