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			

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. R-9-11 Advisor JC

Client's Name Radel, Anna Phone _____

Address 3127 N. Gantenbein Ethn W Age 86

☐ Male ☐ Family ☐ Married ☒ Renter/Occupant

☒ Female ☒ Individual ☒ Single ☐ Owner/Occupant

Family Composition

Total Number in Family 1

_____ wife, husband

Other:

Relation	Age	Relation	Age

Economic Data

Employer $

Address

Other Source of Income

_____ $

UA $ 96

Total Monthly Income $ ( )

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 5-7-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1946

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

Date of initiation of negotiations for purchase of property 5-11-71

Date of Acquisition 7-8-71 7-20-71

Date of letter of intent _____

Date of move 10-11-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales	X	Single Family	X
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1890

Size of Habitable Area 588

Furnished with claimant's furniture
/_/ YES /_/ NO

Total Number of Rooms 3 Rent Paid $ _____ Utilities _____

Number of Bedrooms 1 Monthly Housing Payments $ _____ Taxes _____

Liens $ _____ (please explain) _____

Acquisition Price $ 5,500 Amenities _____

REPLACEMENT DWELLING UNIT

Address 2210 NE 61st LPA Referred 0 Self Referred _____

Private Sales	X	Single Family	X
Private Rental		Duplex	
Other		Multiple Family	

Outside city ☐ Outside state ☐

Age of Housing Unit 1932

Size of Habitable Area ~~725~~ 1450

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling $ 19,500

Taxes $ _____

RHP or TACO (including incidental costs) $ 9,139

For Claimants Who Rented

Rent $ _____

Utilities $ _____

Total Rent Assistance $ _____

Amount of Annual Payment $ _____

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

____ MCW ____ HAP ____ OTHER (_____)

____ Food Stamp X Legal Aid ____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount $ _____

Date _____ Ck # _____ Type _____ Amount $ _____

Date _____ Ck # _____ Type _____ Amount $ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME RADEL, Anna

RELOCATION ADVISOR JC

ADDRESS 3127 N. Gantenbein PHONE 282-8413

PROJECT NAME Emanuel ORE. R-20

SEX F ETHN white VETERAN ____ AGE 86

PARCEL NO. R-9-11

MARITAL STATUS widow TENURE owner

DISABILITY ____ INDIV x FAMILY ____

ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 ____

RENT SUPPLEMENT ____ OTHER ____

DATE ON SITE: 1946

INITIATION OF NEGOTIATIONS: ____

DATE OF ACQUISITION: July 20, 1971

INITIAL INTERVIEW 5-7-71

DATE INFO PAMPHLET DELIVERED ____

NOTICE TO MOVE ____ DATES EFFECTIVE ____ EXPIRATION DATE ____

NOTIFY IN CASE OF EMERGENCY ____

ECONOMIC DATA

Employer	$
Address	
MCW	
Social Security	
Pension V. A.	96.00
Other	
TOTAL MONTHLY INCOME	$ 96.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area 588 sq. ft.

Age of Structure 1890 No. Rooms 3

No. Bedrooms 1 Furn. ____ Unfurn ____

Utilities $ ____

Monthly Payments (Rent) $ ____

Acquisition Price $ 5,500.00

Taxes $ ____ Equity $ ____

Liens $ ____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
Address _____
Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 2210 N. E. 61st Phone _____ Date of Move 10/11/71

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities $ _____ Monthly Payments (Rent) $ _____ Purchase Price $ 19,500

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	909 G	7/15/71	$ 9,139.00
TACO (Rental)			$
TACO (Rental)			$
TACO (Rental)			$
TACO (Rental)			$
TACO (Sales)			$
Fixed Moving	27287 G	10/14/71	$ 420.00
Actual Move			$
Storage			$
Incidental	121 FH	10/29/71	$ 47.23
Interest			$

TOTAL BENEFITS RECEIVED $ 9,606.23

Purchase Price		$ 19,500.00
Down Payment	$ _____	
RHP	$ 9,139.00	
Total Down		- $ _____
Total Mortgage		$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: delivered by Marion Scott. Was cooperative and would like meeting. Has recently had surgery and steps are too high for her - she would like to move immediately.	
1/21/71	Mrs. Radel came into the office with Mrs. Dorothea Radel (daughter-in-law) 292-8214, the property owner. Mrs. Anna Radel is 86 and very hard of hearing. She receives VA money and out of this must be $18 for food stamps. She has no assets. She did receive welfare before VA for last year or so since her son died. Should try and see if we can get more money for her. She has attended some EDPA meetings, but could not hear anything. She wants to move now- the area has changed (no store in walking distance since Kienows closed) and she is afraid after dark. She is quiet and friendly and wants only to move now. She is tired of waiting. She insists on having her own place when she moves. Dorothea handles as many of Anna's affairs as possible. We persuaded Anna not to move now . Dorothea would like to get her into public housing (Dorothea's husband died recently and she cannot help Anna financially anymore) on West Side as she lives on the West side and it would be closer. She believes Anna should have her own place as long as she is able to care for herself. Do not call on Anna after dark. Handle as many things as possible by mail (then she can call Dorothea and thus maintain an appearance of independence with us. Both ladies are very cordial.	SLC
2/9/71	SURVEY: (see above)	
3/26/71	Anna Radel called. The wind damaged the house roof and she wanted to know if she should repair it and if we had any further news on "when the project might begin."	
4/8/71	Dorothea Radel called to determine status of project. Could Anna Radel get on HAP waiting list now? How much longer? Going to Atlanta the week of the 17th and Anna will be at her house during that time. Please let them know when project will start.	
4/12/71	Called again (Dorothea). She wanted to know how much money to put into repairs of roof. Would it affect the appraisal? I told her to make it livable and that it probably would not affect the appraisal.	
5/7/71	In the office. Has income verification. Ready to go to HAP when we notify her the project has begun.	
5/21/71	Talked to both Mrs. Radels about possible options. (1) HAP; (2) RHP under new regulations; (3) ARP. They would like us to write them down for them. I told her to keep in contact and when we have new regulations we can give them definite amounts. Are ready to sign option when they have decided what way to go.	
6/11/71	Called on Anna Radel at her request. She wanted to discuss HAP housing and to make it clear that she wants to go into HAP housing or an apartment. She feels she is too old to buy another house or duplex. She has had two friends that lived HAP housing that she has visited. She liked their apartments and said they were happy, but Dorothea wants her to buy something. She was told by a doctor friend that "people move NW Towers just to die" and Anna just wouldn't be happy there...she is too active. Anna wants to move now as she must have surgery the first	

INTERVIEW REGISTER

Date		Relocation Worker
	of September and wants to be settled before then I feel Anna would be happy in HAP housing in the NW area because she could be close to her church, shopping, etc. She is extremely active for her age and likes going places and doing things on her own. However, I did not feel that I could push HAP because it would mean losing at least $5,000 RHP and possibly more. I did suggest that she talk it over with Dorothea and have her call me, and offered to take them both to see the new building, being erected by HAP next to NW Towers and also some leased housing in the NW area. Have explained all three options to Anna, HAP, ARP, RHP, as they now stand.	SLC SLC
6/23/71	Mrs. Radel and daughter-in-law called at the office. They had questions to ask of possiblities for their move.	
6/30/71	Mrs. Radel and daughter-in-law were here at 3:00 p.m. to look at the apartment at 20th and Everett at NW Towers. Stan took them. They have decided to purchase a single family house for Mrs. Radel to stay in and then apply for Public Housing. They also consulted with Legal Aid today.	
7/2/71	Went with Mrs. Radel and her daughter-in-law to see the house they wish to purchase at 2210 S. E. 61st. House is very nice, three bedrooms for $19,500. Suggested that they have Jim Barnes with Legal Aid review earnest money agreement before they sign. Set up an appointment for them with Jim Barnes. Anna Radel still thinks she would like to go into HAP later on. The house is being purchased from Jack Chapman: work phone 228-9161 ext. 55. Radel's were in agreement that this house was much more than comparable and were most happy to accept schedule amount of $14,639 total. Jim Barnes also thought this was fair. 288-4746 home.	
7-8-71	Mrs. Radel & daughter - in - law were in today and signed option and letter requesting assurance of RHP. Stan & Norm interviewed. Made up claim form to-day also.	

November 29, 1971

Mrs. Anna M. Radel
% Mrs. Dorothea M. Radel
1028 N. W. 53rd Drive
Portland, Oregon 97210

Dear Mrs. Radel:

Enclosed is our warrant, number [illegible], in the sum of Forty-seven and [illegible]/100 dollars ([illegible]), which represents reimbursement for incidental expenses incurred by you in connection with the purchase of your new home, per your claim filed October 13, 1971.

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Warrant Number

No. 121 EH

DATE October 29, 1971

PAY TO Anna Radel

$47.23

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for settlement costs per claim filed - 3127 N Gantenbein (R-9-11)	$47.23

Account Distribution

NO.	TITLE		AMOUNT
E1501	Rel O Payments (settlement costs)	EH	$47.23

AL

BD

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

(For Local Agency Use Only) DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	NAME AND ADDRESS OF CLAIMANT Anna Radel 2210 NE 61st, Portland, Oregon NAME OF LOCAL AGENCY Portland Development Commission

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

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

   Initial Date of Ownership: 1946 (Month-Day-Year) Date of Acquisition: 7-20-71 (Month-Day-Year)

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

   Initial Date of Ownership: 1946 (Month-Day-Year) Date of Initiation of Negotiations: 7-8-71 (Month-Day-Year)

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

   Date of Displacement: 10/11/71 (Month-Day-Year) Date of Purchase of Replacement Housing: 7-21-71 (Month-Day-Year)

   Date of Occupancy of Replacement Housing: 10/11/71 (Month-Day-Year)

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

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

   Issuance Date of Mortgage: _____ (Month-Day-Year) Date of Discharge of Mortgage: _____ (Month-Day-Year)

   Date of Initiation of Negotiations: _____ (Month-Day-Year)

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

6. CERTIFICATION OF LOCAL AGENCY

   This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of $ 47.23 is authorized.

   10/12/71 (Date) — [signature] ADC (Authorized Signature)

7. RECORD OF PAYMENT

   Date of payment: 10/29/71 Check number: 121 EH Amount: $ 47.23

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

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

PROJECT NAME (if applicable)
Emanual Project

PROJECT NUMBER: ORE-R-20

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

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding)
Anna Radel

2. DATE OF DISPLACEMENT

____ Family __X_ Individual

Parcel No. R-9-11

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 3127 N. Gantenbein Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner 1946
   Month-Day-Year
3. Number of bedrooms in the dwelling 1
4. Date of initiation of negotiations for local agency acquisition of dwelling _____
   Month-Day-Year
5. Payment made by local agency for the dwelling $_____

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
   2210 NE 61st Portland
7. Number of bedrooms in replacement dwelling 3
8. Purchase price of the replacement dwelling $_____

RHP-1

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

(For Local Agency Use Only)

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT
Anna Radel
2210 NE 61st, Portland, Oregon

COMPUTATION PREPARED BY:
Crolley, J. (Name) 10/11/71 (Date)

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

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) $_____
2. Plus interest payment (Block C, Step 4, Last line) + $_____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + $ 47.23
4. Total (Sum of Lines 1, 2, and 3) $_____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - $_____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) $ 47.23

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

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling $_____
2. Cost of comparable replacement dwelling (Cost based on: ☐ Schedule ☐ Comparative ☐ Other) $_____
3. Acquisition payment made by agency for claimant's former dwelling $_____

Computation

4. Line 1 or Line 2, whichever is less $_____
5. Minus Line 3 - $_____
6. Amount of differential payment $_____

[form continued on next page]

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

Item (a)	COSTS INCURRED BY CLAIMANT: Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	FOR LOCAL AGENCY USE: Amount Approved (e)
½ escrow fee	$ 35.00	$	$ 35.00	$ 35.00
½ doc. stamp tax	10.73		10.73	10.73
recording deed	1.50		1.50	1.50
TOTAL	$ 47.23	$	$ 47.23	$ 47.23

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

copy of escrow closing statement attached.

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

10/13/71
Date

Anna M Radell
Signature of Owner-Occupant(s)

Lawyers Northwest Title Insurance Company

Oregon Division • 421 S.W. Sixth Street • Telephone 224-6200 • Portland, Oregon 97204

Branch Telephone

Esc. No. 385087

ESCROW STATEMENT

Radel, Dorothea M. & Anna Marie — September 30, 1971

PROPERTY ADDRESS 8210 N.E. 61st

DESCRIPTION		
Lots 23 & 24, Block 6, [illegible] Portland		
Funds transferred from escrow #385087		
Earnest money deposited outside of escrow		9,[illegible]
Credit in escrow		10,[illegible]
Demand-Deposit		
Title Insurance Policy No.		
Escrow Fee 1/2	35.00	
Taxes 71-72 pro-rate 7-1-71 to 10-8-71		[illegible]
1/2 Documentary Stamp Tax	[illegible]	
City Liens		
Reconveyance		
RECORDING		
Deed Chapman to Radel	1.00	
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage to		
Recording		
Conformed Copies		

[illegible]

[illegible]

This earnest money statement only. Any amount in escrow you are entitled will follow later.

[illegible]

15 October, 1971

Housing Authority of Portland
[illegible] N. E. Broadway
Portland, Oregon [illegible]

Gentlemen:

This is to inform you that [illegible] hotel [illegible] N. E. [illegible] Portland, Oregon [illegible] in accordance with your [illegible] NSP housing. [illegible] hotel was [illegible] from [illegible] [illegible] 1971 [illegible] [illegible] the Portland [illegible] for [illegible] Urban [illegible] [illegible] is our understanding [illegible] eligible [illegible]

PORTLAND DEVELOPMENT COMMISSION
1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 27287 G

PAY TO THE ORDER OF Anna M. Radel

DATE October 14, 1971

$420.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation - move from 3127 N Gantenbein (Parcel R-9-11) to 2210 NE 61st -	
		Dislocation allowance $200.00	
		Fixed payment - own furn. 220.00	$420.00

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relo Payment (Fixed - own furn - Ind)	EH	$420.00

Anna Radel
by D Radel

AL

RJ

(Complete either A or B:)

Item	Amount 1/	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance 1. Fixed payment $220.00 2. Dislocation allowance $200.00 3. Total $420.00	$ 420.00	[illegible]	10-13-71
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
10/14/71	272876	$420.00			$

APPENDIX 4. GUIDEFORM CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)	PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW 4th, Portland, Oregon 97201	PROJECT NUMBER ORE R-20

INSTRUCTIONS: If this claim is for a fixed payment, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable), complete Items 1 through 12. If an item does not apply, write "None" in the space.

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
RADEL, Anna M. (i)

2. DATE(S) OF MOVE
October 11, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED
a. Address 3127 N. Gantenbein, 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): 5 (PARCEL: R-9-11)
e. Date you moved into this address: 1946

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 2210 N. E. 61st Portland, Oregon 97213
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. TYPE OF PAYMENT CLAIMED
Check a or b after consulting local agency:
[ ] a. Reimbursement for actual moving expenses (including storage costs, if applicable)
[x] b. Fixed payment (plus $200.00 dislocation allowance) (5 rooms)
Check c if applicable:
[ ] c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM
(If claim is for fixed payment, consult local agency. If claim is for reimbursement of actual moving expenses and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)
$ 420.00

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

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NUMBER	9. ADDRESS OF MOVING COMPANY (OR PERSON)

[form continued on next page]

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

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

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

☐ c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

Date _____ Signature of Claimant _____

11. AMOUNT OF ACTUAL COSTS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) $_____

b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) $_____

c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) $_____

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

10/11/71 Date

Anna M Radel Signature of Claimant

[form continued on next page]

APPENDIX 5. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

(For Local Agency Use Only) DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)	NAME AND ADDRESS OF CLAIMANT RADEL, Anna M. 2210 N.E. 61st, Portland, Oregon 97213 NAME OF LOCAL AGENCY PORTLAND DEVELOPMENT COMMISSION

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? [X] Yes [ ] No

   If "No," explain:

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

   Date items inspected: 10/11/71
   Month-Day-Year

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

   AC

[form continued on next page]

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0880 • Portland, Oregon 97204

Branch Telephone:

Esc. No. 385087

ESCROW STATEMENT

Radel, Dorothea M. & Anna Marie — September 30, 1971

PROPERTY ADDRESS 2210 N.E. 61st

DESCRIPTION Lots 23 & 24, Block 6, HARLEM ADDITION	Debit		Credit	
in East Portland	$		$	
Funds transferred from escrow #384647			9,130	00
Earnest money deposited outside of escrow			300	00
Balance in escrow			10,031	00
Demand Deposit				
Title Insurance Policy No.				
Escrow Fee 1/2	35	00		
Taxes 71-72 pro-rata 7-1-71 to 10-9-71			116	19
1/2 Documentary Stamp Tax	10	73		
City Liens				
Reconveyance				
RECORDING				
Deed Chapman to Radel	1	50		
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
Total Adjustment on $ from to				
to				
Paid				
Balance – Due Check Enclosed				
Balance – Debit				
TOTAL	10,610	19	10,610	19

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

Pioneer National Title Insurance Company

By _____

(Esc.) Jane Doe, Escrow Officer

Emanuel

September 27, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 384647
Parcel No. R-9-11
RADEL, Dorothea M. and Anna

Gentlemen:

You have in the above-identified escrow account a replacement housing payment in the amount of $9,139.00 in accordance with our instructions of July 19, 1971.

This is to certify that Mrs. Anna Radel has acquired and moved into a standard structure located at 2210 N. E. 61st Avenue. You are hereby authorized to release the replacement housing payment and disburse it in such manner as directed by Mrs. Radel.

Yours very truly,

John B. Kennard
Executive Director

JBK:dl

September 13, 1971

Mr. Stan Jones
Portland Development Commission
235 N. Monroe
Portland, Oregon

Dear Mr. Jones:

Please refer to my letter dated August 18, 1971 and our subsequent conversations relative to closing of the sale of the residence at 2210 N.E. 61st Avenue.

Enclosed is copy of letter dated August 24, 1971 from Mr. Hondel of Willamette Savings & Loan Association in which it is indicated there is no objection to a September 27, 1971 closing.

It would be appreciated if you will amend your existing escrow instructions to Pioneer National Title to provide release of the funds to permit closing on that date.

Very truly yours,

Jack G. Chapman

JGC/ig
cc: Mrs. Anna Radel
3127 N. Gantenbein St.
Portland, Oregon

Pioneer National Title Insurance Co.
421 S.W. Stark St.
Portland, Oregon 97204
Attention: Mrs. Egberg

WILLAMETTE Savings & Loan ASSOCIATION

1100 TWENTY-FIRST STREET • MILWAUKIE, OREGON 97222 • 659-3880

August 24, 1971

Mr. Jack G. Chapman
2210 N. E.61st Avenue
Portland, Oregon 97213

Dear Jack:

In answer to your letter dated August 18, 1971, we wish to advise you that we will defer the closing of your loan until September 27, 1971, as petitioned. No interest will be charged to you until such time funds are requested by Title Insurance Company of Oregon.

If you have any questions, please do not hesitate to call or write the undersigned.

Yours very truly,

K. E. Handel
Vice President

KEH:mr

2210 N.E. 61st Avenue
Portland, Oregon 97213

August 18, 1971

Mr. Ken Handel, Vice President
Willamette Savings & Loan Association
1100 21st Street
Milwaukee, Oregon

Dear Mr. Handel:

Please refer to our recent telephone conversation concerning pending application for a mortgage loan to finance acquisition from Ted and Jewell Isaacson of the residence at 6105 N.E. Sacramento St.

Funds, other than those to be provided by Willamette Savings and Loan Association, will come from proceeds due on the sale of our residence at 2210 N.E. 61st Avenue to Dorothea M. Radel and Anna Marie Radel.

The Radels' present residence is being purchased by the Portland Development Commission in connection with its Emanuel Hospital project.

Portland Development Commission has deposited in escrow (Account No. 384647) with Pioneer National Title Insurance Company the sum of $14,639.

The greatest portion of the money deposited can not be released to the Radels until September 27, 1971.

I have contacted King City Realty and been advised the Isaacsons have no objection to closing as late as September 27, 1971.

Please advise whether or not Willamette Savings and Loan would have any objection to a September 27, 1971 closing.

Very truly yours,

Jack G. Chapman

JGC/ig

cc: Mrs. Anna Radel
3127 N. Gantenbein
Portland, Oregon

Mr. Stan Jones
Portland Development Commission
235 N. Monroe
Portland, Oregon

Oregon Escrows, Inc.
385 N. State St.
Lake Oswego, Ore. 97034

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

J. G. Chapman
2210 N.E. 61st
Portland, Ore. 97213
July 21, 1971

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

Attention: Mrs. Egberg

Gentlemen:

You are requested to act as Escrow Agent in connection with sale of the residence at 2210 N.E. 61st Avenue, Portland, Oregon (Lots 23 and 24, Block 6, Harlem Addition to East Portland).

Enclosed to assist you in closing are the following:

1. Escrow copy of earnest money agreement dated July 2, 1971;

2. Copy of letter dated July 9, 1971 from Mr. Benjamin C. Webb, Acting Chief of Relocation and Property Management, Portland Development Commission, to Mrs. Anna Radel.

3. Copy of letter dated July 7, 1971 from the Portland Federal Employee's Credit Union to the undersigned.

The subject parcel is presently encumbered by a mortgage to Prudential Insurance Company which must be satisfied prior to conveyance to the Radels.

In addition, it would be appreciated if you will secure payoff figures and discharge the following obligations (which may or may not be matters of public record) at the time of closing:

1. Northwest Natural Gas Corporation Loan 1408-853

Rec'd 7-22-71

2. U.S. National Bank (4th & Harrison) home improvement note No. 11037.

Net proceeds due are to be deposited in escrow with Oregon Escrows, Inc., Account No. 143-71.

It is my understanding title is to be taken in the name of Dorothea M. Radel, a widow, AND ANNA MARIE RADEL, A widow as tenants in common with the right of survivership. This however should be confirmed by the purchaser.

The Purchasers are being displaced and have been assisted in securing replacement housing by Mr. Stan Jones of the Portland Development Commission who may be contacted regarding details.

If additional information is required, please do not hesitate to call me at either of the telephone numbers listed below:

Home- 288-4746 Bus- 228-9161

Very truly yours,

Jack G. Chapman

JGC / ig
Enclosure
cc: Mrs. Anna Radel
3127 N. Gantenbein
Portland, Oregon

Mr. Stan Jones
Portland Development Commission
235 N. Monroe
Portland, Oregon

Oregon Escrows, Inc.
385 N. State St.
Lake Oswego, Ore. 97034

July 19, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Parcel No. R-9-11 (Radel)
Escrow No. 384647

Gentlemen:

Enclosed is Warrant No. 909 6 in the amount of $9,139.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Seller upon written authorization by the Commission that the Seller has purchased and does occupy standard housing.

Yours very truly,

John B. Hazard
Executive Director

JBH:dl
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 909 G

DATE July 15, 1971

PAY TO Pioneer National Title Insurance Co. $9,139.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4000

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Anna Radel, replacement housing payment per claim filed. Parcel B-9-11 - From 3127 N. Gantenbein to 2210 NE 61st	$9,139.00

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relo Payments		$9,139.00

BO

CRH

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES

CITY OF PORTLAND
OREGON
97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Cierc, Chief

Housing Division
S. J. Chegwidden, Chief

July 12, 1971

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

Re: 2210 N. E. 61 Avenue - Radel

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the structure is in standard condition and complies with City regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

S. J. Chegwidden
Chief Housing Inspector

CHF:vo

July 9, 1971

Mrs. Anna Radel
3127 N. Gantenbein
Portland, Oregon

Dear Mrs. Radel:

Re: Replacement Housing Payment

We have your letter of July 7, 1971, requesting that we assure you of the amount of the Replacement Housing Payment which will be due you as a result of being displaced from your present dwelling at 3127 N. Gantenbein where you now own a life estate.

According to federal laws and regulations, you would be eligible for a Replacement Housing Payment equal to the difference between the acquisition price of your present dwelling and the reasonable cost of a comparable replacement dwelling. Together with allowable incidental costs not to exceed $15,000.00. According to the latest schedule of average housing cost that we have, the reasonable cost of a replacement dwelling in your area is $18,697.00. The Replacement Housing Payment will, therefore, be the difference between the acquisition price and $18,697.00, plus allowable incidentals. We must caution that we cannot make this payment to you until you have purchased and occupied a standard dwelling. However, we will be willing to place the amount of the payment in escrow, to be released to you after you move into a standard dwelling.

We hope [illegible] that [illegible] However, it may be of further assistance to you if we let us know.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch

PORTLAND FEDERAL EMPLOYEES' CREDIT UNION

[illegible]

[illegible]

[illegible]

Account No. [illegible] Date Jul. 7, 2071

Rich and Blanche Gagnon

[illegible]

July 7, 1971

Mr. Benjamin Webb
Portland Development Commission
235 North Monroe
Portland, Oregon 97227

Dear Mr. Webb:

We would like to request that the Portland Development Commission provide written assurance as to the amount of a Replacement Housing Payment which can be applied towards the purchase of a house at 2210 North East 61st.

An earnest money agreement was signed on July 2, 1971, for the purchase of the above house in the amount of $19,500.00 with a contingency that assurance be provided by Portland Development Commission within ten (10) days that a Replacement Housing Payment in the amount of $9,139.00 will be available in addition to the $5,500.00 which is the Portland Development Commission purchase price of my house in the project.

Very truly yours,

Anna Radel
Anna Radel

Dorothea Radel
Dorothea Radel

FR 6/24
of

6/23/71
(date)

Contact Office
Veterans Administration
426 S. W. Stark
Portland, Oregon 97204

Gentlemen:

The Portland Development Commission has recently relocated 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 payments from the Veterans Administration.

The name of the Veteran on whose account the payments are drawn is Frank (NMI) Radel. My Veterans Administration claim number is [redacted]

This will authorize you to give them this information.

Please send the information directly to the Portland Development Commission, 235 N. Monroe, Portland, Oregon 97227 by filling in one copy of this letter in the space provided below and returning same in the enclosed envelope.

Sincerely,

Anna M Radel
3127 N Gantenbein Ave.
Portland, Oregon 97227

To the Portland Development Commission:

The records of this office indicate that Anna M. Radel, claim number [redacted], is receiving monthly benefits of $ 96.00 from the Veterans Administration.

Louis A. Smith
Veterans Administration

slc

CONFIDENTIAL

Emanuel Hospital

2801 north gantenbein avenue • portland, oregon 97227

June 5, 1970

Mr. Ernest Wiley
Chief of Relocation and Property
Management
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

Dear Mr. Wiley:

Enclosed is a copy of a letter received from Mrs. Dorothea Radel regarding the property at 3127 N. Gantenbein.

I would appreciate it if you would contact Mrs. Radel and inform her as to the timing of the acquisition of this property.

Thank you.

Very truly yours,

Oscar Gustafson, Jr.
Senior Vice President

OG/
rw

Enclosure

1025 NW 53 Drive
Portland, Oregon 97210
June 4, 1970.

Mr. Oscar Gustafson
2801 N. Gantenbein Ave.
Portland Oregon 97227

Dear Mr. Gustafson:

It is evident 3127 N. Gantenbein Ave., the home in which my mother-in law resides, will be demolished soon for the Emanuel Hospital Urban Renewal Project. I would like to get her re-located as soon as possible, before the bad weather sets in this fall.

I have done considerable looking around at a house for her and am shocked at the cost of a 1 bedroom home with basement and double garage or a suitable apartment. I am asking $6,750 for the property. This seems a bit high but certainly will not go very far in getting another home or toward apartment rent at present prices.

Approximately June 22 I expect to have surgery at Emanuel and wanted to get the ball rolling before that time.

Hoping to hear from you soon,

Sincerely

Mrs Dorothea Radel

Mrs. Dorothea Radel

292-8214

Called Mrs. Radel, she may stay until we can purchase house. CRM.

HUD-6153
(2-69)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME *(If Applicable)*
Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	Emanuel Project
	PROJECT NUMBER Ore. R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT.
(as shown in deed to displacing agency or in condemnation proceeding)
Anna Radel

2. Family ☐ Individual ☒

3. DATE OF DISPLACEMENT

4. DWELLING UNIT FROM WHICH YOU MOVED R-9-11

a. Address: 3127 N. Gantenbein
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:
1946
Month-Day-Year

c. Check one:
☒ Single-family dwelling unit
☐ Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
☒ Yes ☐ No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 2210 N.E. 61st
Portland, Oregon 97227

b. Number of bedrooms: 2

c. Purchase price: $ 19,500

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: 7-20-71
Month-Day-Year

(2) Date you moved into this dwelling: 10-11-71
Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: _____
Month-Day-Year

(2) Date of settlement: _____
Month-Day-Year

(3) Date you expect to occupy: _____
Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

July 8, 1971
Date

X Anna Radel
Signature of Owner-Occupant

GPO 881-652

FOR DISPLACING AGENCY USE ONLY

HUD-6154
(2-69)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT: Anna Radel R-9-11

NAME OF DISPLACING AGENCY: Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. *(Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)*

	YES	NO
1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	X	
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	X	
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?		
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	X	
5. Has the replacement housing been inspected and found to be standard? *(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)*	X	

1. Initial Date of Ownership: 1946 (Month-Day-Year) — Date of Acquisition: 7-20-71 (Month-Day-Year)

2. Initial Date of Ownership: 1946 (Month-Day-Year) — Date of Initiation of Negotiations: 7-8-71 (Month-Day-Year)

3. Initial Date of Ownership: _____ (Month-Day-Year) — Date of HUD Approval of the Project: _____ (Month-Day-Year)

4. Date of Displacement: 10-11-71 (Month-Day-Year) — Date of Purchase of Replacement Housing: 7-21-71 (Month-Day-Year) — Date of Occupancy of Replacement Housing: 10-11-71 (Month-Day-Year)

5. Date previously substandard dwelling was inspected and found to be standard: _____ (Month-Day-Year)

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

HUD-6154
(2-69)*

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. *(From approved Form HUD-6155)*	$ 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	$ 5,500
3. Line 1 minus line 2.	$ 9,139
4. Amount of Replacement Housing Payment *(If amount on Line 3 is ~~$5,000~~ or more, enter ~~$5,000~~ if amount on Line 3 is less than ~~$5,000~~ enter amount on Line 3.)* Uniform Relocation Act 1970	$ 9,139
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions *(See Circular 1370.3, paragraph 8).*	$
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	$
7. Total *(line 5 and 6)*	$
8. Amount of Replacement Housing Payment. *(Line 4 minus line 7)*	$ 9,139

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement: _____ *Month-Day-Year*

Date Occupancy Established: _____ *Month-Day-Year*

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 of the amount shown on Line 8 above is authorized.

7-14-71
Date

Authorized Signature

RECORD OF PAYMENT	DATE	~~CHECK~~ WARRANT NO.	AMOUNT
	7/15/71	9096	9,139.00

GPO 879-234

HUD-6154
(2-69)

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. *(From approved Form HUD-6155)* $ 14,639

2. Acquisition payment received by the claimant for his single- or two-family dwelling. $ 5,500

3. Line 1 minus line 2. $ 9,139

4. Amount of Replacement Housing Payment *(If amount on Line 3 is $5,000 or more, enter $5,000; if amount on Line 3 is less than $5,000, enter amount on Line 3.)* $ 9,139

5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions *(See Circular 1370.3, paragraph 8)*. $

6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment. $

7. Total *(Line 5 and 6)* $

8. Amount of Replacement Housing Payment. *(Line 4 minus Line 7)* $ 9,139

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement: _____ *Month-Day-Year*

Date Occupancy Established: _____ *Month-Day-Year*

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 of the amount shown on Line 8 above is authorized.

_____ *Date*

_____ *Authorized Signature*

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

GPO 879-234

FOR DISPLACING AGENCY USE ONLY

HUD-6154
(2-69)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT: ANNA Radel

NAME OF DISPLACING AGENCY:

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. *(Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)*

	YES	NO
1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	X	
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	X	
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?		
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?		
5. Has the replacement housing been inspected and found to be standard? *(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)*		

1. Initial Date of Ownership: _____ *Month-Day-Year* — Date of Acquisition: _____ *Month-Day-Year*

2. Initial Date of Ownership: 1946 *Month-Day-Year* — Date of Initiation of Negotiations: _____ *Month-Day-Year*

3. Initial Date of Ownership: 1946 *Month-Day-Year* — Date of HUD Approval of the Project: _____ *Month-Day-Year*

4. Date of Displacement: _____ *Month-Day-Year* — Date of Purchase of Replacement Housing: _____ *Month-Day-Year* — Date of Occupancy of Replacement Housing: _____ *Month-Day-Year*

5. Date previously substandard dwelling was inspected and found to be standard: _____ *Month-Day-Year*

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

HUD-6153
(2-69)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME *(If Applicable)*
	PROJECT NUMBER R-9-11

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

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

2. Family ☐ Individual ☒

3. DATE OF DISPLACEMENT

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 3127 N. Vancouver

b. Date you first occupied this dwelling unit as the owner: 1946
Month-Day-Year

c. Check one:
☒ Single-family dwelling unit
☐ Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
☒ Yes ☐ No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 2210 NE. 61st
97227

b. Number of bedrooms: 2

c. Purchase price: $ 19500

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: _____ *Month-Day-Year*

(2) Date you moved into this dwelling: _____ *Month-Day-Year*

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: _____ *Month-Day-Year*

(2) Date of settlement: _____ *Month-Day-Year*

(3) Date you expect to occupy: _____ *Month-Day-Year*

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

_____ *Date*

_____ *Signature of Owner-Occupant*

GPO 881-652

Pioneer National Title Insurance Company
421 S.W. STARK STREET • PORTLAND, OREGON 97204 • TELEPHONE 224-0550

COPY

OREGON DIVISION

Escrow Department

ATTN: Jean Egberg

Gentlemen:

We are prepared to issue title insurance policy in the usual form insuring the title to the land described on the attached description sheet:

Vestee: FRANK RADEL and DOROTHEA M. RADEL,
as tenants by the entirety.

Dated as of July 7 , 1971 at 8:00 a.m.

Pioneer National Title Insurance Company

cc: Portland Development Com.

By Max deSully

Max deSully

Subject to the usual printed exceptions and stipulations.

1. 1970-71 taxes, $122.68 of which $61.34 is paid.
(Account No. 71080-2690)

2. Reservation of life estate in favor of Anna Radel in deed recorded November 30, 1954 in Book 1693 page 303, Deed Records.

Note: We find no unsatisfied judgments of record against Frank Radel or Dorothea M. Radel, as of the date hereof.

-----END OF REPORT-----

Report No. 384647
F 235

PRELIMINARY REPORT ONLY

PIONEER NATIONAL TITLE INSURANCE COMPANY
321 S. W. 4th Avenue
Portland, Oregon

OWNERSHIP DATA REPORT

Order No. 365001 R-9-11

Dated February 1, 1969

(1) Last deed of record runs to Frank Radel and Dorothea M. Radel

From 1. Anna Radel 2. one-half interest from Frank Radel to Dorothea Radel

Whose address is 1025 NW 53rd Drive

(2) Legal description North 40 feet of Lot 14, Block 9, RIVERVIEW SUBDIVISION

(3) Deed dated 1. 11-12-54 2. 12-1-67 recorded 11-30-54 12- 4- 67

Book 1693 594 page 303 1009 Consideration ---- IRS ------

(4) Assessed valuation of land $1,450 Improvements $2,700

(5) Taxes 1968-69 $122.76; paid. Acct. No. 71080-2690

Mortgages, contracts and other encumbrances:

1. Subject to the life estate of Anna Radel as reserved in deed recorded November 30, 1954 in Book 1693 page 303, Deed Records.

This is not a title report and we assume no responsibility for errors or omissions herein.

PIONEER NATIONAL TITLE INSURANCE COMPANY

By: J. Pottinger

Rabel

Dwelling Unit Inventory

QUANTITY		QUANTITY	
1	Beds & Springs	1	Night Stand
	Bedroom Chair		Occasional Chair
1	Breakfast Table	2	Overstuffed Chair
1	Breakfast Table Chairs		Overstuffed Rocker
	Bridge Lamp & Shade	1	Range
1	Buffet	1	Refrigerator: Brand
1	Chest of Drawers	1	Rocker
1	Coffee Table	2	Rug & Pad: Size 9x12
	Couch	1	Stool
1	Davenport		Table Lamp & Shade
	Desk	2	Table, small
1	Dining Table		Vanity & Bench
6	Dining Chairs		Suitcases
1	Dresser	6	Trunks
4	End Table	X	Cartons, Boxes, Etc.
4	Floor Lamp & Shade	X	Clothes
1	Mirror	X	Bedding & Linens

Miscellaneous (List Items)

T.V. set
clothes closet
radio
Misc. pictures/wall hangings
Cabinet

basement: wash machine, tools, garden tools, Canned goods
garage: wood stove - large, boxes & cartons, ~~boxes & Carton~~ Chest of drawers, lawn mower, Canned goods, Kitchen things -

COMMENTS:

5 ROOMS: 1. BEDROOM — 1. Living Room — 1- Dining Room — 1- Kitchen —

1+ Basement, garage, back porch, back porch

52039-40-41 Chat Mtgs

52042 Wd $10 Nov 12 1954

Anna Radel wid to Frank Radel his h&a

GBSC fol rp in MCO daf t/w;
The North 40 ft of Lot 14 Blk 9 Subdivision of Riverview
Addition to Albina, in the CPMCO.

Reserving however a life estate for & during the life of the
gtor herein.

Actual cons for this conv bg less than $100 no DR required

ffl exc as above stated.

Sig
Ack

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL R-9-11

NAME RADEL, Anna ADDRESS 3127 N. Gantenbein APT NO. _____

PHONE 282-8413 INITIAL INTERVIEW 1/2/71 SEX F W X NW _____ AGE 86 in June

U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1946

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ $ _____
Address _____
MCW ___ Caseworker _____
Social Security _____
VA. X Fed. _____ Mult Co. _____ 96.00
Pension: Name _____
Other: Name _____

TOTAL MONTHLY INCOME 96.00

Rent _____, Inc. Heat ___ Water ___ Gas ___ Gar ___ Elec ___ Unfurn X Furn ___ No. Rms 5

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
Name Dorothea Radel Address 1025 N.W. 53rd Phone 292-8214

Information Statement given to _____ on _____ by _____
Notice to move given to _____ on _____ by _____
Payments: Amount $ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) moved by moving company _____ (Phone) _____

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE.
Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 2210 NE 61st

Zip Phone

DATE	NOTES	C/W
1/15/71	Flyer delivered by Marion Scott. Was cooperative and would like meeting. Has recently had surgery and steps are too high for her - would like to move immediately.	
1/21/71	Mrs. Radel came into the office with Mrs. Dorothea Radel(in-law) 292-8214, the property owner. Mrs. Anna Radel is 86 and very hard of hearing. She receives VA money and out of this must be $18 for food stamps. She has no assets. Did receive welfare before VA for last year or so since her son died. Should try and see if we can get more money for her. She has attended some EDPA meetings, but could not hear anything. She wants to move now - area has changed (no stroe in walking distance since Kienows closed) and she is afraid after dark. She is quiet and friendly and wants only to move now - she is tired of waiting. Insists on having own place when she moves.	
	Dorothea handles as many of Anna's affairs as possible. We persuaded Anna not to move now. Dorothea would like to get her into public housing (Dorothea's husband died recently and she cannot help Anna financially anymore) on West side as she lives on the West side and it would be clower. Believes Anna should have own place as long as she is able to care for self.	
	Do not call on Anna after dark. Handle as many things as possible by mail (then she can call Dorothea and thus maintain an appearance of independence with us). Both ladies are very cordial.	SLC
2/9/71	Survey: (see above)	SLC
3/26/71	Anna Radel called. Wind damage to house roof - wanted to know if she should repair and if we had any further news on "when project might begin"	SLC
4/8/71	Dorothea Radel called to determine status of project. Could Anna Radel get on HAP waiting list now How much longer? Going to Atlanta week of 17th and Anna will be at her house during that time. Please let them know when project will start.	SLC
4/12/71	Called again (Dorothea). Wanted to know how much money to put into repairs of roof. Would it affect appraisal? Told her to make livable - probably would not affect appraisal.	SLC
5/7/71	In office. Has income verification. Ready to go to HAP when we notify her project has begun.	SLC
5/21/71	Talked to both Mrs. Radels about possible options. (1)HAP; (2) RHP under new regulations; (3) ARP. They would like us to write them down for them Told her to keep in contact & when we have new regulations we can give them definite amounts. Are ready to sign option when they have decided what way to go.	SLC
6/11/71	Called on Anna Radel at her request. She wanted to discuss HAP housing and to make it clear that she wants to go into HAP housing or an apartment. She feels she is too old to buy another house or duplex. She has had two friends that lived in HAP housing that she has visited. She liked their apts. and said they were happy, but Dorothea wants her to buy something. She was told by a doctor friend that "people move to NW Towers to die" and Anna just wouldn't be happy there...she is too active. Anna wants to move now as she must have surgery the first of September and wants to be settled before then.	

DATE	NOTES	C/N
6/11/71	(continued) I feel Anna would be happy in HAP housing in the NW area because she would be close to her church,shopping, etc. She is extremely active for her age & likes going places and doing things on her own. However, I did not feel that I could push HAP because it would mean losing at least $5,000 RHP and possibly more. I did suggest that she talk it over with Dorothea and have her call me, and offered to take them both to see the new bldg. being erected by HAP next to NW Towers and also some leased housing in the NW area. Have explained all three options to Anna, HAP, ARP, RHP as they now stand.	SLC

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 Cannucci Date of survey 2/9/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 6 Structure No. 5 Census Block No. 29 Census Tract No. 22A
Street Address 3127 N. Gantenbein 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 _____

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

	Name	Family relation	Age	Sex	Occupation
1.	Anna Radel	Head of household	F	86	—
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	
Anna Radel	$ ~~87.00~~ 96.00	$	V.a.
	96.00		
Total family or household income per month	$ ~~87.00~~	$	

(no assets)

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

1. Location (indicate approximate cross streets) N.W.
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 ✓ HAP
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 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit —
7. Other characteristics (W) O B I M

PDC-HRS-3
1-15-71

date on site 25 yrs. (1946)

HOUSING RESOURCES SURVEY

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

Analyst Cavanuci Date Surveyed 2/9/71 Tabulator _____ Date _____
Dwelling Unit No. 6 Structure No. 5 Census Block No. 29 Census Tract No. 22A
Street Address 3127 N. Gantenbein Apartment No. —
Legal Description _____

NAME OF OCCUPANT:	NAME & ADDRESS OF OWNER	NAME & ADDRESS OF PROP. MGR:
Anna Radel	Dorothea M. Radel	
3127 N Gantenbein	1025 NW 53rd	
TELEPHONE: —	TELEPHONE: 292-8214	TELEPHONE:
INTERVIEWED? (✓) Yes ( ) No	INTERVIEWED? (✓) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
X One-family house	
___ Apt. in a house	___
___ Apt. in apt. bldg.	___
___ Apt. in comm. bldg.	___
___ Mobile home or trailer	

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

X Owner occupied
___ Renter occupied
___ Vacant

III. SIZE OF DWELLING UNIT

588 Sq. ft. in first floor (county figure)
588 Sq. ft. in dwelling unit (if more than 1 floor)
3 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
1 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
1890 Date structure was originally built
___ ~~Date of any major alterations~~

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	$ 1500	$
Improvements	2800	
Total	4300	

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	$	$	$

none

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

PDC-HRS-1
1-15-71

LAND APPRAISAL 19 68

MARKET DATA

IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE

MONTHLY RENTAL $ X GRM = $ IND. VALUE

ZONING

AREA IMPROVEMENTS

SIDEWALKS & CURBS

WATER

SEWERS

OTHER

SITE ADJUSTMENTS

ROAD TYPE D G

TOPOGRAPHY 4 A E

VIEW

OTHER

DEPTH FACTOR

STANDARD DEPTH

EFFECTIVE DEPTH

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS		ADJ'D UNIT VALUE	VALUE
40 X 41 @ 20 EF		800	S 400			400
@ .90 ¢		1640	1476			1476

TOTAL AREA

SUB-TOTAL

REMARKS

SITE ADJ %

TOTAL APPR. VALUE 1450

19 APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

APPRAISER 4 24 67

ACCOUNT NO. 1-71080-2690 19 68

CLASS STORY 1 AREA 1 BASE FACTOR

ADDRESS 3127 N. Gertrude

FDN. Con. Br. W.P. BSMT. BSMT. ROOMS Garage 400 ft

FLOORS S Tile Inl. Carp.

ROOF S H F Alum. Comp. Shk. Built-Up

EXTER. S Shks Blk Stuc Brk P.D.

INTER L.R.P. Drywall Plas. Plw. Hdw. Pt. Wall

PLUMB'G FACILITY Sink D.W. Toil W.B. Tub Enc. Shower Enc. Lav. W.H.

Quantity 6 1 1 1 1 1 1

HEAT H.W. Pipe Floor Oil Gas Elec. H.A.

FIREPLACE Ins. O.S. S D T 1 Sty 2 Sty Flue

ATTIC D Unf. Fin B.R. Bath Lav. H 3/4 7/8 1/4

2ND STY. D B.R. Bath Lav. H

BAYS DORMERS

MISC

MISC V.F. & H. E.&O. V.F. Tile

OUTSIDE Conc. B.T. Sprinkler Y.E.

FIRST FLOOR: Rec. Hall, Sem. Hall, Liv. Rm., Din. Area, Fam. Rm., Nook, Kitchen, Utility, Bedroom, Bath, Lav., Den

GARAGE: Class, Type, Dim. X, Fdn., Floor, Const., Roof, Misc.

	AREA	REPL. COST	ADJ. WT.	LOT	P.C.
MAIN	527	9 426		29	2 732
DWG.					
GAR.					
MISC.					
MISC.					

TOTAL 9 420

SUB

TOTAL DEPRECIATED REPLACEMENT COST 2 732

MISC

Dim. X

Fdn.

Const.

Roof

MISC

Dim. X

Fdn.

Const.

Roof

BUILT 1890

PERM. NO.

PREV. APPR. 1462

DATE RM. NO.

RENTAL

% ADJUSTMENT

Age 31

Func.

Econ. —

Cond. + 11

NET 20

19 68 APPR. VALUE 2700

19 APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

1 1-71080-2690 RADEL, FRANK & RADEL, ANNA-LE

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

address of Daughter-in-law
1025 NW 53RD DRIVE
PORTLAND, OREGON 97210

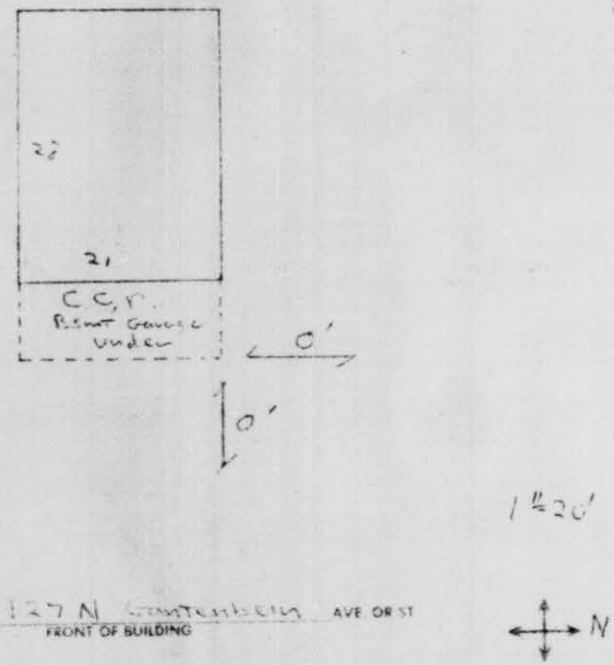
RIVERVIEW SUB	LOT	BLOCK
N 40' OF	14	9

PROPERTY ADDRESS: 3127 N GANTENBEIN AVE
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			1450	2700	4150	2300
1971			1500	2800	4300	U.D.



FUN. G A P

ECON. G A P C Not best Land use

COND. G A P Good Cond in + out

REMARKS has been R/M since 1890

INSP. OUTSIDE DATE 1 26 68 SIGN Ken Coleman DEPUTY

	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	NOTIFIED
DATE	FEB 23 '68	MAY 14 1968				
BY	ANDREWS	S. MILLER				

KUBLI