

	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 3146 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. RS3-3 Advisor JC
 Client's Name Robinson Wake Phone 288-3831
 Address 122 N. Graham. Ethn Black Age 67
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 3

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife	68		
Q. son	16		

Economic Data

Employer \$

Address

Other Source of Income

Social Security \$ 166.00

BSCO (PENSION) \$ 69.00

Total Monthly Income \$ 235.00

Eligible for Public Housing YES NO

Eligible for Welfare YES NO

Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

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

YES NO

Date of initial interview 7-1-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 5-24-71

Date of Acquisition 10-1-71

Date of letter of intent _____

Date of move 10-2-71 10-5-71
10-15-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1905

Size of Habitable Area 1172

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ _____ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 7900.00 Amenities _____

REPLACEMENT DWELLING UNIT

Address 6025 NE 19 LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1949

Size of Habitable Area 1980

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 18,000

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 9,987

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid + Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME ROBISON, Jake RELOCATION ADVISOR JC
 ADDRESS 122 N. Graham PHONE 288-3831 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 67 PARCEL NO. RS-3-3
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 7-1-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: _____
INITIATION OF NEGOTIATIONS: <u>5-24-71</u>
DATE OF ACQUISITION: <u>October 1, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security Jake 180.00
 Pension Esco 69.00
 Other Social Security - Bettie 86.00
 TOTAL MONTHLY INCOME \$ 335.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Bettie P.</u>	<u>wife</u>	<u>68</u>
<u>Stacy Brooks</u>	<u>grandson</u>	<u>16</u>

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1905</u> No. Rooms <u>6</u> No. Bedrooms <u>3</u> Furn. <u>Unfurn</u> Utilities \$ _____ Monthly Payments (Rent) \$ _____ Acquisition Price \$ <u>7,900.00</u> Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental	Multiple Family	X		
Public Housing	Duplex			
Private Rental	Mobile Home			
Private Sales		X		

Size of Habitable Area 1172 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 6025 N. E. 19th Phone 288-3831 Date of Move 10-15-72

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

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

Utilities \$ ___ Monthly Payments (Rent) \$ ___ Purchase Price \$ 18,000.00

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	59 EH	9/23/71	\$ 9,987.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27217 G	10/7/71	\$ 500.00
Actual Move			\$
Storage			\$
Incidental	141 EH	11/10/71	\$ 45.40
Interest			\$

Purchase Price \$ 18,000.00
 Down Payment \$ _____
 RHP \$ 9,987.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 10,532.40

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/15/71

FLYER: Delivered by James Crolley

2/12/71

SURVEY: Will buy a three bedroom house in NE. area; 12 & Fremont or South of Killingsworth.

7/1/71

Had contact with legal aide for information.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 141 EH

DATE November 10, 19 71

PAY TO **Jake and Bettie Robison**

\$45.40

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. 6025 N.E. 19th Ave. (Parcel RS-3-3).	\$45.40

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Settlement Costs)	\$45.40

11-15-71 *Bettie Robison*

BR

AE

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

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

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

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

1. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding) (f) ROBISON, Jake and Bettie	Address (Include ZIP code) 122 N. Graham Portland, Oregon 97207
---	---

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description (replacement dwelling) 6025 NE 19th Portland, Oregon 97211	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s) displaced from RS-3-3	

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

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
	(b)	(c)	(d)	(e)
1/2 escrow fee	\$ 34.00	\$	\$ 34.00	\$ 34.00
1/2 documentary stamp tax	9.90		9.90	9.90
recording deed	1.50		1.50	1.50
TOTAL	\$45.40	\$	\$ 45.40	\$ 45.40

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

attached copy of escrow closing statment

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

November 8, 1971
Date

Bettie Robison
Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

(RHP payment released 9/24/71)

If "No," explain:

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


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

D. CERTIFICATION

I CERTIFY that I have examined this claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment is authorized in the total amount of \$ 45.40.

11-9-71

Date


Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 45.40 by check No. 141EH dated 11/10/71 AD

Pioneer National Title Insurance Company

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

Esc. No. 386803

Branch Telephone: _____
ESCROW STATEMENT

October 7 19 71

Jake and Bettie Robison

PROPERTY ADDRESS 6025 NE. 19th

DESCRIPTION	Debit	Credit
Lot 22, Block 10, HIGHLAND PARK		
Funds transferred from Escrow #386762	\$	\$ 7,643.75
Funds to be transferred from Escrow #386762		200.00
Funds to be transferred from #386762 (replacement housing payment)		9,987.00
Demand-Deposit on closing		124.65
Title Insurance Policy No.		
Escrow Fee <u>one-half share</u>	<u>34.00</u>	
Taxes 1971-72 pro-rata share taxes from 7-1-71 to 10-1-71		111.15
<u>one-half share Documentary Stamp Tax</u>	<u>9.90</u>	
City Liens		
Reconveyance		
RECORDING		
Deed <u>Savage</u> to <u>Robison</u>	<u>1.50</u>	
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage to		
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid <u>Lloyd Savage, Et ux</u> for deed	18,000.00	
Paid <u>Lloyd Savage, Et ux</u> for Oil in tank	21.15	
Balance - Our Check Herewith		
Balance - Debit		
TOTAL	18,066.55	18,066.55

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

Pioneer National Title Insurance Company

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27217 G

DATE October 7, 1971

PAY TO THE
ORDER OF

John & Bettie Robison

\$ 500.00

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 per claim filed - move from 122 N Graham (RS-3-3) to 6025 NE 19th . Dislocation allowance \$200.00 Fixed - own furn. <u>300.00</u>	\$500.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Reio Payment (Fixed - own furn - family) EH	\$500.00

Received 10-11-71

Bettie Robison

AL

BR

Pioneer National Title Insurance Company

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

Esc. No. 386803

Branch Telephone: _____
ESCROW STATEMENT

October 7 19 71

Jake and Bettie Robison

PROPERTY ADDRESS 6025 NE. 19th

DESCRIPTION	Debit	Credit
Lot 22, Block 10, HIGHLAND PARK		
Funds transferred from Escrow #386762	\$	\$ 7,643.75
Funds to be transferred from Escrow #386762		200.00
Funds to be transferred from #386762 (replacement housing payment)		9,987.00
Demand Deposit on closing		124.65
Title Insurance Policy No.		
Escrow Fee one-half share	34.00	
Taxes 1971-72 pro-rata share taxes from 7-1-71 to 10-1-71		111.15
one-half share Documentary Stamp Tax	9.90	
City Liens		
Reconveyance		
RECORDING		
Deed Savage to Robison	1.50	
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage to		
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Lloyd Savage, Et ux for deed	18,000.00	
Paid Lloyd Savage, Et ux for Oil in tank	21.15	
Balance - Our Check Herewith		
Balance - Debit		
TOTAL	18,066.55	18,066.55

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

Pioneer National Title Insurance Company

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

DATED this 6 day of Oct 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 122 N. Graham, 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.

Bettie Robinson
(~~Print~~ name)

Wg.

MEMORANDUM

Date 10-5-71

TO: Ben Webb
FROM: Emanuel Site Office
SUBJECT: Release of RHP from Escrow

Escrow Company Pioneer National Title Insurance Co.

Escrow No. 386762

Parcel No. RS-3-3

Name Jake Robinson

Moving Date 10-5-71

The above client has relocated and does occupy the property which they purchased at 6025 N. E. 19th. The City Bureau of Buildings reports that the structure complys with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 9,987.00.

[Signature]
Relocation Worker

October 5, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 386762
Parcel No. RS-3-3
ROBISON, Jake and
Betty P.

Gentlemen:

You have in the above-identified escrow account a \$9,987 replacement housing payment in accordance with our instructions of September 24, 1971.

This is to certify that Mr. and Mrs. Robison have acquired and moved into a standard structure located at 6025 N. E. 19th Avenue. You are hereby authorized to release the \$9,987 replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Robison.

Yours very truly,

Harold D. Hand
Chief, Real Estate

NDH:d1

September 24, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 386762
ROBISON, Jake and
Betty P.

Gentlemen:

In accordance with the terms of the Real Estate Option, dated September 7, 1971, we hand you herewith Warrant No. 59 EH in the amount of \$9,987 representing a replacement housing payment, to be deposited to subject escrow for disbursement to Mr. and Mrs. Robison upon written authorization by the Commission that they have purchased and do occupy standard housing at 6025 N. E. 19th Avenue.

Yours very truly,

Harold D. Hand
Real Estate Supervisor

NDH:dl
Enclosure (1)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 59 EH

DATE September 23, 19 71

PAY TO **Pioneer National Title Insurance Company**

\$ **9,987.00**

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
		Deposit in escrow #386803 for Jake & Bettie Robison for move from 122 N. Graham (Parcel AS-3-3), per Replacement Housing Claim filed.	\$9,987.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payments (RHP)	\$9,987.00

AC

AB

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

average sales price for a standard dwelling suitable for the claimant, or actual purchase price
(From approved Form HUD-6155) of dwelling whichever is less. \$ 17,887.00

2. Acquisition payment received by the claimant for his single- or two-family dwelling. \$ 7,900.00

3. Line 1 minus line 2. \$ 9,987.00

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.) \$ 9,987.00

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) \$ 9,987.00

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.

9-23-71
Date


Authorized Signature

	DATE	WARRANT CHECK-NO.	AMOUNT
RECORD OF PAYMENT	9/23/71	59EH	9,987.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT ROBISON Jake and Bettie
	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.)

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Initial Date of Ownership: <u>December, 1945</u> <small>Month-Day-Year</small>	Date of Acquisition: _____ <small>Month-Day-Year</small>				
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Initial Date of Ownership: <u>December, 1945</u> <small>Month-Day-Year</small>	Date of Initiation of Negotiations: _____ <small>Month-Day-Year</small>				
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?	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td></td> </tr> </table>	YES	NO		
YES	NO				
Initial Date of Ownership: _____ <small>Month-Day-Year</small>	Date of HUD Approval of the Project: _____ <small>Month-Day-Year</small>				
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date of Displacement: _____ <small>Month-Day-Year</small>	Date of Purchase of Replacement Housing: _____ <small>Month-Day-Year</small>	Date of Occupancy of Replacement Housing: _____ <small>Month-Day-Year</small>			
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).)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date previously substandard dwelling was inspected and found to be standard: _____ <small>Month-Day-Year</small>					

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.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Portland, Oregon 97201	PROJECT NAME (If Applicable) 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-5141.2) 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. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> ROBISON, Jake and Bettie	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/> <i>RS 3-3</i>	

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 122 N. Graham
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:
Dec. 1948
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): 6025 N. E. 19th
Portland, Oregon

b. Number of bedrooms: 3

c. Purchase price: \$ 18,000.00

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.

9-8-71
Date

Bettie Robison
Signature of Owner-Occupant

THIS CARBON WILL DETERIORATE IF EXPOSED TO EXCESSIVE HEAT OR SUNLIGHT. 12382



FORM No. 671E (Escrow)
Stevens-Ness Law Publishing Co. ©
Portland, Oregon 97204 SS

EARNEST MONEY RECEIPT

RECEIVED FROM JAKE ROBINSON & BETTY ROBINSON City PORTLAND State OREGON SEPT 2 19 71

the sum of FIVE HUNDRED and 00/100 Dollars (\$ 500)
in the form of DEMAND NOTE as earnest money and in part payment for the purchase of the following described real estate situated in the City of PORTLAND, County of MULT., State of OREGON to-wit: REAL PROPERTY COMMONLY KNOWN AS 6023 NE 19 AVE HOUSE, LOT, AND IMPROVEMENTS

for the sum of EIGHTEEN THOUSAND and 00/100 Dollars (\$ 18000)
on the following terms, to-wit: The sum, hereinabove receipted for, of FIVE HUNDRED and 00/100 Dollars (\$ 500);

• On 19 as additional earnest money, the sum of _____ Dollars (\$ _____);
• On owners acceptance, _____ Dollars (\$ _____);
Upon acceptance of title and delivery of a deed, the sum of SEVENTEEN THOUSAND FIVE HUNDRED and 00/100 Dollars (\$ 17500);

Balance of _____ Dollars (\$ _____)
payable as follows: ALL CASH ON CLOSING. CONTINGENT UPON PURCHASER RELIEVING FUNDS FROM PORTLAND DEVELOPMENT COMM. COMMISSION TO INSPECT AND APPROVE HOME WITHIN TEN DAYS FROM SELLERS ACCEPTANCE. 11 GILIN TANK TO BE PRORATED ON CLOSING

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title; or in lieu of said title insurance policy, seller may furnish purchaser an abstract of title prepared by a reliable abstract company.

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

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances, except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and, NO OTHER EXCEPTIONS

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

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: NONE

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

Possession of said premises is to be delivered to purchaser on or before ON CLOSING, 19 71, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address 4227 N.E. SANDY BLVD S.J. POUNDER REALTY CO Broker
Phone 281-1183 By Jack P. Capeland

AGREEMENT TO PURCHASE SEPT 2 1971

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$ 18000, as set forth above and grant to said agent a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed ~~is~~ contract to be in name of JAKE ROBINSON and BETTY ROBINSON HUSBAND & WIFE
Address 122 N GRAHAM ST. Purchaser Jake Robinson (S & A)
Phone 288-3821 Betty Robinson (S & A)

AGREEMENT TO SELL Sept 2 1971

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when stated.
Address 6035 NE 19 AVE Seller Floyd W. Savage (S & A)
Phone 287-9167 Irvin J. Savage (S & A)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.
Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on _____ 19_____.
DATE: _____ Purchaser _____ Return receipt card received and attached to broker's copy _____ 19_____.
SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$ 1260 for services rendered in this transaction. In the event of a forfeiture of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at/or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named above.
Seller Floyd W. Savage (S & A)

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

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

September 17, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwidde, Chief

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

Re: 6025 N.E. 19 Avenue

Attn: Mr. Crolley

Gentlemen:

As the result of a displaced person and at your request, an inspection was made 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. Chegwidde
Chief Housing Inspector

CHF:mfm

cc: Portland Dev. Comm.
5630 N.E. Union Ave.
Lloyd Savage
6025 N.E. 19 Ave.

PORTLAND DEVELOPMENT COMMISSION

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

September 15, 1971

Mr. and Mrs. Jake Robison
122 N. Graham
Portland, Oregon 97227

Dear Mr. and Mrs. Robison:

The Portland Development Commission has authorized a Replacement Housing Payment in the amount of \$9,987.00 contingent upon the purchase of a replacement house at 6025 N. E. 19th for the sales price of \$18,000.00. This grant will be placed in your escrow account at Pioneer National Title Insurance with instructions to be released when verification has been furnished that you have purchased and occupy the above dwellings. The Bureau of Buildings has already provided certification that the house meets current requirements for standard housing.

In addition, as you are aware, the Portland Development Commission has agreed to purchase your house in the project for the amount of \$7,900.00.

If you need further information please contact our office.

Very truly yours,

W. Stanley Jones

WSJ:slc

Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio

Edward H. Look

John S. Griffith

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

September 13, 1971

John B. Kenward
Executive Director

Mr. and Mrs. Jake Robison
122 N. Graham Street
Portland, Oregon 97227

Re: Parcel No. RS-3-3
Emanuel Hospital Project

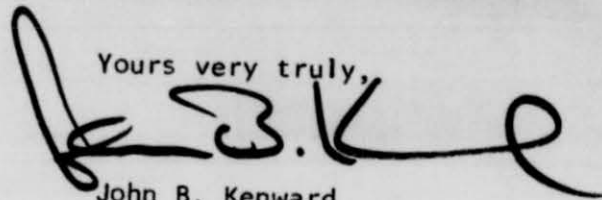
Dear Mr. and Mrs. Robison:

The Portland Development Commission accepts your offer to sell the above described property as set forth in the Real Estate Option dated September 7, 1971.

We are today depositing into an escrow with Pioneer National Title Insurance Company the amount stated in the Option with instructions to close. It will be necessary for you to sign additional papers from time to time as requested by said title insurance company or this office. Your prompt compliance with such requests will assist you in receiving payment at an early date.

If you are an owner-occupant, a representative of this office will call on you at an early date to make arrangements for you to continue occupying the property on a rental basis beyond the date title passes to the Portland Development Commission.

Yours very truly,



John B. Kenward
Executive Director

JBK:d1

PDC-RE-2
5/1/71

APPENDIX 4. GUIDELINE 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 S. W. Fourth Avenue 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 ROBISON, Jake		(f)
2. DATE(S) OF MOVE 10/5/71		
3. DWELLING UNIT FROM WHICH YOU MOVED		
a. Address 122 N. Graham	PARCEL: RS-3-3	d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 7
Portland, Oregon 97227		e. Date you moved into this address: December 19, 1948
b. Apartment, Floor, or Room Number: ---		
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4. DWELLING UNIT TO WHICH YOU MOVED		
a. Address (include ZIP Code) 6025 NE 19th		c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Portland, Oregon 97211		If "Yes," complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number: ---		
5. TYPE OF PAYMENT CLAIMED		
Check a or b after consulting local agency:		Check c if applicable:
<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable)		<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
<input checked="" type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		
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.)		
\$ 500.00		
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]

08/

1371.1

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment <u>\$300.00</u>		<i>[Signature]</i>	<u>10-7-71</u>
2. Dislocation allowance <u>\$ 200.00</u>			
3. Total <u>\$500.00</u>	<u>500.00</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>10/7/71</u>	<u>272176</u>	<u>\$ 500.00</u>			\$

1371.3

CHAPTER 6, APPENDIX 5

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 ROBISON, Jake 6025 N.E. 19th, Portland, Oregon 97211 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	

[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.

10/5/71

_____ Date

Bettie Robinson

_____ Signature of Claimant

[form continued on next page]

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. (From approved Form HUD-6155) <i>or actual purchase price of dwelling whichever is less.</i>	\$ <u>17,887</u>
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ <u>7900</u>
3. Line 1 minus line 2.	\$ <u>9987</u>
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.)	\$ <u>9987</u>
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)	\$ <u>9987</u>

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:

Date Occupancy Established:

Month-Day-Year

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

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

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-5141.2) 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. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> <u>JAKE + BETTY ROBINSON</u>	3. DATE OF DISPLACEMENT
--	-------------------------

2. Family Individual

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 122 N. Graham

b. Date you first occupied this dwelling unit as the owner:
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): 6025 N.E. 19th Ave

b. Number of bedrooms: 3

c. Purchase price: \$ 18,000.00

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

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 <hr/> 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.)

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	YES	NO
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of Acquisition: _____ <i>Month-Day-Year</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	YES	NO
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of Initiation of Negotiations: _____ <i>Month-Day-Year</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	YES	NO
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of HUD Approval of the Project: _____ <i>Month-Day-Year</i>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	YES	NO
Date of Displacement: _____ <i>Month-Day-Year</i>	Date of Purchase of Replacement Housing: _____ <i>Month-Day-Year</i>	Date of Occupancy of Replacement Housing: _____ <i>Month-Day-Year</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Has the replacement housing been inspected and found to be standard? <i>(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).)</i>	YES	NO
Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

NAME

Blison

PROJECT

Orl-R-20

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

- Copy of Notice to Acquire/Vacate
- Copy of Real Estate Option (for owner-occupant only)
- City inspection letter (for code enforcement displacee)
- Signed RECEIPT from displacee for information statement or brochure
- INTERVIEW SHEET -- filled out
- Recorded personal interviews
- Copies of all correspondence with displacee

- Verification of Income
- Request for HAP assistance
- FHA displacee qualifying (form 3476, rent supplement)
- City inspection letter on replacement housing
- Copy of earnest money offer on replacement housing
- Other:

- Moving authorization letters
- Dwelling unit inventory sheet
- Log sheet for day of move (for professional move)
- Release of personal property
- DATE OF MOVE
- Keys turned into: _____
- Utilities shut off
- Escrow releases, grants and amounts withheld
- Verify no rent outstanding
- Other:

- HUD forms 6140.1 and 6140.2
- HUD forms 6153 and 6154
- Other:
- Other:

DATE FILE CLOSED

Robinson, Jake & Betty
 122 N. Graham

Dwelling Unit Inventory

QUANTITY

111111 Beds & Springs
 Bedroom Chair
 1 Breakfast Table
 4 Breakfast Table Chairs
 Bridge Lamp & Shade
 1 Buffet
 11 Chest of Drawers
 1 Coffee Table
 2 Couch
 Davenport
 1 Desk & chair
 1 Dining Table
 6 Dining Chairs
 111 Dresser
 12 End Table
 11 Floor Lamp & Shade
 1 Mirror

QUANTITY

 111 Night Stand
 11 Occasional Chair
 2 Overstuffed Chair
 Overstuffed Rocker
 1 Range
 11 Refrigerator: Brand Zenith
 Rocker
 11 Rug & Pad: Size
 1111 Stool
 1111111 Table Lamp & Shade
 Table, small
 Vanity & Bench
 Suitcases
 2 Trunks
 30 Cartons, Boxes, Etc.
 111 Clothes Closets
 Bedding & Linens

Miscellaneous (List Items)

11 TV - combination of stars 1 Washer
1 Freezer - chest 111 Lawn Mower
11 Vacuum Boat motor
1 Ironer 2pc Lawn Furniture
1 Radio 2 pictures
1 Grandpa Rocker

COMMENTS:

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL RS-3-3

NAME ROBINSON, Jake ADDRESS 122 N. Graham APT NO.

PHONE 288-3831 INITIAL INTERVIEW SEX M W NW R AGE 67

U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE 12-19-48

FAMILY COMPOSITION

Name	Relation	Age
Betty P.	Wife	68
Stacy Brooks	Grandson	16

Employer: Name \$
 Address
 MCH Caseworker
 Social Security Jake 180.00
 VA. Fed. Mult Co.
 Pension: Name ESCO 69.00
 Other: Name
 Social Security - Betty 86.00
TOTAL MONTHLY INCOME 355.00

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of accident:
 Name Address Phone

Information Statement given to 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: 6025 NE 19th Zip Phone 288-3831

DATE	NOTES	C/W
1/15/71	Flyer delivered by James Crolley	
2/12/71	Survey: Will buy 3 bedroom in NE area; 12th & Fremont or South of Killingsworth	JC
2/77	<i>Has 1 inclusion report for information</i>	

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

Date _____

Analyst DC Surveyed 2/21/71 Tabulator _____ Date _____
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 61 Census Tract No. 22 A
 Street Address 122 N Graham Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>Jake Robinson</u> <u>122 N Graham</u> TELEPHONE: <u>288-3831</u> INTERVIEWED? () Yes () No	NAME & ADDRESS OF OWNER <u>Jake Robinson</u> <u>122 N Graham</u> TELEPHONE: <u>288-3831</u> INTERVIEWED? () Yes () No	NAME & ADDRESS OF PROP. MGR: _____ _____ TELEPHONE: _____ INTERVIEWED? () Yes () No
---	---	---

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 1/2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

768 Sq. ft. in first floor (county figure)
1172 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 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
4/10/67 Date of last appraisal
1905 Date structure was originally built

B. Market value data for one-family dwelling

	<u>Market value</u>	<u>Computed value per sq. ft.</u>
Land	\$ <u>2,600</u>	\$ _____
Improvements	<u>4,570</u>	_____
Total	<u>7,170</u>	_____

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

	<u>Market value for entire structure</u>	<u>Computed value per sq. ft. for this dw. unit</u>
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

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

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

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

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

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

VII. REMARKS

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 Date of survey 2/12/71 Tabulator Date tabulated
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 61 Census Tract No. 22A
 Street Address 122 N Graham 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:

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Robinson, Duke</u>	<u>Head of household</u>	<u>67</u>	<u>M</u>	<u>RETIRED</u>
2.	<u>Betty P.</u>	<u>wife</u>	<u>62</u>	<u>F</u>	<u> </u>
3.	<u>Brooks, Stacy</u>	<u>Grandson</u>	<u>16</u>	<u>M</u>	<u>Student</u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
9.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Monthly income from jobs and from all other sources received by persons in this household:

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>S.S. Duke</u>	<u>\$ 180.00</u>	<u>\$ 180.00</u>
<u>S.S. Bettye</u>	<u>86.00</u>	<u>86.00</u>
<u>Esco</u>	<u>69.00</u>	<u>69.00</u>
Total family or household income per month	\$ 355.00	\$ 335.00

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

1. Location (indicate approximate cross streets) NE 12th Street or South of Raleigh Street
2. Transportation, number of autos owned 2, 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 3, 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

date on site: 2/12/71

Own/Occ.

④

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R-20

PARCEL RS 3.3

NAME Robinson, Duke ADDRESS 122 N Graham APT NO. _____

PHONE 228-3831 INITIAL INTERVIEW _____ SEX M W _____ NW B AGE 67

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

FAMILY COMPOSITION

Name	Relation	Age
<u>Betty P.</u>	<u>wife</u>	<u>68</u>
<u>Stacy Brooks</u>	<u>grandson</u>	<u>16</u>

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security (Duke) _____ 180.00
 Va. Fed. Mult Co. _____
 Pension: Name ESCO _____ 69.00
 Other: Name Social Security (Betty) _____ 86.00
 TOTAL MONTHLY INCOME _____ 355.00

Rent _____, Inc.Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No.Rms 6

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

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

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1-68430-0620 ROBINSON, JAKE & BETTY P

MAP: 2730
 ZONE: M3
 RATIO: 1301
 LVY C: 001

122 N GRAHAM ST
 PORTLAND, OREGON

97227

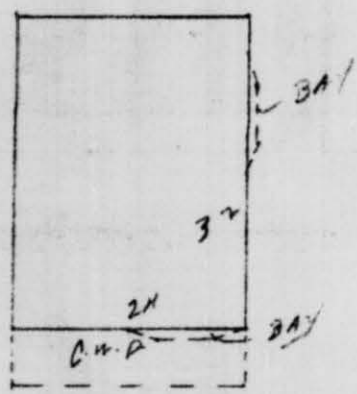
1-1R

RAILROAD SHOPS ADD LOT BLOCK
 W 44' OF 1 3
 W 44' OF N 10' OF 2 3

PROPERTY ADDRESS: 122 N GRAHAM ST
 PORTLAND

APPEALS:

ASSESS YEAR	MIN RIGHTS	SUMMARY ASSESSED VALUATION - REAL PROPERTY			SIGN DATE	
		TIMBER	LAND	IMPS		TOTAL
67			300	960	1260	
68			2,500	4,400	6,900	07/0
71			2,600	4,570	7,170	00



BAR X

AVE. OR ST. N. VAN CUYPER

N. GRAHAM AVE - ST.
 FRONT OF BUILDING



COND. 0 X V OVERBLT.

REMARKS: 1968 DIST. R.I.A. L.C.

DATE 6 17 67 SIGN *[Signature]* DEPUTY

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	NOTIFIED
Nov 22 '67		MS 2 '67			MS 2 '67	
BY	BASTIN	BASTIN			GREEN	

FORM OF REV 3-60

LAND APPRAISAL

MAP NO. 2730

ACCOUNT NO. **R. R. SHOPS ADD 68130-0026-1413**

CLASS **H 2 STORY 1 1/2** AREA **765**
 ADDRESS **122 N. GARLAND ST.** BASE FACTOR **1290**
 LUM **Con** Bl. W.P. BSMT **1 3 4 1 2 1 4**
 BSMT **ROOFS** Lav. Bath
 FLOORS **4** S **Low** Tile **Hard** **Ext** Con
 ROOF **H F** Alum. Comp Shg Shk Tile Built-Up **3 1/2**
 EXTER. **4 1/2** Sbl. **1** Siding Blk Stuc Brk P.D. **20 153**
 INTER **1 1/2** Drywall **1 1/2** **1 1/2** Hdw. **1 1/2**
 PLUMB G FACILITY **SMK** D.W. **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1**
 Quantity **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1** **1**
 HEAT **H.W.** Pkge **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2**
 FIREPLACE **Ins** **O.S.** **S** **D** **T** **1-1/2** **2-1/2** **Flr** **1**
 ATTIC **Unf** **Fin** **BR** **Bath** **Lav** **H** **2 4** **1 2** **1 4**
 ZONING **B** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2** **1 1/2**
 BASE **2-18' C.W.S.** **DOBARS 2-INC 2 1/2 5-1/2**

FIRST FLOOR		GARAGE		TOTAL	
Rec. Hall	Class 3				
Serv. Hall	Type D				
Liv. Rm	Dim 18 X 15	IMPS.	AREA	REPL COST	ADJ. REPL COST
Din. Area		DWG.	768	14,400	30
Fam. Rm	Fdn 8	GAR.	324	4,400	15
Nook	Floor 6	MISC.	-	-	-
Kitchen	Const 5.5	MISC.	-	-	-
Utility	Roof Flomp	MISC.	-	-	-
Bedroom	Misc. (handwritten)				
Bath					
Lav					
Den					
				TOTAL DEPRECIATED REPLACEMENT COST	
				4386	

MISC. **ADJUSTMENT**
 Dim. **1905** Age **39** **1968** APPR. VALUE **4400**
 Fdn. **PERM NO.** **19** APPR. VALUE
 Const. **PREV APPR** **19** APPR. VALUE
 Reel. **DWA RM MO** **9** APPR. VALUE
 MISC. **RENTAL** **NET 30** APPR. VALUE
 Dim. **19** APPR. VALUE
 Fdn. **19** APPR. VALUE
 Const. **19** APPR. VALUE
 Roof

PURCHASE PRICE
 PURCHASE DATE
 PURCHASE PAGE
 REMARKS
72 **1968** **100** **1000**

ADJUSTMENTS

Ni-3 ROAD IMP. D.G. (V)
 TOPOGRAPHY Level
 VIEW
 OTHER **COYNEY**
 DEPTH FACTOR
 STANDARD DEPTH
 EFFECTIVE DEPTH

COMPUTATIONS

LAND DESCRIPTION	SIZE OF ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE	VALUE
55 x 44	55'	80.00	X .57-Depth	55.00	2,500

TOTAL AREA
 REMARKS
 APPRAISER **M. L. B.**
 DATE **4 10 1967**
 SUB-TOTAL
 SITE ADJ. %
 TOTAL APPR. VALUE **2,500**
 19 APPR. VALUE
 19 APPR. VALUE
 19 APPR. VALUE
 19 APPR. VALUE