

	DESCRIPTION	ROLL NO	ODD METER
PARCEL NO. AB-3-8	STOKES, SAMUEL 2931 N. GANTENBEIN		
PARCEL NO. E-3-5	STUART, JERRY A. JR. 2648 N. COMMERCIAL CT.		
PARCEL NO. R-8-12	TAYLOR, BIRDIE LEE 3229 N. GANTENBEIN		
PARCEL NO. R-8-1	THOMAS, AUGUSTINE (MRS.) 302 N. COOK (DECEASED)		
PARCEL NO. RS-4-9	THOMAS, CHARLES 7 N. RUSSELL #8		
PARCEL NO. R-8-1	THOMAS, WILLIE 300-302 N. COOK		
PARCEL NO. E-4-3	THOMPSON, FRED 322 N. KNOTT		
PARCEL NO. A-3-6	THOMPSON, HEWEY 242 N. COOK		
PARCEL NO. E-3-2	TURNER, REV. BRADY 508 N. KNOTT		
PARCEL NO. E-2-2	TURNER, FLORENCE 532 N. GRAHAM		
PARCEL NO. A-4-4	TURNER, QUEEN E. 260 N. IVY		
PARCEL NO. E-3-8	VAN ZILE, HAZEL 2640 N. KERBY		
PARCEL NO. A-4-2	VERNON, CECIL L. 222 N. IVY		
PARCEL NO. AB 3-5	WALLIN, JACOB E. 413 N. STANTON		
PARCEL NO. RS-4-4	WALTON, LLOYD & WILLIE MAE .102-06 N. KNOTT		
PARCEL NO. E-4-1	WARD, ARTHUR B. 2651 N. GANTENBEIN		
PARCEL NO. E-4-1	WARD, BILLY L. 2651 N. GANTENBEIN		
PARCEL NO. R-8-2	WARREN, LEO & INA 312 N. COOK		

**RESIDENTIAL RELOCATION RECORD**

Project Name Emanuel Parcel No. AB-3-8 Advisor JCC & BCW  
 Client's Name STOKES, Samuel Phone \_\_\_\_\_  
 Address 2931 N. Gantenbein Ethn B Age \_\_\_\_\_  
 Male       Family       Married       Renter/Occupant  
 Female       Individual       Single       Owner/Occupant

Family Composition

Total Number in Family 2  
wife, husband

Other:    Relation    Age    Relation    Age

Relation	Age	Relation	Age

Economic Data

Employer retired \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income \$ \_\_\_\_\_  
 Total Monthly Income \$ (unknown)

Eligible for Public Housing     YES     NO      Presently Receiving Welfare     YES     NO  
 Eligible for Welfare           YES     NO      Other Assistance \_\_\_\_\_  
 Eligible for (Other)           YES     NO

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:  
 YES     NO

Date of initial interview 3-24-72      Date of info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY Sept. 1949  
 (a) for owner-occupants - Indicate initial date of occupancy and ownership Sept. 1949  
 Date of initiation of negotiations for purchase of property \_\_\_\_\_  
 Date of Acquisition 4-14-72  
 Date of letter of intent \_\_\_\_\_  
 Date of move 5-22-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1906

Size of Habitable Area 1056

Furnished with claimant's furniture  
 YES     NO

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

Number of Bedrooms 4 (2 in basement)    Monthly Housing Payments \$ F & C    Taxes \_\_\_\_\_

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

Acquisition Price \$ 22,000    Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 1404 East Second St., Okmulgee, Okla 77447    Referred \_\_\_\_\_    Self Referred

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

Outside city     Outside state

Age of Housing Unit \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

No. of Rooms \_\_\_\_\_    No. of Bedrooms \_\_\_\_\_

*unavailable*

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 17,000

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

RHP or TACO (including incidental costs) \$ - 0 -

For Claimants Who Rented

Rent \$ \_\_\_\_\_

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

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to: 0

Agency Referrals: 0

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

\_\_\_\_\_ MCW

\_\_\_\_\_ HAP

\_\_\_\_\_ OTHER ( \_\_\_\_\_ )

\_\_\_\_\_ Standard Rent

\_\_\_\_\_ Food Stamp

\_\_\_\_\_ Legal Aid

\_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_



# Telegram

1973 NOV -6 PM 3:57

PRC224(1858)(1-0306560310)PD 11/06/73 1857

IGS IPMOCKC OKC

03133 NL OKMULGEE OK 11011-5 445P CST

PMS JAMES C CROLLEY DLR

DUPLICATE OF TELEPHONED TELEGRAM

AREA PORTLAND DEVELOPMENT COMMISSION 235 N MONROE ST  
PORTLAND OR 97227 *233 N Monroe St.*

RECEIVED THE REIMBURSEMENT CHECK THANKS TO ALL OF YOU FOR YOUR  
INTEREST SHOWN IN OUR BEHALF WE ARE VERY HAPPY THANK YOU

MR AND MRS SAMUEL STOKES

NNNN

*cy in cy of R 6*

*w/c de  
①  
P25A*

*Recd + Filed  
11-13-73 QL*

+	NO. 288-8169	To	AP
S	By A9	At 1105	To Be mail
E	OK 814	DATE	11/13/73
	<i>See ①</i>		<i>①</i>

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME STOKES, Samuel RELOCATION ADVISOR JCrolley  
 ADDRESS 2931 N. Gantenbein PHONE \_\_\_\_\_ PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN \_\_\_\_\_ AGE \_\_\_\_\_ PARCEL NO. AB 3-8  
 MARITAL STATUS married TENURE owner  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 3-24-72 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: _____
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

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

FAMILY COMPOSITION

Name	Relation	Age
Maggie		

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1906 No. Rooms 5  
 No. Bedrooms 2 Furn. Unfurn  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ \_\_\_\_\_  
 Acquisition Price \$ 22,000  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1056 sq. ft.

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 1404 E 2nd, Okmulgee, Okla. Phone \_\_\_\_\_ Date of Move 5-22-72

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms \_\_\_ Habitable Area \_\_\_  
 Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
 Age of Structure: \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away \_\_\_\_\_  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)			\$	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving			\$ 2667.98		
Actual Move	586 EH	10-16-72	\$		
Storage			\$		
Incidental			\$		
Interest			\$		
TOTAL BENEFITS RECEIVED			\$ _____		

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

INTERVIEW REGISTER

Date		Relocation Worker
1/15/ 71	FLYER: Delivered to Mrs. Stokes by Marion Scott. Is interested in meeting. Devout member of EDPA.	
2/9/71	<p>SURVEY: Refused to give information - member of EDPA. Said all contact must be made thru EDPA - that we are not to call on his family or his tenants. Mr. Stokes stated that he was not going to sell, not going to move, and not going to talk to PDC. He was not interested in talking about relocation benefits because he was not going to move.</p> <p>Called our real estate department to inquire as to what their file indicates re: this matter. She indicated their letter went out on the 7th of May, and they have done nothing further on this case as it is being handled by Don Starke. The option is still in their file. Their file contains a memo from Starke which indicates that he contacted Jim Barnes (Stokes are EDPA members and we have orders to contact no EDPA members directly - but to go thru their legal counsel) on three occasions once in writing re: this matter.</p> <p>Spoke with Mr. Stokes at EDPA meeting.</p>	<p>WSJ</p> <p>SLC</p>
3/24/ 72	Don Starke indicated court settlement for Real Estate was \$22,000. Settled this week.	<p>WSJ</p> <p>WSJ</p>

October 25, 1973

Mr. & Mrs. Samuel B. Stokes  
1404 East Second St.  
Okmulgee, Oklahoma 77447

Dear Mr. & Mrs. Stokes:

Enclosed is Varrant No. 832 EH in the amount of \$381.43  
representing payment for moving expenses and incidental  
expenses incurred in your move from 2931 N. Cantonbain.

We hope you are happy in your new home.

Very truly yours,

James C. Crolley  
Relocation Advisor

JCC:b  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 832 EH

DATE October 24, 1973

PAY TO **Maggie B. and Samuel Stokes**

\$ 381.43

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payments filed. Move from 2931 N. Santenbein (Parcel AB-3-8).	
		Incidental Expenses \$223.20 Actual Moving Costs <u>158.23</u>	<u>\$381.43</u>

**Account Distribution**

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

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: AB-3-8

PAYABLE TO: Mr. & Mrs. Samuel Stokes

For: <u>    </u> RHP for Homeowners . . . . .	\$	<u>223.20</u>
<u>  x  </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$	<u>158.23</u>
<u>    </u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>    </u> ; Annual amount	\$	<u>    </u>
<u>    </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$	<u>    </u>
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$	<u>    </u>
<u>    </u> Interest Expense . . . . .	\$	<u>    </u>
<u>    </u> Fixed Moving Payment . . . . .	\$	<u>    </u>
<u>    </u> Dislocation Allowance. . . . .	\$	<u>    </u>
<u>  x  </u> Actual Moving Costs. . . . .	\$	<u>    </u>
<u>    </u> Storage Costs. . . . .	\$	<u>    </u>
<u>    </u> Business: Moving Expenses. . . . .	\$	<u>    </u>
<u>    </u> Business: In Lieu Payment. . . . .	\$	<u>    </u>
<u>    </u> Business: Storage Costs. . . . .	\$	<u>    </u>
<u>    </u> Business: Loss of Property . . . . .	\$	<u>    </u>
<u>    </u> Business: Searching Expenses . . . . .	\$	<u>    </u>

Name of Client Mr. & Mrs. Samuel Stokes  Family Less - \$     \*

Move from 2931 N. Gantenbein  Individual Total \$ 381.43

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

0600 E60 901

**CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS**

NAME AND ADDRESS OF DISPLACING AGENCY  
 Portland Development Commission  
 1700 S. W. Fourth Avenue  
 Portland, Oregon 97201

PROJECT NAME Emanuel  
 PROJECT NO. ORE-R-20  
 PARCEL NO. AB 3-8

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) 2. DATE OF DISPLACEMENT:  
 STOKES, SAMUEL 5-22-72  
 Family  Individual

Amount of differential payment claimed	\$	-0-	
Amount of interest payment claimed	\$	-0-	
Costs incidental to purchase	\$	223.20	
		TOTAL	\$ 223.20

Minus adjustments

Explanation: \_\_\_\_\_ - \$ \_\_\_\_\_

Total Replacement Housing Payment for Homeowner: . . . . . \$ 223.20

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.

10/18/73  
 Date

Mrs. Samuel Stokes  
 Signature of Owner-Occupant(s)

**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 \$ 223.20 is authorized.

10-19-73  
 Date

[Signature]  
 Authorized Signature

**RECORD OF PAYMENT**

Date of Payment: 10/24/73 Check No. 832EN Amount: \$ 223.20

**A. COMPUTATION OF DIFFERENTIAL PAYMENT**

Required Information

- 1. Actual purchase price of replacement housing: \$ \_\_\_\_\_
- 2. Cost of comparable replacement dwelling (cost based on:  
     \_\_\_\_\_ Schedule      \_\_\_\_\_ Comparable      \_\_\_\_\_ Other) \$ \_\_\_\_\_  
     Sq.Ft. of former dwelling \_\_\_\_\_ No. of bedrooms \_\_\_\_\_
- 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 or \$15,000, whichever is less \$ \_\_\_\_\_
- 7. Total approved \$ \_\_\_\_\_

**B. REQUIRED DOCUMENTATION**

- 1. If claimant purchased and occupies replacement dwellings:
  - a) Date purchase agreement signed (earnest money) Date: \_\_\_\_\_
  - b) Date of settlement (closing) Date: \_\_\_\_\_
- 2. If claimant has purchased but does not occupy replacement dwelling:
  - a) Purchase contract signed Date: \_\_\_\_\_
  - b) Date of settlement Date: \_\_\_\_\_
  - c) Date of expected occupancy Date: \_\_\_\_\_

**C. INCIDENTAL EXPENSES (List incidental expenses incurred by claimant in connection with purchase of replacement dwelling.)**

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly By Claimant (c)	Amount Claimed (Col. (b)+(c)) (d)	Amount Approved (e)
Title Examination	\$ 191.00	\$	\$ 191.00	\$ 191.00
Escrow Fee	30.00		30.00	30.00
Filing Deed	2.20		2.20	2.20
<b>TOTAL</b>	<b>\$ 223.20</b>	<b>\$</b>	<b>\$ 223.20</b>	<b>\$ 223.20</b>

Listing of documents submitted herewith in support of amounts entered in Column (d) above: (Documentation for the above claim must be submitted.)

MEMORANDUM

Date September 14, 1973

TO: Ben Webb  
FROM: Stan Jones  
SUBJECT: Stokes Claim

Attached is the material regarding the final relocation claim for Samuel Stokes. It appears that the claim for moving expenses in the amount of \$158.23 is valid except for the time limit of six months. Perhaps we should seek a waiver from HUD.

A claim for Incidental costs is also enclosed which will require the Stokes signature and can then be processed for payment

*waiver granted. See Hud letter of  
10/3/73.  
JAW*

**CLAIM FOR RELOCATION PAYMENT FOR  
MOVING PAYMENT (FAMILIES & INDIVIDUALS)**

<b>NAME &amp; ADDRESS OF LOCAL AGENCY</b> Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	<b>PROJECT NAME</b> Emanuel Hospital Project <b>PROJECT NO.</b> ORE. R-20
------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**FULL NAME OF CLAIMANT:** STOKES, Samuel **PARCEL NO.** AB 3-8

**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."

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 of 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.

10/18/73  
Date

*Samuel Stokes*  
Signature of Claimant

(For Local Agency use only)

A. Fixed Payment \$ \_\_\_\_\_ Dislocation Allowance \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

1. Complete if claim is for a fixed payment including an allowance for moving articles stored in attics, cellars, or garages:

Date items inspected    /    /   

B. Actual Moving and Related Expenses

1. Initial payment and, if applicable, storage and related costs in the amount of Total \$ \_\_\_\_\_

2. Supplementary payments for storage costs Total \$ \_\_\_\_\_

3. Final payment for moving expenses covering storage and related costs Total \$ 158.23

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

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

**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 authorized in the total amount of \$ 158.23.

*[Signature]*  
Authorized Signature 10-19-73  
Date

**RECORD OF PAYMENTS MADE**

Date	Check Number	Amount	Date	Check Number	Amount
10/24	832EH	158.23			

CLAIM FOR STORAGE OR ACTUAL MOVING COSTS

**STORAGE COSTS**

NAME AND ADDRESS OF STORAGE COMPANY: \_\_\_\_\_  
 \_\_\_\_\_

A. Type of claim (check one)  Initial  Supplementary  Final

B. Storage Period: \_\_\_\_\_ months (Check one)  Actual  Estimated

1. Date property moved to storage \_\_\_\_\_ Date moved from storage \_\_\_\_\_

C. Storage costs:		For Local Agency Use Amount Approved
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed herewith (line 2 minus line 3)	\$ _____	\$ _____

D. Attach copy of inventory of items in storage

**ACTUAL MOVING COSTS**

A. Moving Cost (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$ 158.23  
~~39.23~~

B. Cost of Insurance Covering Move (Must be supported by invoice, receipt, or similar evidence of payment.) \$ \_\_\_\_\_

C. Name and Address of Moving Company: \_\_\_\_\_

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

- 1. I have paid the moving charges and/or storage costs, as evidenced by the attached itemized or paid bill from the mover, and/or other contractors, and I therefore request reimbursement.
- 2. I have not paid the moving charges and/or storage costs, 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.
- 3. I hereby request and authorize that the moving charges and/or storage costs, 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.

Sept. 4, 1973  
Date

Mrs. Samuel Stokes  
Initials of Claimant

SAMUEL STOKES

RELOCATION PAYMENTS

RHP

Schedule \$21,940  
Acquisition Price 22,000  
Value of Apt. 4,665  
Purchase price of  
personal residence \$17,335

Purchase price of new dwelling \$17,000  
in Oklahoma

No differential payment due

Closing Statement - Incidental Costs

Title Exam \$191.00  
Escrow 30.00  
Filing Deed 2.20  
Total Incidental Costs \$223.20

\$223.20

Travel Expenses

5-23-72  
Portland, Oregon \$ 8.67  
Rufus, Oregon 4.69  
Rufus, Oregon 3.10  
Baker, Oregon 10.77  
Mt. Home, Idaho 10.70

5-25-72  
Tremonton, Utah \$10.55  
Rock Springs, Wyoming 16.48

5-25-72  
Rawlins, Wyo. \$ 7.96  
Eads, Colo 10.80  
Denver, Colo. 12.85  
Guymon, Okla 10.75

5-25-72

King Fisher, Ok. \$11.60

TOTAL \$118.92

\$118.92

LODGING

Ontarie, Oregon \$11.50  
Rawlin, Wyo. 12.36  
Guymon, Ok. 15.45  
TOTAL \$39.31

\$ 39.31

MOVING TOTAL

\$158.23

**RESIDENTIAL RELOCATION RECORD**

Project Name Emanuel Parcel No. AB-3-8 Advisor JCC & BCW  
 Client's Name STOKES, Samuel Phone \_\_\_\_\_  
 Address 2931 N. Gantenbein Ethn B Age \_\_\_\_\_

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

Family Composition

Total Number in Family 2  
wife, husband

Other:    Relation    Age    Relation    Age


Economic Data

Employer \$  
 retired  
 Address \_\_\_\_\_  
 Other Source of Income \$  
 \_\_\_\_\_ \$  
 Total Monthly Income \$ (unknown)

- Eligible for Public Housing     YES     NO      Presently Receiving Welfare     YES     NO  
 Eligible for Welfare           YES     NO      Other Assistance \_\_\_\_\_  
 Eligible for (Other)           YES     NO      \_\_\_\_\_

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

- YES     NO

Date of initial interview 3-24-72      Date of info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

**CLAIMANT'S INITIAL DATE OF OCCUPANCY**

Sept. 1949

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

Sept. 1949

Date of initiation of negotiations for purchase of property \_\_\_\_\_

Date of Acquisition

4-14-72

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

Date of move

5-22-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales	x	Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1906

Size of Habitable Area 1056

Furnished with claimant's furniture  
 YES     NO

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

Number of Bedrooms 4 (2 in basement)    Monthly Housing Payments \$ F & C    Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 1404 East Second St., Okmulgee, Oklahoma 77447    Referred \_\_\_\_\_    Self Referred x

Private Sales	x	Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Outside city     Outside state

Age of Housing Unit \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

No. of Rooms \_\_\_\_\_    No. of Bedrooms \_\_\_\_\_

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 17,000

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

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

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



REGION X  
Arcade Plaza Building  
1321 Second Avenue  
Seattle, Washington 98101

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
PORTLAND AREA OFFICE  
CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

RECEIVED

October 3, 1973

OCT 4 1973

PORTLAND DEVELOPMENT COMMISSION

IN REPLY REFER TO:  
10.2PP Patterson  
221-2608

Mr. Benjamin C. Webb  
Chief, Relocation & Property Management  
Portland Development Commission  
1700 S. W. Fourth Avenue  
Portland, Oregon 97201

Dear Ben:

Subject: Request for Waiver of the Limitations of Claim Filing  
Re: Mr. and Mrs. Samuel Stokes

Upon reviewing your request for the waiver of limitations with respect to the time of filing claims, I feel the circumstances are of sufficient nature to warrant the waiver. Therefore, I concur with your request.

Sincerely,

Duane Patterson  
Relocation Specialist

*CET 06/7 711 11/10  
SXB. BCW 7/6/73*

September 28, 1973

Mr. Russell H. Dawson, Area Director  
Department of Housing and Urban Development  
Portland Area Office  
520 S. W. Sixth Avenue  
Portland, Oregon 97204

Attention: Duane Patterson, Relocation Specialist

Dear Mr. Dawson:

Subject: Request for a Waiver of the Limitations of Paragraph 42.60  
of the HUD Relocation Regulations as Published in the  
Federal Register 36 F.R. 8785-98, May 13, 1971

Under the provisions of Paragraph 42.215 of the above-mentioned Regulations, ". . . the limitations provided in Para. 42.60 with respect to the time of filing of claims may be waived by the state agency for good cause with HUD concurrence."

Paragraph (b) of Para. 42.60 requires that "any claim for a payment (other than a claim for a Replacement Housing Payment for Homeowners under Para. 42.90) shall be submitted to the state agency within a period of six months after displacement of the claimant, the publication of the Regulations in this part, or the filing of assurances under Para. 42.30, whichever is later." We propose to waive the Regulations in respect of a claim for moving expense filed by Mr. and Mrs. Samuel Stokes for the following reasons:

Mr. and Mrs. Stokes were displaced from the National Hospital Project area on May 22, 1972. For reasons of health the Stokes moved to Oklahoma. We have determined that relocation beyond 50 miles is justified in this case and have agreed to pay the actual reasonable moving expense to Oklahoma. As of May 22, 1973, we had not received a claim for a Replacement Housing Payment from the Stokes. On that date we wrote to the Stokes to inquire why they had not filed the claim. They responded by informing us that they had paid less for their replacement dwelling in Oklahoma than we had paid them for the acquisition of their former residence in Portland. They apparently believed, therefore, that they did not qualify for any additional benefits and did not file any claim within six months of displacement. At our request, the Stokes have now filed claims for \$158.23 in personal

Mr. Russell H. Dawson  
September 28, 1973  
Page 2

transportation expense, and \$223.20 in incidental costs in connection with the purchase of their replacement dwelling. The incidental cost item is the Replacement Housing Payment and is covered by the 18-month provision of Para. 42.60 (b). A waiver of the limitations in respect of this item is not required. However, the personal transportation cost is a moving expense item and is covered by the six-month provision, and a waiver is required before the claim can be accepted.

In view of the above-mentioned circumstance, we believe that there is a good and sufficient reason to waive the limitation of Para. 42.60 in the present case, and we propose to do so. May we have your concurrence?

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCJ:ch

RECEIVED

AUG 9 1973

PORTLAND DEVELOPMENT COMMISSION

*Keil 8/10/73*

1404 East Second Street  
Okmulgee, Oklahoma 74447  
August 6, 1973

Portland Development Commission  
1700 S. W. Fourth Avenue  
Portland, Oregon 97201

Dear Sir:

In reply to your letter of May 22, 1973, we find it not feasible to accept the four thousand, six hundred five dollars (\$4,605) maximum payment for housing relocation.

We are enclosing statements showing related cost of dwelling purchase here and other incidental costs as approved by HUD.

Expenses incurred for lodging from Portland, Oregon to Okmulgee, Oklahoma were as follows:

Ontario, Oregon .....	\$ 11.50
Rawlin, Wyo. ....	12.36
Guymon, Oklahoma ....	15.45

Total	<u>\$ 39.31</u>
-------	-----------------

Other statements are enclosed.

We are grateful for your help and kindness in helping us relocate.

Sincerely yours,

*Lowell Stokes*

*Maggie Stokes*

LAW OFFICES  
Bailey, Ash and Romine

SUITES 200-206  
ENTERPRISE BLDG., BOX 159, OKMULGEE, OKLAHOMA 74447

K. D. BAILEY  
EDWIN W. ASH  
MARY BAILEY ROMINE

918/756-2214  
756-2215  
756-2319

May 30, 1972

Mr. and Mrs. Samuel Stokes  
Okmulgee  
Oklahoma

CLOSING STATEMENT

Title examination, \$40.00 for first 75 pages and \$ .50 per page for 302 pages	\$ 191.00
One-half of the cost of preparation of Contract and Escrow Agreement	30.00
Filing of Warranty Deed	<u>2.20</u>
TOTAL. . . . .	\$ 223.20

**COUNTY TREASURER'S OFFICE OKMULGEE COUNTY, OKMULGEE, OKLAHOMA**

**IDA MARIE KOERNER** County Treasurer  
 Court House, Okmulgee, Okla. 74447

TAX RECEIPT 1972 ORIGINAL

BOOK	PAGE	LINE
7	152	2

1st Half ( ) 2nd Half ( ) All (  )

CITY OR TWP.  Okm	SCH. DIST. NO.  I-1
-------------------------	---------------------------

23883 JUL 273

Smith, Robert J.  
~~Box 18, End Box 18~~ Route 502  
 Okmulgee, Okla.  
 Athens, Ohio 45701

LOCATION				STATE EQUALIZED VALUE			AD VALOREM TAX	Interest	TOTAL PAID
Acres	Sec. or Lot	Twp.	Range or Block	Total Value of Homestead	Homestead Exemption Deduction Approved	Net Valuation Exclusive of Homestead Exemption	Tax Proceeds of All Levies on Net Total Valuations		
						150	11.47		11.47
								10	10
								25	25
								150	150
								69	69
Delinquent Payment Interest (Not a Tax-Roll Credit)									
TOTAL PAID							11.47	254	14.01

PAYMENT MADE BY

Cash  \$ 8.01  
 Check on  Bank \$ 6.00  
 Post Office Money Order \_\_\_\_\_ \$ \_\_\_\_\_

DATE
------

PAID BY  
*Samuel Stokes*  
 R. J. Smith, Jr.

TOTAL RECEIVED \$ 14.01

By *Mary Brady* Deputy  
 IDA MARIE KOERNER, County Treasurer, Okmulgee, Okla.

ADDRESS

Look at your Tax Pledge before leaving office, and see if your Land Description is correct and your personal tax is included.

**COUNTY TREASURER'S OFFICE OKMULGEE COUNTY, OKMULGEE, OKLAHOMA**

BOOK	PAGE	LINE
7	252	2

1401

**IDA MARIE KOERNER** County Treasurer  
Court House, Okmulgee, Okla. 74447

**TAX STATEMENT 1972 STATEMENT**

1st Half ( ) 2nd Half ( ) All ( )

CITY OR TWP.	SCH. DIST. NO.
Okla	1-1

Smith, Robert J.  
2146 E. East Bu 18 White 504  
Okmulgee, Okla.  
Athens, Ohio 45701

LOCATION				STATE EQUALIZED VALUE			AD VALOREM TAX	Interest	TOTAL DUE
Acres	Sec. or Lot	Twp.	Range or Block	Total Value of Homestead	Homestead Exemption Deduction Approved	Net Valuation Exclusive of Homestead Exemption	Tax Proceeds of All Levies on Net Total Valuations		
						150	11.67		11.67
<b>PLEASE INCLOSE POSTAGE FOR RETURN OF RECEIPT</b>									
<i>Penalty required to 5-15-93</i>									
TOTAL									11.93

All unpaid Personal Tax for 1972 will be published in May, and if not paid in 30 days shall be placed in the PUBLIC SALE DOCKET in the office of the County Treasurer and becomes a lien on all real and personal property of the taxpayer in the County for a period of seven (7) years.

PLEASE SEND STAMPED ENVELOPE FOR RECEIPT

AMOUNT
19
19

**DUE DATES AND PENALTIES**

Due November 1st and unless one-half (1/2) is paid before January 1st all become delinquent. If 1st half is paid before January 1st - 2nd half becomes delinquent April 1st thereafter. All delinquent taxes, as a penalty, bear interest at rate of 1% per month.

**MAKE CHECKS AND DRAFTS PAYABLE TO:**

**IDA MARIE KOERNER, County Treasurer,**  
Court House, Okmulgee, Okla. 74447

**IMPORTANT**—Please return this STATEMENT with your Remittance or bring it with you. It will save you time — and help us a lot.

THANKS

OVER PLEASE

LAW OFFICES  
Bailey, Ash and Romine

*Escrow fee \$15.00*

SUITES 200-206  
ENTERPRISE BLDG., BOX 159, OKMULGEE, OKLAHOMA 74447

K. D. BAILEY  
EDWIN W. ASH  
MARY BAILEY ROMINE

918/756-2214  
756-2218  
756-2319

March 7, 1972

The Citizens National Bank and Trust Co.  
Okmulgee  
Oklahoma

Gentlemen:

We are enclosing the following items, which we ask that you please hold in Escrow, subject to instructions enumerated herein.

1. Agreement for sale and purchase of real property executed by Robert J. Smith, Irene D. Smith, Sellers, and Samuel Stokes and Maggie B. Stokes, Buyers.
2. A check in the amount of \$2,000.00, made payable to Sellers signed by Buyers.
3. A Warranty Deed executed by Sellers, granting to Buyers Lots 1 through 16, inclusive, Block 9, Golden Hill Addition to The City of Okmulgee.

INSTRUCTIONS

Delivery of the above items is to be made July 1, 1972, upon your receiving written consent of all parties interested herein.

It is understood and agreed that in accepting this Escrow, you act as depository only, and are not a party to, or bound by any Agreement which may be evidenced by, or arising out of the foregoing instructions. If you are notified of any disagreement between the undersigned, or if you are served with notice of adverse claims and demands by other persons, you are hereby authorized to hold all documents and money in this Escrow

March 7, 1972

file until the differences shall have been adjusted by the parties, and notices submitted to you in writing by all persons so interested, otherwise, you may hold the documents and money in this file until the rights of the parties have been finally adjudicated in a Court of competent jurisdiction.

Robert J. Smith  
Robert J. Smith

Samuel Stokes  
Samuel Stokes

Irene D. Smith  
Irene D. Smith

Maggie B. Stokes  
Maggie B. Stokes

"Sellers"

"Buyers"

The Citizens National Bank and Trust Company of Okmulgee, Oklahoma, hereby acknowledges receipt of a letter of instruction and of the papers and money referred to therein, and agrees to hold and dispose of the same in accordance with said instructions and upon the terms and conditions above set forth.

Dated this \_\_\_\_\_ day of March, 1972.

THE CITIZENS NATIONAL BANK AND TRUST CO.

By: \_\_\_\_\_

# Bonham's Termite Control

(License No. 163)

929 North Oklahoma

Dial 754-1986

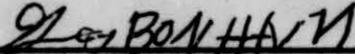
OKMULGEE, OKLAHOMA 74447

TO WHOM IT MAY CONCERN:

RE: 1404 East 2nd  
Okmulgee, Okla.

Gentlemen:

This is to certify that all structures on subject property have been inspected and there is no visible evidence of termite infestation nor of termite damaged material.

  
\_\_\_\_\_  
GEORGE BOHMAN

D. P. LILLY  
COUNCILMAN, WARD 1  
LEON P. DAVIS  
COUNCILMAN, WARD 2

JOSEPH B. BENNETT, JR.  
MAYOR

DR. ROBERT P. CROTTY  
COUNCILMAN, WARD 3  
GLEN LANE  
COUNCILMAN, WARD 4

# City of Okmulgee

118 NORTH MORTON AVE.

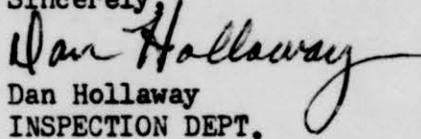
OKMULGEE, OKLAHOMA 74447

September 5, 1973

WILLIAM O. PICKARD  
CITY MANAGER  
MARY BAILEY ROMINE  
CITY ATTORNEY  
S. GRAHAM SMITH  
CITY AUDITOR  
NEVA HICKS  
CITY CLERK  
NORMAN G. ELLIS  
CITY TREAS.  
LAURENCE HAMON  
CITY ENGINEER  
JOE FARRIMOND  
CHIEF OF POLICE  
LORAN RHODES  
CHIEF, FIRE DEPT.  
JOHN ABERNATHY  
WATER, POLLUTION  
CONTROL  
NOIL MORROW  
SUPT. STREET AND  
SANITATION, REPAIR  
PATRICIA DOAN  
LIBRARIAN  
J. D. HEATHCOTT  
PARK SUPT.  
MONROE NICKELL  
RECREATION DIRECTOR  
GARY P. COCANOUR  
AIRPORT MANAGER

To Whom It May Concern:

We have on this date inspected the residence at 1404 E. 2nd,  
and find that it complies with all City Building Codes.

Sincerely,  
  
Dan Hollaway  
INSPECTION DEPT.

DH/pm

# Bonham's Termite Control

(License No. 163)

929 North Oklahoma

Dial 756-1906

OKMULGEE, OKLAHOMA 74447

TO WHOM IT MAY CONCERN:

RE: 1401 E 3rd (Rental)  
Okmulgee, Okla.

Gentlemen:

This is to certify that all structures on subject property have been inspected and there is no visible evidence of termite infestation nor of termite damaged material.

George BONHAM  
GEORGE BONHAM

C O N T R A C T

THIS Agreement by and between ROBERT J. SMITH, IRENE D. SMITH, herein collectively called "SELLER," and SAMUEL STOKES and MAGGIE B. STOKES, herein collectively called "BUYER."

W I T N E S S E T H

THAT for and in consideration of the sum of SEVENTEEN THOUSAND & NO/100 DOLLARS (\$17,000.00), to be paid by BUYER to the order of SELLER as hereinafter provided, the parties have agreed and hereby agree as follows:

I

SELLER agrees to sell, transfer and convey to BUYER by good and sufficient Warranty Deed, the following described property in Okmulgee County, to-wit:

Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,  
12, 13, 14, 15 and 16, inclusive, of  
Block 9, Golden Hill Addition to The City  
of Okmulgee, Okmulgee County, State of  
Oklahoma,

together with all improvements thereon, and hereditments and appurtenances thereunto belonging, free and clear of all liens, mortgages, easements, assessments and encumbrances of every kind and character, whatsoever, except as specifically set forth herein, and to warrant the title to the same, except building restrictions and utility easements now of record.

II

THE purchase price above specified, shall be paid to the SELLER as follows:

A. Concurrently with the execution hereof, BUYER shall execute a check in the amount of TWO THOUSAND & NO/100 DOLLARS (\$2,000.00) made payable to SELLER. Said check shall be placed in Escrow with The Citizens National Bank and Trust Company in Okmulgee. Said check shall be issued to said SELLER on July 1, 1972, if, and only if, the terms of this agreement have been completed at that time. The balance in the amount of FIFTEEN THOUSAND & NO/100 (\$15,000.00) DOLLARS shall be paid on July 1, 1972, when BUYER takes possession.

B. In the event of SELLER'S failure to show marketable title, this Contract shall be void and said sum returned to BUYER. In the event of BUYER'S failure to perform the terms and conditions hereof, SELLER shall be entitled to retain FIVE HUNDRED & NO/100 DOLLARS (\$500.00) as liquidated damages.

III

SELLER shall, within TEN (10) days from the date hereof, deliver to BUYER, an abstract of title to said premises, certified, complete to date, showing clear and marketable title in the above described premises to be vested in the SELLER. BUYER shall have ten (10) days thereafter, within which to examine the same and make requirements. SELLER shall have until July 1, 1972, to comply with said requirements. Upon approval of the title by BUYER, the transaction shall be ready for closing and shall be closed on July 1, 1972, unless title requirements have not been met, in which event, closing shall be delayed until title requirements are met.

IV

IT is further agreed that the BUYER shall have possession of the premises on July 1, 1972, that the BUYER can have possession of the rental house any time between signing this agreement and July 1, 1972, upon giving a thirty day written notice to SELLER, of their intent to take possession of said rental house.

V

IT is further and mutually agreed between the parties hereto, that the SELLER shall make the following improvements on said premises:

1. Completely paint the main residence.
2. Paint the small redwood fence and cement the posts.
3. Finish reroofing the small garage behind the main residence.
4. Prior to the closing, SELLER agrees, at his expense, to provide a Certificate from a reputable pest control company, showing the premises free from termite damage.

VI

IT is further agreed that SELLER shall pay all ad valorem taxes and installments of special assessments due or delinquent against said premises due and payable as of July 1, 1972.

VII

IT is further mutually agreed that the risk of loss or damage to said premises by fire, wind, hail or any act of God, until July 1, 1972, is assumed by the SELLER. In the event of the destruction of any of the improvements prior thereto, this Contract shall become null and void at the option of the BUYER.

VIII

THE SELLER shall execute a Warranty Deed, with sufficient Revenue Stamps thereon; said deed and said check payable to SELLER, with a copy of this Agreement shall be placed in Escrow with The Citizens National Bank and Trust Co. in Okmulgee, Oklahoma, to be held by said bank until July 1, 1972, or until such time as the terms and conditions of this Contract have been fulfilled.

IX

THIS Contract shall, in case of death, or legal disability of either party, be binding upon the heirs, administrators, executors, and assigns, or other legal representatives of said deceased, or legally disabled party.

IN WITNESS WHEREOF, the parties have executed this Contract at Okmulgee, Oklahoma, this 7th day of March, 1972.

*Robert J. Smith*  
ROBERT J. SMITH

*Irene D. Smith*  
IRENE D. SMITH

"SELLER"

*Samuel Stokes*  
SAMUEL STOKES

*Maggie B. Stokes*  
MAGGIE B. STOKES

"BUYER"

STATE OF OKLAHOMA     )  
                                  )     SS  
COUNTY OF OKMULGEE    )

Before me, a Notary Public in and for said County and State, on this 7<sup>th</sup> day of March, 1972, personally appeared ROBERT J. SMITH and IRENE D. SMITH, to me known to be the identical persons who executed the within and foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes set forth.

In witness whereof, I have hereunto set my hand and official seal the day and year last above written.

*Sherry Hemmon*  
NOTARY PUBLIC

My Commission Expires:  
May 9, 1974

STATE OF OKLAHOMA        )  
                                  )     SS  
COUNTY OF OKMULGEE     )

Before me, a Notary Public, in and for said County and State, on this 2<sup>th</sup> day of March, 1972, personally appeared SAMUEL STOKES and MAGGIE B. STOKES, to me known to be the identical persons who executed the within and foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes set forth.

In witness whereof, I have hereunto set my hand and official seal the day and year last above written.

Sherry Henson  
NOTARY PUBLIC

My Commission Expires:

May 9, 1974

September 14, 1973

Ben Mabb

Stan Jones

Stokes Claim

Attached is the material regarding the final relocation claim for Samuel Stokes. It appears that the claim for moving expenses in the amount of \$158.23 is valid except for the time limit of six months. Perhaps we should seek a waiver from HUD.

A claim for incidental costs is also enclosed which will require the Stokes signature and can then be processed for payment.

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel ORE 12-20 Parcel No. AB 3-8 Advisor SC & BCW  
 Client's Name Samuel Stokes Phone \_\_\_\_\_  
 Address 2931 N. Gantenbein Ethn Black Age \_\_\_\_\_  
 Male     Family     Married     Renter/Occupant  
 Female     Individual     Single     Owner/Occupant

Family Composition

Total Number in Family 2

wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer retired \$

Address \_\_\_\_\_

Other Source of Income \_\_\_\_\_ \$

Total Monthly Income \$ (unknown)

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 3/24/72 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

Sept 1949

Date of initiation of negotiations for purchase of property \_\_\_\_\_

Date of Acquisition April 14, 1972

Date of letter of intent \_\_\_\_\_

Date of move May 22, 1972

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1906

Size of Habitable Area 1056

Furnished with claimant's furniture  
 YES  NO

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

Number of Bedrooms 4 2 in Basement Monthly Housing Payments \$ F4C Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 1404 East Second St., Okmulgee, Oklahoma 77447 LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

Age of Housing Unit \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 17,000

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

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

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

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY

PDC

PROJECT NAME

Emanuel

PROJECT NO.

ORE R 20

PARCEL NO.

AB 3-f

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)

Samuel Stokes

2. DATE OF DISPLACEMENT:

May 22, 1972

Family

Individual

Amount of differential payment claimed

\$           

Amount of interest payment claimed

\$           

Costs incidental to purchase

\$ 223.20

TOTAL

\$ 223.20

Minus adjustments

Explanation: \_\_\_\_\_

-\$ \_\_\_\_\_

Total Replacement Housing Payment for Homeowner: . . . . . \$ 223.20

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner-Occupant(s)

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 \$ \_\_\_\_\_ is authorized.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

RECORD OF PAYMENT

Date of Payment: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**A. COMPUTATION OF DIFFERENTIAL PAYMENT**

Required Information

- 1. Actual purchase price of replacement housing: \$ \_\_\_\_\_
- 2. Cost of comparable replacement dwelling (cost based on:  
     \_\_\_\_\_ Schedule      \_\_\_\_\_ Comparable      \_\_\_\_\_ Other) \$ \_\_\_\_\_  
     Sq.Ft. of former dwelling \_\_\_\_\_ No. of bedrooms \_\_\_\_\_
- 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 or \$15,000, whichever is less \$ \_\_\_\_\_
- 7. Total approved \$ \_\_\_\_\_

**B. REQUIRED DOCUMENTATION**

- 1. If claimant purchased and occupies replacement dwellings:
  - a) Date purchase agreement signed (earnest money) Date: \_\_\_\_\_
  - b) Date of settlement (closing) Date: \_\_\_\_\_
- 2. If claimant has purchased but does not occupy replacement dwelling:
  - a) Purchase contract signed Date: \_\_\_\_\_
  - b) Date of settlement Date: \_\_\_\_\_
  - c) Date of expected occupancy Date: \_\_\_\_\_

**C. INCIDENTAL EXPENSES (List incidental expenses incurred by claimant in connection with purchase of replacement dwelling.)**

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly By Claimant (c)	Amount Claimed (Col. (b)+(c)) (d)	Amount Approved (e)
Title Examination	\$ 191.00	\$ 191.00	\$ 191.00	\$ 191.00
Escrow Fee	30.00		30.00	30.00
Filing Deed	2.20		2.20	2.20
<b>TOTAL</b>	<b>\$ 223.20</b>	<b>\$</b>	<b>\$ 223.20</b>	<b>\$ 223.20</b>

Listing of documents submitted herewith in support of amounts entered in Column (d) above: (Documentation for the above claim must be submitted.)



August 22, 1973

Mr. and Mrs. Samuel Stokes  
1404 East Second Street  
Okmulgee, Oklahoma 74447

Dear Mr. and Mrs. Stokes:

We have your letter of August 6, 1973 in which you have indicated that you find it not feasible to accept the \$4,605 maximum payment for housing relocation. However, your letter did not indicate how the determination had been made. We are anxious to ensure that you receive the full relocation payment allowable under the law. We therefore request that you send us the following information:

1. A copy of the closing statement from the escrow company, showing all receipts and disbursements in connection with the purchase of your present dwelling.
2. A statement from the local building code enforcement agency, indicating that the house that you have purchased is standard according to the local codes.

We are requesting this information in order to be sure that any payment that we do make to you is not overpaid. We would, therefore, appreciate your early response.

In the meantime, we have completed the attached claim for travel expenses for the period from the date you left your home with the children.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BT:ch  
Enclosure

May 22, 1973

**CERTIFIED MAIL**

Mr. and Mrs. Samuel Stokes  
c/o Smith  
1404 E. Second Street  
Okmulgee, Oklahoma 74447

Dear Mr. and Mrs. Stokes:

At the time that you were displaced from your former residence at 2931 N. Centerlain Street by the General Hospital Project, on May 22, 1972, it was our understanding that you planned to move to Okmulgee, enter into a contract with a contractor - or, at least reach an agreement with a contractor - to build a new house and then write to us for instructions and assistance in filing the necessary claim for your replacement housing payment. To date we have not heard from you.

Under the provisions of the Law, a claim for a replacement housing relocation payment must be filed within eighteen months from the date of displacement. You therefore have only six months remaining in which to file your claim. We therefore request that you let us hear from you at the earliest possible date, to enable us to file the necessary claims to safeguard your rights to receive the replacement housing payment.

We hope that you are enjoying your new home in Okmulgee.

**RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)**

SENT TO <i>Mr &amp; Mrs. Samuel Stokes</i>	POSTMARK OR DATE
STREET AND NO. <i>Okmulgee 1404 E. 2nd St.</i>	
P.O., STATE AND ZIP CODE <i>Okmulgee, Okla. 74447</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered ..... 15¢ With delivery to addressee only ..... 65¢
	2. Shows to whom, date and where delivered ..... 35¢ With delivery to addressee only ..... 85¢
DELIVER TO ADDRESSEE ONLY	50¢
SPECIAL DELIVERY (2 pounds or less)	45¢

POD Form 3800  
July 1969

**NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL**

(See other side)

\* GPO: 1970 O-397-486

Samuel S. Webb  
Real Estate and  
Property Management

No. 711124

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 586 EH

DATE October 16, 1972

PAY TO **Greyhound Van Lines, Inc.**

\$ 2,667.98

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

**NON - NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Actual Moving Costs, (Samuel Stokes - move from 2931 N. Gantenbein - Parcel AB 3-8).	\$2,667.98

**Account Distribution**

NO. TITLE AMOUNT

October 19, 1972

Grayhound Van Lines, Inc.  
Post Office Box No. 95302  
Chicago, Ill. 60690

RE: Invoice No. 006000000  
Samuel Stokes

Gentlemen:

Enclosed you will find our warrant no. 225-81 in the amount of \$2,000.00.

This is to cover your charges for moving the household goods of Mr. Samuel Stokes from 2331 N. Bentonville, Portland, Or. to Chandler, Oklahoma.

Very truly yours,

M. Stanley Jones  
Regional Supervisor

EMANUEL LAY IN FILE

May 17, 1972

Mr. and Mrs. Samuel Stokes  
2931 N. Gantenbein  
Portland, Oregon 97227

Dear Mr. and Mrs. Stokes:

You have informed us that you plan to move to Oklahoma and have asked us to supply you with a letter indicating the benefits that you will be entitled to receive as a result of being displaced from your above-mentioned residence by government action.

By this letter we confirm that you are eligible, based on your status as an owner-occupant in the Emanuel Hospital Project, to receive certain relocation benefits subject to the provisions of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment of up to \$15,000 toward the purchase of a comparable replacement dwelling unit, including the reasonable costs of expenses incurred incidental to the purchase of the replacement dwelling. Incidental expenses are limited to reasonable costs but not prepaid expenses or finance charges, and may include the following:

- (1) Legal, closing and related costs including title search, preparing conveyance contracts, notary fees, surveys, preparing drawings on plats, and charges paid incident to recordation.
- (2) Lender, F.H.A. or V.A. Appraisal fees.
- (3) F.H.A. or V.A. application fees.
- (4) Certification of structural soundness.
- (5) Credit Report.
- (6) Owner's and mortgagee's evidence or assurance of title.
- (7) Sales or transfer of taxes.
- (8) Escrow Agent's fee.

Mr. and Mrs. Samuel Stokes  
Page 2.  
May 17, 1972

- (9) Interest cost for a builder's loan.
- (10) Other incidental costs as approved by HUD.

We are most anxious to assist you in any way possible to enable you to make a satisfactory relocation. We ask that you contact us as soon as you have decided upon a unit and price, and we will take whatever actions are necessary to place the Replacement Housing Payment in escrow.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW:sh

PORTLAND DEVELOPMENT COMMISSION

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

May 11, 1972  
(date)

Greyhound Van Lines, Inc.  
13 E. Lake Street  
Northlake, Illinois 60164

Gentlemen:

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. ~~XXXXXXXXXXXX~~ WSJ

Claimant: Mr. and Mrs. Samuel Stokes

Pickup Address: 2931 North Gantenbein, Portland, Oregon 97227

Delivery Address: Okmulgee, Oklahoma

Time and Date: May 22, 1972

Rate: per attached estimate: 1975 miles at \$17.20 per 100 lbs, including adequate insurance

Description: approximately 12,300 lbs. (see estimate) of household furniture and furnishings

GENERAL PROVISIONS:

- Overtime must be authorized in writing.
- Pickup and delivery--above locations only.
- All billings must be in claimant's name.
- Submit this letter or copy with statement.
- Other commitments strictly between carrier and claimant.

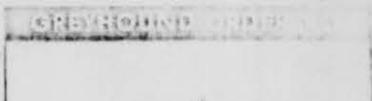
Very truly yours,  
*W. Stanley Jones*  
W. Stanley Jones

cc: Don Eaves - Greyhound, Portland  
Mr. & Mrs. Samuel Stokes

WSJ:slc  
enc.

# GREYHOUND VAN LINES, INC.

HEADQUARTERS: 13 E. LAKE STREET • NORTHLAKE, ILLINOIS 60164 • (312) 345-8120



*Estimate made on 5/22/72*

NAME OF SHIPPER <b>MR + MRS. SAM STOKES</b>		PHONE NUMBER <b>287-2375</b>	DATE <b>5/4/72</b>
ADDRESS OF SHIPPER <b>2931 N. GANTENBEIN</b>		CITY	STATE
SHIPMENT MOVING FROM <b>SAME</b>		CITY & STATE	COUNTY
TO <b>OKMULGEE OKLAHOMA</b>		CITY & STATE	COUNTY
SHIPPER'S DESTINATION CONTACT <b>5/19/72</b>		LOADING DATE OR PERIOD OF TIME REQUESTED <b>5/22/72</b>	DELIVERY DATE OR PERIOD OF TIME REQUESTED <b>5/26-1/2/72</b>

**IMPORTANT NOTICE:** This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

ESTIMATED COST OF SERVICES (BASED ON TARIFF)		MP ICC NO.	ESTIMATED CHARGES	
TRANSPORTATION: EST. WT.	<b>12,300</b> LBS. <b>975</b> MI. @ \$	<b>17.20</b>	PER 100 LBS.	<b>2115 60</b>
VALUATION CHARGE: FOR LIABILITY ON PART OF CARRIER IN EXCESS OF THAT ASSUMED WHEN ITS LOWEST RATES ARE CHARGED.				
<b>16,000</b> ON TRANSPORTATION @ 50¢ PER \$100 OR FRACTION THEREOF				<b>80 00</b>
ON STORAGE-IN-TRANSIT @ 4 PER CWT. (10% OF MONTHLY STORAGE RATE FOR EACH 30 DAYS OR FRACTION THEREOF.)				
ADDITIONAL TRANSPORTATION CHARGES (Explain)	ORIGIN	DESTINATION		
PICK-UP OR DELIVERY FOR STORAGE IN TRANSIT	LBS. @ \$	PER 100 LBS.		
STORAGE-IN-TRANSIT AT	LBS. @	4 PER 100 LBS.	FOR EA. 30 DAYS OR FRACTION THEREOF	
WAREHOUSE HANDLING	LBS. @	4 PER 100 LBS.	ONE TIME CHARGE	
EXTRA PICK-UP OR DELIVERY AT				
SPECIAL SERVICING OF APPLIANCES				
HOISTING, LOWERING, OR CARRYING OF PIANOS, HEAVY ARTICLES (EXPLAIN)				
		<b>UPRIGHT PIANO</b>		<b>25 00</b>
CONTAINERS (See Below)	<b>2449.10</b>			<b>53 25</b>
PACKING (See Below)	<b>123.50 - PACKING BY MRS. STOKES</b>			<b>140 75</b>
UNPACKING (See Below)	<b>2,572.60</b>			<b>34 50</b>
LABOR	MAN/MEN	HRS. @ \$	PER MAN HOURS	
OTHER SERVICES (Explain)				

If the total total charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of total charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 15 days. Maximum amount to be paid on delivery of your C.O.D. shipment in cash, certified check or money order is (total estimated cost plus 10 percent).

DESCRIPTION	ESTIMATED COSTS		ESTIMATED COSTS		ESTIMATED COSTS	
	QUANTITY	UNIT PRICE	QUANTITY	UNIT PRICE	QUANTITY	UNIT PRICE
BARRELS, DISH PACK, DRUM, ETC.	2	2.00	2	7.25	2	2.00
BOXES, NOT OVER 5 CU. FT.						
OVER 5 NOT OVER 8 CU. FT.						
CARTONS: LESS THAN 1 1/2 CU. FT.						
1 1/2 CU. FT.	10	.75	10	1.75	10	.50
3 CU. FT.	15	.75	15	2.75	15	.75
4 1/2 CU. FT.						
6 CU. FT.						
6 1/2 CU. FT.	4	.75	4	4.50	4	1.80
WARDROBE CARTON						
CRIB MATTRESS CARTON						
MATTRESS CARTON (NOT EXCEEDING 54" X 75")	12	2.50	12	1.85	12	.75
MATTRESS CARTON (EXCEEDING 54" X 75")						
MATTRESS COVER (PLASTIC OR PAPER)						
CRATES AND CONTAINERS, ESPECIALLY DESIGNED FOR MIRRORS, PAINTINGS, GLASS OR MARBLE TOPS AND SIMILAR FRAGILE ARTICLES	7		7	5.00	7	1.00
GROSS MEASUREMENT OF CRATE OR CONTAINER	2		2	5.00	2	1.00
		<b>ESTIMATED CONTAINER COSTS \$53.29</b>		<b>ESTIMATED PACKING COSTS \$40.15</b>		<b>ESTIMATED UNPACKING COSTS \$34.50</b>

**NOTICE:** It is mandatory that the total cubic footage shown on the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Summary of Information for Shippers of Household Goods as required by the Interstate Commerce Commission, he should be furnished at this time.

*Don Jones* 288-9321

I HEREBY ACKNOWLEDGE that I have received from (CHECK ONE)

the carrier supplying this estimate

a carrier supplying another estimate

other source

Summary of Information for Shippers of Household Goods, Form BOp 103.

*See Signed Receipt*

(SIGNATURE AND TITLE OF ESTIMATOR)      TABLE OF MEASUREMENTS ON REVERSE SIDE      SIGNATURE OF SHIPPER OR HIS REPRESENTATIVE

1. ORIGINAL - GENERAL OFFICE,      REMAINS WITH SHIPMENT UNTIL DELIVERY, HAULER MAIL TO GENERAL OFFICE



# ESTIMATED COST OF SERVICES GREYHOUND VAN LINES, INC.



HEADQUARTERS: 13 E. LAKE STREET • NORTHLAKE, ILLINOIS 60164 • (312) 345-8120

GREYHOUND ORDER NO.

NAME OF SHIPPER <b>MR + MRS SAM STOKES</b>		PHONE NUMBER <b>287-2595</b>	DATE <b>4/13</b>
ADDRESS OF SHIPPER <b>2931 N. GANTENBIEN</b>		CITY	STATE
SHIPMENT MOVING FROM <b>SAME</b>		CITY & STATE <b>1404 EAST</b>	COUNTY
TO <b>OKMULGEE, OKLAHOMA</b>		CITY & STATE <b>c/o 2ND</b>	COUNTY
SHIPPER'S DESTINATION CONTACT <b>(SMITH)</b>		PHONE NUMBER <b>(918) 5K6-2876</b>	
PACKING DATE REQUESTED <b>W/A</b>	LOADING DATE OR PERIOD OF TIME REQUESTED <b>W/A</b>	DELIVERY DATE OR PERIOD OF TIME REQUESTED <b>W/A</b>	

**IMPORTANT NOTICE:** This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

ESTIMATED COST OF SERVICES (BASED ON TARIFF)		MP ICC NO.	ESTIMATED CHARGES
TRANSPORTATION: EST. WT. <b>11,600</b> <sup>1975</sup> <b>12,000</b> LBS.	MI. @ \$ <b>17.20</b>	PER 100 LBS.	<b>2064 00</b>
VALUATION CHARGE: <b>15,000</b> ON TRANSPORTATION @ 50¢ PER \$100 OR FRACTION THEREOF			<b>75 00</b>
ON STORAGE-IN-TRANSIT @ PER CWT. (10% OF MONTHLY STORAGE RATE FOR EACH 30 DAYS OR FRACTION THEREOF)			
ADDITIONAL TRANSPORTATION CHARGES (Explain)	ORIGIN	DESTINATION	
PICK-UP OR DELIVERY FOR STORAGE IN TRANSIT	LBS. @	PER 100 LBS.	
STORAGE-IN-TRANSIT AT	LBS. @	PER 100 LBS. FOR EA. 30 DAYS OR FRACTION THEREOF	
WAREHOUSE HANDLING	LBS. @	PER 100 LBS. ONE TIME CHARGE	
EXTRA PICK-UP OR DELIVERY AT			
SPECIAL SERVICING OF APPLIANCES			
HOISTING, LOWERING, OR CARRYING OF PIANOS, HEAVY ARTICLES (EXPLAIN)			
CONTAINERS (See Below)			
PACKING (See Below)			<b>35 00</b>
UNPACKING (See Below)			<b>7 00</b>
LABOR			
OTHER SERVICES (Explain)			
			<b>2181 00</b>
			<b>\$2399 10</b>

**2181 00**  
If the 1975 tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of tariff charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 15 days. Maximum amount to be paid on delivery of your C.O.D. shipment in cash, certified check or money order is (total estimated cost plus 10 percent):

DESCRIPTION	QUANTITY	ESTIMATED COSTS \$	ESTIMATED COSTS \$	ESTIMATED COSTS \$
BARRELS, DISH PACK, DRUMS, ETC.				
BOXES, NOT OVER 5 CU. FT.				
OVER 5 AND OVER 3 CU. FT.				
CARTONS, LESS THAN 1 1/2 CU. FT.				
1 1/2 CU. FT.				
3 CU. FT.	<b>15</b>			
4 1/2 CU. FT.				
6 CU. FT.	<b>5</b>			
6 1/2 CU. FT.				
WARDROBE CARTON	<b>5</b>			
CRIB MATTRESS CARTON				
MATTRESS CARTON (NOT EXCEEDING 54" X 75")	<b>6</b>			
MATTRESS CARTON (EXCEEDING 54" X 75")				
MATTRESS COVER (PLASTIC OR PAPER)				
CRATES AND CONTAINERS (SPECIALLY DESIGNED FOR MIRRORS, PAINTINGS, GLASS OR MARBLE TOPS AND SIMILAR FRAGILE ARTICLES)	<b>7</b>		<b>5.00</b>	<b>35.00</b>
GROSS MEASUREMENT OF CRATE OR CONTAINER				<b>7 1.00 7.00</b>
		<b>ESTIMATED CONTAINER COSTS \$</b>	<b>ESTIMATED PACKING COSTS \$ 35.00</b>	<b>ESTIMATED UNPACKING COSTS \$ 7.00</b>

*Customer will pack*

NOTICE: It is mandatory that the total cubic footage shown on the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Summary of Information For Shippers of Household Goods as required by the Interstate Commerce Commission, he should be furnished at this time.

*Don Lane*  
288-7321

I HEREBY ACKNOWLEDGE that I have received from (CHECK ONE)

- the carrier supplying this estimate
- a carrier supplying another estimate
- other source

Summary of Information for Shippers of Household Goods, Form BOp 103.

*See signed receipt*

PORTLAND DEVELOPMENT COMMISSION

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

May 11, 1972  
(date)

Greyhound Van Lines, Inc.  
13 E. Lake Street  
Northlake, Illinois 60164

Gentlemen:

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. ~~XXXXXXXXXXXX~~ WSJ

Claimant: Mr. and Mrs. Samuel Stokes

Pickup Address: 2931 North Gantenbein, Portland, Oregon 97227

Delivery Address: Okmulgee, Oklahoma

Time and Date: May 22, 1972

Rate: per attached estimate: 1975 miles at \$17.20 per 100 lbs, including adequate insurance

Description: approximately 12,300 lbs. (see estimate) of household furniture and furnishings

GENERAL PROVISIONS:

Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,

*W. Stanley Jones*  
W. Stanley Jones

cc: Don Eaves - Greyhound, Portland  
Mr. & Mrs. Samuel Stokes

WSJ:slc  
enc.

RECEIVED

MAY 1 1972

PORTLAND DEVELOPMENT COMMISSION

May 3, 1972

SEND TO

WVS EMANUEL

JSCW

Dear Mr. and Mrs. Stokes  
2931 No. Gantenbein  
Portland, Oregon

Dear Mr. and Mrs. Stokes:

I am submitting a revised estimate on your move to Okmulgee, Okla. based on the extra items that you brought down from your shop Mr. Stokes. You will note that due to your wife's packing the cost of the move is down considerably now from the previous estimate. I know that she has worked hard on this. I have asked that if you are going to use us that you advise us at least five days in advance as we are now going into our heavy season and we need at least that much advance notice. Your estimate follows.

Portland, Oregon to Okmulgee, Okla.	2045 miles.	2264.14
12828 pounds at <sup>1765</sup> \$1.25 per hundred pounds-2045 miles.		\$2045.14
Insurance.		
\$16,000 at 50¢ per \$100 at \$1.25 per lb. replacement value.		80.00
1 Upright piano.		25.00
Packing. (\$20.00 of this will be refunded if you do all of the unpacking.)		132.65

2501.79 by fellow from St. Amour WJ

Rate Change on May 15. Difference in rates attributable to estimate of mileage

A copy of this estimate is going to Mr. Webb of the Portland, Development Commission. Do hope that you decide in our favor on this move. We will give you excellent service both here in Portland and also in Okmulgee, Okla. A happy, efficient move that will be handled correctly.

Your agent in Okmulgee, Okla. is Eugene Transfer and Storage. 319 So. 14th St. Okmulgee, Okla. Phone 422-1177.

Will wait to hear from you then.

Dear Mr. Webb: I am including a copy of estimate of move for the Samuel Stokes family. Any questions you have on the move-please feel free to call on me.

Sincerely,

*R. Saint-Amour*

Bob St-Amour

R. Saint-Amour  
Sales Rep.  
O'Neill Transfer Co.  
Allied Van Lines.



# ALLIED VAN LINES, INC.

## ESTIMATED COST OF SERVICES

P. O. BOX 4403, CHICAGO, ILLINOIS 60680  
PHONE: 312-344-8700

REGISTRATION NO.

**IMPORTANT NOTICE:** This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

C.O.D.  CHARGE: 8334-70  PREPAID (BASED ON TARIFF) 1985- MF-I.C.C. NO. 160 SEC. 425-31

Packing Date Requested 5/22 Loading Date Requested 5/22 Delivery Date or period of time requested 5/29 - 6/2

SHIPPER: MRS. MRS. SAMUEL STOKES CONSIGNEE: MRS. MRS. SAMUEL STOKES

ASSOCIATED WITH: PARTLAND DA COMMISSION CHARGES DELIVERY ADDRESS: 1424 E. 21st St

LOADING ADDRESS: 2937 N. GARDEN BEIN DESTINATION CITY STATE: OKMUSKOGEE, OKLA PHONE: 582-2728

ORIGIN CITY & STATE: PORTLAND, OREGON PHONE: 237-2595 NOTIFY: ELNEBA RAYMOND 717 N. CENTRAL

ESTIMATED WEIGHT \* 12828 ESTIMATED CU. FT. 1833 CITY STATE: OKMUSKOGEE, OKLA PHONE: 582-2728

\*NOTICE TO ESTIMATOR: IT IS MANDATORY THAT THE TOTAL CUBIC FOOTAGE SHOWN ON THE TABLE OF MEASUREMENTS BE MULTIPLIED BY NOT LESS THAN SEVEN TO DETERMINE THE TOTAL ESTIMATED WEIGHT. ARTICLES NOT TO BE SHIPPED SHOULD BE INDICATED BY A "CHECKMARK" IN THE COLUMN PROVIDED ON THE TABLE OF MEASUREMENTS.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE SUMMARY OF INFORMATION FOR SHIPPERS OF HOUSEHOLD GOODS, FORM BO# 103

Signature of Shipper or his Representative: \_\_\_\_\_

CARRIER'S CONTACT OFFICE AT DESTINATION  
Name: MUSKOGEE TRIP  
Address: 319 S. 4th St  
City & State: MUSKOGEE, OKLA  
Phone: 682-1337-2142

### ESTIMATED COST OF SERVICES

### ESTIMATED CHARGES

Transportation: Est. wt. 12828 lbs.; 2045 mi.; @ \$ 16.15 per 100 lbs. \$ 1943.44 TOTAL ESTIMATED COST → \$ 2181.09

Valuation Charge: { for liability on part of carrier in excess of that assumed when its lowest rates are charged }

On Transportation: \$ 16000 @ 50¢ per \$100, or fraction thereof @ 1.25 80.00

On Storage-in-Transit @ \_\_\_\_\_ per CWT. (10% of monthly storage rate) for each 30 days or fraction thereof

To be released at 60¢ per pound per article.

Additional transportation charges: (explain) \_\_\_\_\_

Pickup or delivery for storage in transit \_\_\_\_\_ lbs.; @ \$ \_\_\_\_\_ per 100 lbs.

Storage-in-transit at \_\_\_\_\_ lbs.; @ \_\_\_\_\_ per 100 lbs. { for each 30 days or fraction thereof }

Warehouse handling \_\_\_\_\_ lbs.; @ \_\_\_\_\_ per 100 lbs. (one time charge)

Extra pickup or delivery at \_\_\_\_\_

Special servicing of appliances  Origin  Destination

Hoisting, lowering, or carrying pianos, heavy articles (explain) LUPRICAT PIANO 25.00

Containers (see below) \_\_\_\_\_ 45.75

Packing (see below) \_\_\_\_\_ 66.90

Unpacking (see below) \_\_\_\_\_ 20.00

Labor \_\_\_\_\_ man/men for \_\_\_\_\_ hrs.; @ \_\_\_\_\_ per man hour

Export or import charges @ \_\_\_\_\_ per CWT

Other services (explain) \_\_\_\_\_

TOTAL ESTIMATED COST → \$ 2181.09

If the total tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of tariff charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 15 days.

Amount to be paid on delivery of your C.O.D. shipment in cash, certified check or money order is total estimated cost plus 10 percent : \$ \_\_\_\_\_

ESTIMATED COST OF PACKING & UNPACKING SERVICE	CONTAINERS			PACKING			UNPACKING		
	Estimated Number	Per Each	TOTAL	Estimated Number	Per Each	TOTAL	Estimated Number	Per Each	TOTAL
BARREL, dish-pack, drum, etc ceters	1	2.00	2.00	1	7.25	7.25	1	2.00	2.00
BOXES, not over 5 cubic feet									
Over 5 not over 8 cubic feet									
CARTONS: Less than 1 1/2 cubic feet									
1 1/2 cubic feet	2	.75	1.50	2	1.75	3.50	2	.80	1.60
3 cubic feet									
4 1/2 cubic feet	3	.75	2.25	3	2.75	8.25	3	.75	2.25
6 cubic feet									
6 1/2 cubic feet									
Wardrobe Carton, Not less than 10 cu. ft.	1	5.00	5.00	1	2.00	2.00	1	.25	.25
Mattress Carton, Crib									
Mattress Carton (Not exceeding 54" x 75")	14	2.50	35.00	14	1.85	25.90	14	.75	10.50
Mattress Carton (Exceeding 54" x 75")									
Mattress Cover (plastic or paper)									
CRATES AND CONTAINERS: (Specially designed for mirrors, paintings, glass or marble tops and similar fragile articles)			45.75	4	5.00	20.00	4	1.00	4.00
Gross measurement of crate or container						66.90			20.00
	ESTIMATED CONTAINER COSTS \$ <u>35.00</u>			ESTIMATED PACKING COSTS <u>66.90</u>			ESTIMATED UNPACKING COSTS \$ <u>20.00</u>		

REMARKS: \_\_\_\_\_

BOOKER: O'NEILL TRIP CODE NO. P-1700

AGENT MAKING ESTIMATE: O'NEILL TRIP

CODE NO. P-1700 PHONE NO. 237-2595

CITY & STATE: PORTLAND, OREGON

If the prospective shipper has not previously been furnished with the Summary of Information For Shippers of Household Goods as required by the Interstate Commerce Commission, he should be furnished it at this time.

Signature & Title of Estimator: [Signature] DATE: 5/3/72

(Table of measurements on reverse side)

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORE R-16 Parcel: AB3-8

Payable to: Greyhound Van Lines

	<u>Amount</u>
For: <u>        </u> RHP for Homeowners . . . . .	\$ <u>          </u>
<u>        </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>          </u>
<u>        </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>          </u> ; Annual amount. . . . .	\$ <u>          </u>
or Purchase: . . . . .	\$ <u>          </u>
<u>        </u> Fixed Moving Payment . . . . .	\$ <u>          </u>
<u>        </u> Dislocation Allowance. . . . .	\$ <u>          </u>
<u>  X  </u> Actual Moving Costs. . . . .	\$ <u>2667.98</u>
<u>        </u> Storage Costs (if separate claim). . . . .	\$ <u>          </u>
<u>        </u> Business: Moving Expenses. . . . .	\$ <u>          </u>
<u>        </u> Business: In Lieu Payment. . . . .	\$ <u>          </u>
<u>        </u> Business: Storage Costs. . . . .	\$ <u>          </u>
<u>        </u> Business: Loss of Property . . . . .	\$ <u>          </u>
<u>        </u> Business: Searching Expenses . . . . .	\$ <u>          </u>

Name of Client Samuel Stokes

Less - \$            \*

Move from 2931 N. Gantenbein

111 Total \$ 2667.98

*WJ*

Accounting: Indicate symbol & Acct. No.

           Relocation Payment;            Project Cost \* (            )

**CLAIM FOR RELOCATION PAYMENT FOR ACTUAL MOVING  
EXPENSES (FAMILIES AND INDIVIDUALS)**

NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 S.W. 4th Avenue Portland, Oregon	Emanuel Hospital  PROJECT NO. R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:  
"Whoever, in any matter within the jurisdiction of any department or agency of the  
United States knowingly and willfully falsifies . . . or makes any false 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 Sam Stokes       Family       Individual

2. DATE(S) OF MOVE  
May 22, 1972

3. DWELLING FROM WHICH YOU MOVED      PARCEL NO. AB-3-8

a. Address <u>2931 N. Gantenbein</u> <u>Portland, Or.</u>	d. Number of rooms occupied (ex- cluding bathrooms, hallways, and closets): <u>8</u>
b. Apartment, Floor, or Room Number _____	e. Date you moved into this address: <u>September, 1949</u>
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) <u>1404 East 2nd</u> <u>Okmulgee, Oklahoma</u>	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Apartment, Floor, or Room Number _____	If "Yes", complete table "Statement of Claim for Storage Costs"

5. TOTAL CLAIM  
(If claim is for reimbursement of actual moving expenses and/or storage costs, enter  
sum of Lines 10a, 10b, and 10c below.)  
\$ 2,667.98

6. NAME OF MOVING COMPANY (OR PERSON) Greyhound Van Lines, Inc.	7. MOVER'S TELEPHONE NUMBER 288-7321	8. ADDRESS OF MOVING COMPANY (OR PERSON) 3400 N.E. Columbia Blvd. Portland, Or. 97211
--------------------------------------------------------------------	--------------------------------------------	------------------------------------------------------------------------------------------------

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

- a. I have paid the moving charges, as evidenced by the attached itemized 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

10. 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.) \$ 2,667.98
- 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.) \$ \_\_\_\_\_

11. 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.

10/10/72

Date

*Lowell Stokes*

Signature of Claimant

(For Local Agency Use Only)

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

---

NAME AND ADDRESS OF CLAIMANT:

Sam Stokes  
2931 N. Gantenbein  
Portland, Or.

NAME OF LOCAL AGENCY:

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

---

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

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

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

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

---

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

Yes  No

If "Yes," explain basis for approved amount:

---

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <sup>1/</sup>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ _____			
2. Dislocation allowance \$ _____			
3. Total \$ _____	_____	_____	_____
<i>WBJ</i> <i>2304</i> B. Actual Moving and Related Expenses	\$ 2,667.98	<i>[Signature]</i>	<i>10-13-72</i>
1. Initial payment including, if applicable, storage and related costs in the amount of \$ <u>2,667.98</u>			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<i>10/16/72</i>	<i>586A</i>	<i>\$ 2667.98</i>			<i>\$</i>

GREYHOUND

VAN LINES

PLEASE RETURN ONE COPY WITH REMITTANCE

FORM 250

INVOICE

DATE

13 East Lake St.  
Northlake, Illinois 60164  
Area Code 312  
345-8120

TO

PORTLAND DVLPMNT CM  
235 N MONROE  
PORTLAND ORE 97227

PLEASE REMIT TO:  
P. O. BOX 95202  
CHICAGO, ILLINOIS 60690

ATT

ORDER NO. 0069000557

Shipper: PORTLAND DVLPMNT CM  
Pick Up Address: FOR SAMSTOKES  
City: PORTLAND ORE

Purchase Order No.  
Delivery Address: 1404 EAST 2ND  
City: OKMULGEE OKLA

Date Shipped: 05/22/72

		AMOUNT	
TRANS 1975 MILES FROM PORTLAND ORE TO OKMULGEE OKLA 13300/13300 LB. 17.20/CWT		228760	
ADDITIONAL SERVICES	RATE	RATE	
PKG/UNPKG CHARGES	UNPKG	PKG	
BARRELS	3	7.25	2175
CARTONS 1.5 CF	8	1.75	1400
CARTONS 3 CF	7	2.75	1925
M CTN TO 54X75	10	1.85	1850
CRATES-MINIMUM	8	5.00	4000
REGULAR CTR BARRELS	3	2.00	600
MATTRESS CTR REG	10	1.90	1900
ORGAN/PIANO UPRIGHT	1	25.00	2500
LABOR-DESTIN 3MEN 5 1/2 HR EA	1	94.88	9488
AUX SVC-VHCL DEST	5	7.00	3500
OTHER 1/2 HR @ 700 AUX	1	3.50	350
VALUATION CHARGE		.50/100	8350

NOTICE

Pursuant to Interstate  
Commerce Commission  
Regulations, Payment of  
these Charges Must be  
made on or Before.

Delivering  
Carrier  
I.C.C.  
No. MC14786

TOTAL INVOICE

PAY THIS AMOUNT

\$ 266798

SUBJECT TO THE FOLLOWING CONDITIONS

I. Rates, rules, regulations and charges in presently effective

Tariff No. 143-A Section 02

Shipper hereby declares the lump-sum value of entire shipment to be

\$ 16,700.00 and hereby releases  
and limits value and liability of the carrier as provided in contract terms and  
conditions of the bill of lading.

NAT ACCT.

7107291

DATE OF DELIVERY

5/31/72

BY VAN 0232

WEIGHT

GROSS 47840

TARE 34540

NET 13300

BATCH 35006

**GREYHOUND VAN LINES, INC.** MC ICC 14786

PRINTED IN U.S.A.

CARRIER TO BE CONTACTED FOR INFORMATION CONCERNING SHIPMENT  
GREYHOUND VAN LINES, INC. 13 E. LAKE ST. MOBILE, AL. 36684. 812-634-1130

INTERLINING CARRIER (IF ANY), ADDRESS, PHONE

Received, subject to classification, tariffs, rules and regulations including all terms printed or stamped hereon or on the rev. side on the date issued.

69-557

SHIPPER **Mr. Sam Stokes** CO. **Mr. Sam Stokes**  
 PICK-UP ADDRESS **2931 N. Gantenbien** APT. FLR. DELIVERY ADDRESS **1404 East 2nd** APT. FLR.  
 CITY **Portland** COUNTY STATE **Oreg.** ZIP CITY **Okmulgee** COUNTY STATE **Okla.** ZIP  
 PHONE NO. **287-2595** EXTRA PICK-UP ADDRESS, IF ANY EXTRA DELIVERY  AT S.I.T.  AT

DESTINATION AGENT/OFFICE NAME **Hasty-Brummett** ADDRESS **5735 E. 13th St.** CITY **Tulsa** STATE **Okla.** PHONE  
 NOTIFY SHIPPER AT SHIPPER REQUEST NOTIFICATION OF ACTUAL CHARGES  
 CONTACT ENROUTE, IF ANY  YES NOTIFY  
 AT DESTINATION IF ANY  AT  
 IF NO CONTACT AVAILABLE, SHIPPER INITIAL  NO, I DO NOT REQUEST NOTIFICATION **SM**  
 ACTUAL PICK UP DATE **Pack 5-19 Load 5-22** AGREED DELIVERY DATE OR PERIOD OF TIME **5-26 to 6-2** THE AGREED DELIVERY DATE OR PERIOD MUST BE IDENTICAL TO ORDER FOR SERVICES.

	CU FT	TOTAL	RATE	EXTENSION	P	D	TOTAL	RATE	EXTENSION	P	D	TOTAL	RATE	EXTENSION
BARRELS	3	3	2.00	6.00			3	7.25	21.75			3		
CARTONS	1 1/2	8	.75	6.00			8	1.75	14.00			8		
CARTONS	4 1/2													
CARTONS	6 1/2													
CRATES (SEE BELOW)														
MATTRESS							10	1.85	18.50			10		
CRIB CARTONS														

SPECIAL SERVICES ORDERED BY SHIPPER

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE \_\_\_\_\_  
 SHIPMENT COMPLETELY OCCUPIES A \_\_\_\_\_ CU. FT. VEHICLE  
 EXCLUSIVE USE OF A \_\_\_\_\_ CU. FT. VEHICLE ORDERED  
 SPACE RESERVATION \_\_\_\_\_ CU. FT. ORDERED  
 SHIPMENT INCLUDES \_\_\_\_\_ FT. BOAT  
 SHIPMENT INCLUDES \_\_\_\_\_ AUTOMOBILE(S)  
 APPLIANCES **Washer**  
 OTHER **Upright Piano**

WEIGHT OF SHIPMENT

GROSS WEIGHT **47840**  
 TARE WEIGHT \* **34540**  
 \* SHIPPER: THE TARE WEIGHT OF THE VEHICLE MUST BE ENTERED ON THIS LINE PRIOR TO LOADING YOUR SHIPMENT.  
 NET WEIGHT **13300**

UNLESS THE SHIPPER EXPRESSLY RELEASES THE SHIPMENT TO A VALUE OF \$100 PER POUND PER ARTICLE, THE CARRIER'S MAXIMUM LIABILITY FOR LOSS AND DAMAGE SHALL BE LIMITED TO THE LUMP SUM VALUE DECLARED BY THE SHIPPER OR AN AMOUNT EQUAL TO \$1.25 PER POUND OF WEIGHT IN THE SHIPMENT, WHICHEVER IS GREATER.  
 THE SHIPMENT WILL BE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER'S TARIFF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING \$ **125 per lbs.** (TO BE COMPLETED BY THE PERSON SIGNING BELOW).  
 NOTICE: THE SHIPPER SIGNING THIS CONTRACT MUST INSERT IN THE SPACE ABOVE, IN HIS OWN HANDWRITING, EITHER HIS DECLARATION OF THE ACTUAL VALUE OF THE SHIPMENT, OR THE WORDS, "50¢ PER POUND PER ARTICLE," OR THE WORDS, "1.25 PER POUND PER ARTICLE."  
 \$1.25 TIMES THE WEIGHT OF THE SHIPMENT IN POUNDS.

DECLARATION OF DOCUMENTS, SPECIE, ARTICLES OF EXTRAORDINARY VALUE:

CONDITIONS RELATING TO CHARGES:  
 1. RATES, RULES, REGULATIONS, AND CHARGES IN PRESENTLY EFFECTIVE TARIFF NO. **143A** SEC. **II**  
 2. ALL ADVANCES AND LAWFUL CHARGES MUST BE PAID IN CASH, MONEY ORDER, OR CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES POSSESSION OF THE PROPERTY, UNLESS OTHERWISE INDICATED.  
 3. ALL CHARGES WILL BE AUDITED, AND, IF NECESSARY, CORRECTED BY REFUND OR ADDITIONAL BILLING.

BILL TO: **ORE Portland Development Commission**  
 ADDRESS: **235 N. Monroe**  
 CITY: **Portland** STATE **Oregon** ZIP  
 ATTENTION **Stan Jones** P.D. NO. GBL NO.  
*Shuttle By Brashers Billing attached*

TRANSPORTATION AND SERVICES	RATE	CHARGES
NET WEIGHT <b>13,300</b>		
TRANSP. 1975 MILES	17.20	2,287.60
VALUATION (ADDITIONAL LIABILITY 50¢ PER \$100 DECLARED VALUE)	.50	83.50
CARTAGE TO OR FROM WHESE. MILES		
ADDITIONAL TRANSPORTATION CHARGE <input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.		
EXTRA PICK-UP OR DELIVERY NO. BY		
ELEVATOR STAIR CARRY		
PIANO HANDLING <b>Upright</b>		25.00
ROOT'L LABOR MEN MAN HRS		
TIME: FROM TO		
OTHER CHARGES:		

SUMMARY OF SHIPMENT HANDLING

CHARGES RATED BY: **JH** CODE **GVL-69** DATE **5/22**  
 PACKED BY: **L. Tonn** CODE **2-3138** DATE **5/22**  
 UNPACKED BY: CODE DATE  
 PICKED UP BY: **Tucker** T.N. S.H.P.O. # **232** DATE **5/22**  
 HAULED BY VAN NO. **232** MANIFEST NUMBER **232-3** CODE **Tucker** DATE **5/22**  
 VAN NO. MANIFEST NUMBER CODE DATE

OVERFLOW OVERFLOW INVENTORY ATTACHED  YES  NO  
 DATE OF DELIVERY **5-31-72** BY **Tucker** VAN NO. **232**  
 IF THE SHIPPER HAS ADDED TO THE ESTIMATED SERVICES TO BE PERFORMED AT ORIGIN OR DESTINATION SO AS TO CAUSE EXCESS CHARGES, SHIPPER MUST PAY 110% OF THE ESTIMATED CHARGES WHERE APPLICABLE PLUS THE EXCESS SERVICES ADDED.  
 AMOUNT OF ESTIMATED CHARGES \$ **2449.10** 110% OF ESTIMATED CHARGES **\$2694.01**

WAREHOUSE HANDLING		
S.I.T. FROM TO		
S.I.T. VALUATION (10% OF BASE STORAGE RATE)		
APPLIANCE SERVICES - ORIGIN <b>Washer</b>		<b>EXE</b>
APPLIANCE SERVICES - DESTINATION "		<b>EXE</b>
ADVANCED CHARGES		
<b>TOTAL CHARGES</b>	<b>\$2,546.35</b>	
<b>PREPAID AMOUNT</b>		

RECEIVED FOR STORAGE (SHIPPER NOTIFIED OF STORAGE LOCATION) WAREHOUSE  
 ADDRESS  
 BY: \_\_\_\_\_ DATE  
 DELIVERY ACKNOWLEDGMENT: THE ABOVE ITEMS WERE RENDERED AND THE PROPERTY HAS BEEN RECEIVED IN GOOD ORDER EXCEPT AS NOTED ON THE INVENTORY. ACTUAL DELIVERY DATE **5-31-72**

ALL CHECKS SHOULD BE MADE PAYABLE TO GREYHOUND VAN LINES, INC.  
 PRE-PAYMENT COLLECTED BY  
 TOTAL CHARGES / BILLED  PREPAID  C.O.D.

ANY MOTOR CARRIER, OR OTHER PERSON, OR ANY OFFICER, AGENT, EMPLOYEE, OR REPRESENTATIVE THEREOF, WHO SHALL KNOWINGLY AND WILLFULLY NEGLECT OR FAIL TO MAKE FULL, TRUE AND CORRECT ENTRIES, OR WHO SHALL KNOWINGLY AND WILLFULLY FALSIFY, DESTROY, MUTILATE, OR ALTER THIS RECEIPT OR BILL OF LADING, SHALL BE SUBJECT TO A PENALTY OF \$5,000 FOR EACH SUCH OFFENSE, (SEC. 222, 49 U.S.C. 322).  
 DATE **5/22** LOADING ADVANCE DRAFT NO. **232** AMT. OF DRAFT \$ **362.00** ORIGINAL - GENERAL OFFICE - **NON-NEGOTIABLE**  
 AGENCY/OFFICE **GVL PORTLAND** CODE **69** AUTH. INITIALS **SM** Remains With Shipper Until Delivery to Residence or Whse. Nailer Mail to General Office **13818**

SCALE LOCATION: GREYHOUND VAN LINES, INC.

3400 N. E. Columbia Boulevard

P. O. Box 11537

Portland, Oregon 97211

CUSTOMERS NAME

*Sam Stokes*

ORDER NO.

*69-557*

COMMODITY

*H H B*

REMARKS

*VAN 232*

24 10 20 AM '72

*47840*

LBS. GROSS

*34540*

LBS. TARE DRIVER

ON *C*

OFF \_\_\_\_\_

*13300*

LBS. NET

PRICE \_\_\_\_\_

WEIGHER

*J. J. Jones*

SCALE LOCATION: GREYHOUND VAN LINES, INC.

3400 N. E. Columbia Boulevard

P. O. Box 11537

Portland, Oregon 97211

CUSTOMERS NAME

*Sam Stokes*

ORDER NO.

*69-557*

COMMODITY

*H H G*

REMARKS

*Van 232*

LBS. GROSS

MAY 23 7 59 PM '72

*34540*

LBS. TARE

DRIVER

ON

OFF

LBS. NET

PRICE

WEIGHER

*Pd Jones*

GREYHOUND ORDER NUMBER:

STATEMENT OF ACCESSORIAL SERVICES PERFORMED			BILL OF LADING NO.	DATE OF SHIPMENT				
ORDERING ACTIVITY/INSTALLATION (Name and location)			69-557	Pack 5-19 Load 5-22				
Portland Development Commission			<b>PACKING MATERIALS</b>			<b>NUM-BER</b>	<b>UNIT PRICE</b>	<b>CHARGE</b>
NOTE: This form is required only when accessorial services performed are chargeable to the Government. Carrier will enter complete information or "None" in columns at the right and in the Storage-in-transit section.			BARRELS (Include drums or specially designed fiber containers) NOT LESS THAN 5 CU. FT.			3	9.25	<del>27.75</del>
ORIGIN OF SHIPMENT			BOXES, WOODEN NOT OVER 5 CU. FT.					
Portland, Oregon			OVER 5, NOT OVER 8 CU. FT.					
DESTINATION OF SHIPMENT			CRATES, WOODEN AND CONTAINERS (Gross cubic feet) <sup>2</sup>			8	5.00	40.00
Okmulgee, Oklahoma			CARTONS LESS THAN 1 1/2 CU. FT. <sup>3</sup>					
NAME OF OWNER			1 1/2 LESS THAN 3 CU. FT. <sup>3</sup>			8	2.50	20.00
Mr. Sam Stokes			3 LESS THAN 4 1/2 CU. FT. <sup>3</sup>			7	3.50	24.50
RANK OR GRADE		SERVICE NO.	4 1/2 LESS THAN 6 CU. FT. <sup>3</sup>					
<b>CERTIFICATE OF CARRIER</b>			6 LESS THAN 6 1/2 CU. FT. <sup>3</sup>					
THIS CARRIER FURNISHED MATERIALS/PERFORMED SERVICES, AS INDICATED HEREON (Check as appropriate)			6 1/2 OR MORE CU. FT. NOT LESS THAN 275 LBS TEST					
<input type="checkbox"/> AT ORIGIN <input type="checkbox"/> AT DESTINATION <input type="checkbox"/> OTHER <sup>1</sup>			MATTRESS NOT EXCEEDING 54" x 75"			10	3.75	37.50
NAMES OF CARRIER AND AGENT			MATTRESS EXCEEDING 54" x 75"					
Greyhound Van Lines, Inc.			MATTRESS, CRIB					
SIGNATURE OF CARRIER'S REPRESENTATIVE AND DATE			MATTRESS COVER (paper or plastic)					
TITLE			WARDROBE CARTON NOT LESS THAN 10 CU. FT.					
<b>STATEMENT OF OWNER/MILITARY INSPECTOR/TRANSPORTATION OFFICER(S)</b>			<b>SERVICES, EXCLUDING S-I-T</b>					
MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED BY ABOVE NAMED CARRIER, AS INDICATED HEREON.			(Check as appropriate)					
SIGNATURE(S), TITLE(S), AND DATE(S) (Do not sign until carrier has completed "Number" column.)			<input type="checkbox"/> EXTRA PICK-UP <input type="checkbox"/> EXTRA DELIVERY					
ORIGIN			HOISTING OR PIANO-CARRY				25.00	25.00
INTERMEDIATE POINT			SERVICING OR APPLIANCES <sup>4</sup> OR OTHER ARTICLES				8.25	
MAGGIE STOKES			<b>STORAGE-IN-TRANSIT</b>					
DESTINATION			LABOR (Number of man-hours) <sup>1</sup>					
STORAGE-IN-TRANSIT			OTHER (Specify under "Remarks")					
STORED AT (City and State)			<b>TOTAL ACCESSORIAL SERVICES OTHER THAN S-I-T</b>					174.75
DATE IN	DATE OUT	NUMBER OF DAYS						
NET WEIGHT		CHARGE (To be shown separately on bill)						
REMARKS (Continue on reverse side or on additional sheet bearing B/I. No. and name of owner)								

1 Explain under "Remarks."

2 Specially designed for mirrors, paintings, glass or marble top, and similar fragile articles.

3 Carton not less than 200 pounds test.

4 Specify under "Remarks" make and model of appliances and/or other articles serviced and describe servicing performed.

STATEMENT OF ACCESSORIAL SERVICES PERFORMED			BILL OF LADING NO.		DATE OF SHIPMENT	
ORDERING ACTIVITY/INSTALLATION (Name and location)			PACKING MATERIALS	NUM-BER	UNIT PRICE	CHARGE
NOTE: This form is required only when accessorial services performed are chargeable to the Government. Carrier will enter complete information or "None" in columns at the right and in the Storage-in-transit section.						
ORIGIN OF SHIPMENT			BARRELS (Include drums or specially designed fiber containers) NOT LESS THAN 5 CU. FT.			
DESTINATION OF SHIPMENT			BOXES, WOODEN NOT OVER 5 CU. FT.			
NAME OF OWNER			OVER 5, NOT OVER 8 CU. FT.			
RANK OR GRADE		SERVICE NO.	CRATES, WOODEN AND CONTAINERS (Gross cubic feet) <sup>2</sup>			
CERTIFICATE OF CARRIER			CARTONS LESS THAN 1 1/2 CU. FT. <sup>3</sup>			
			THIS CARRIER FURNISHED MATERIALS/PERFORMED SERVICES, AS INDICATED HEREON (Check as appropriate)	1 1/2 LESS THAN 3 CU. FT. <sup>3</sup>		
<input type="checkbox"/> AT ORIGIN <input type="checkbox"/> AT DESTINATION <input type="checkbox"/> OTHER <sup>1</sup>			3 LESS THAN 4 1/2 CU. FT. <sup>3</sup>			
NAMES OF CARRIER AND AGENT			4 1/2 LESS THAN 6 CU. FT. <sup>3</sup>			
SIGNATURE OF CARRIER'S REPRESENTATIVE AND DATE			6 LESS THAN 6 1/2 CU. FT. <sup>3</sup>			
TITLE			6 1/2 OR MORE CU. FT. NOT LESS THAN 275 LBS TEST			
STATEMENT OF OWNER/MILITARY INSPECTOR/TRANSPORTATION OFFICER(S)			MATTRESS NOT EXCEEDING 54" X 75"			
MATERIALS WERE FURNISHED/ACCESSORIAL SERVICES WERE PERFORMED BY ABOVE NAMED CARRIER, AS INDICATED HEREON.			MATTRESS EXCEEDING 54" X 75"			
SIGNATURE(S), TITLE(S), AND DATE(S) (Do not sign until carrier has completed "Number" column.)			MATTRESS, CRIB			
ORIGIN			MATTRESS COVER (paper or plastic)			
INTERMEDIATE POINT			WARDROBE CARTON NOT LESS THAN 10 CU. FT.			
DESTINATION			SERVICES, EXCLUDING S-I-T			
STORAGE-IN-TRANSIT			(Check as appropriate)			
STORED AT (City and State)			<input type="checkbox"/> EXTRA PICK-UP <input type="checkbox"/> EXTRA DELIVERY			
DATE IN		DATE OUT	NUMBER OF DAYS	HOISTING OR PIANO-CARRY		
NET WEIGHT		CHARGE (To be shown separately on bill)		SERVICING OR APPLIANCES <sup>4</sup> OR OTHER ARTICLES		
REMARKS (Continue on reverse side or on additional sheet bearing B/L No. and name of owner)			LABOR (Number of man-hours) <sup>1</sup>			
OTHER (Specify under "Remarks")			OTHER (Specify under "Remarks")			
TOTAL ACCESSORIAL SERVICES OTHER THAN S-I-T						
<p>1 Explain under "Remarks."  2 Specially designed for mirrors, paintings, glass or marble top, and similar fragile articles.  3 Carton not less than 200 pounds test.  4 Specify under "Remarks" make and model of appliances and/or other articles serviced and describe servicing performed.</p>						

FROM

STATEMENT  
**BRASHEARS**  
515 W. 7th St. Ph. SK 6-5362  
TRANSFER and STORAGE

OKMULGER, OKLAHOMA

May 21 19 72

TO

Grayhound Van Lines

ADDRESS

13 East Lake St.

CITY

Northlake, Ill.

STATE

60164

TERMS

Labor 3 men & Truck

5 1/2 hrs. @ \$17.50 96.25

69-507

~~Grayhound Van Lines~~  
~~Northlake, Ill.~~  
~~60164~~  
J.B. Brashears  
#232

J.B. Brashears

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT *Larry Jann*

CARRIER'S REFERENCE NO.  
*69-557*

OWNER'S GRADE OR RATING AND NAME  
*Mr Sam Stokes*

CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS CITY STATE  
*2931 N. Santenbien, Portland, Ore.*

GOVT. SERVICE ORDER NO.

DESTINATION  
*Okmulgee Okla*

VAN NUMBER  
*232*

BE-BENT	CU-CONTENTS & CONDITION UNKNOWN	M-MARRED	EXCEPTION SYMBOLS	R-RUBBED	SO-SOILED
BR-BROKEN	D-DENTED G-GOUGED	MI-MILDEW	PBC-PAKED BY CARRIER	RU-RUSTED	T-TORN
BU-BURNED	F-FADED I-LOOSE	MO-MO THEATEN	PBO-PAKED BY OWNER	SC-SCRATCHED	W-BADLY WORN
CH-CHIPPED				SH-SHORT	Z-CRACKED

1. ARM	4. FRONT	7. REAR
2. BOTTOM	5. LEFT	8. RIGHT
3. CORNER	6. LEG	9. SIDE
10. TOP	11. VENEER	

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1	✓	<i> Sofa (2) cushions 5-8-1-4-7</i>	<i> SO-W 6<sup>5</sup>sc</i>	
2	✓	<i> Recliner green 7-10-3<sup>5</sup></i>	<i> W-R</i>	
3	✓	<i> Recliner Beige 7-35T</i>	<i> SO-4-5-8-9-7</i>	
4	✓	<i> OS Chair - sofa 5-8-8-8-<sup>6</sup>sc</i>	<i> and cushion SO-W</i>	
5	✓	<i> OS Chair - sofa 5-8-8-8-<sup>6</sup>sc</i>	<i> and cushion SO-W</i>	
6	✓	<i> OS ARM Chair wood D-SE</i>	<i> 5-8-1-7-4-50</i>	
7	✓	<i> OS ARM Chair wood D-SE</i>	<i> 4-5-8-1-7 50 65 sc cl</i>	
8	✓	<i> mirror Ctn</i>	<i> Mirror</i>	<i> CP</i>
9	✓	<i> mirror Ctn</i>	<i> Vanity</i>	<i> CP</i>
10	✓	<i> mirror Ctn</i>	<i> Mirror</i>	<i> CP</i>
1	✓	<i> 3.2 Ctn</i>	<i> Lamps</i>	<i> CP</i>
2	✓	<i> 3.2 Ctn</i>	<i> Shade</i>	<i> CP</i>
3	✓	<i> Stereo console 11-<sup>6</sup>sc</i>	<i> 2 on 10 MCW</i>	
4	✓	<i> Magazine rack</i>	<i> metal</i>	
5	✓	<i> Lamping stand</i>	<i> metal</i>	
6	✓	<i> floor lamp</i>	<i> MCW</i>	
7	✓	<i> lamp table - cl-se-d</i>	<i> 10-5-8-9-7-4-2</i>	
8	✓	<i> lamp table - no top - joint h.</i>	<i> sc-d-cl-5-8-9-7-4-2</i>	
9	✓	<i> Bed stand</i>	<i> 8-8-8-8-9<sup>5</sup> cu</i>	
20	✓	<i> corner cupboard</i>	<i> D-R-M 10-5-8-9-4-7-6<sup>5</sup></i>	
1	✓	<i> make stand</i>	<i> metal</i>	
2	✓	<i> medium Ctn</i>		<i> PBO</i>
3	✓	<i> Piano bench</i>	<i> SC-R-D-10-9<sup>5</sup>-12</i>	
4	✓	<i> Coffee table (litan and no top)</i>	<i> 6<sup>5</sup> D-cl-10-9<sup>5</sup>-4-7</i>	
5	✓	<i> Music shelves - laminate</i>	<i> no finish</i>	
6	✓	<i> metal rack</i>		
7	✓	<i> TV Console (Microgig 390) (BL4)</i>	<i> MCW SC-R-D-10-9<sup>5</sup>-12</i>	
8	✓	<i> Book case - 10Z</i>	<i> D-SE-8 4-R-SC 9<sup>5</sup> D-SE</i>	
9	✓	<i> Wash cupboard - laminate</i>	<i> 8-8-8-8-9<sup>5</sup> D-SE-M</i>	
30	✓	<i> Racer (cushion)</i>	<i> SC-D-R-8-10-8-7-5-8-1-6</i>	

ITEM NO.	REMARKS, EXCEPTIONS
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"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i>	DATE <i>5/22/72</i>	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i>	DATE <i>5/31/72</i>
	OWNER OR AUTHORIZED AGENT <i>Maggie Stokes</i>	DATE <i>5/22/72</i>		OWNER OR AUTHORIZED AGENT <i>Mrs. Sam Stokes</i>	DATE <i>5/31/72</i>

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

SENT Larry Tenn

CARRIER'S REFERENCE NO. 69-557

OWNER'S GRADE OR RATING AND NAME Mr Sam Stokes  
ORIGIN LOADING ADDRESS 2931 N. Gantenbieng Portland, Ore  
CITY STATE  
DESTINATION Okmulgee Okla

CONTRACT OR GBL NO.  
GOVT. SERVICE ORDER NO.  
VAN NUMBER 232

BE - BENT	CU - CONTENTS & CONDITION UNKNOWN	M - MARRED	EXCEPTION SYMBOLS	R - RUBBED	SO - SOILED	LOCATION SYMBOLS		
BR - BROKEN	D - DENTED	MI - MILDewed	PBC - PACKED BY CARRIER	RU - RUSTED	T - TORN	1. ARM	4. FRONT	7. REAR
BU - BURNED	G - GOUGED	MO - MOtheaten	PBO - PACKED BY OWNER	SC - SCRATCHED	W - BADLY WORN	2. BOTTOM	5. LEFT	8. RIGHT
CH - CHIPPED	F - FADED	L - LOOSE		SH - SHORT	Z - CRACKED	3. CORNER	6. LEG	9. SIDE
NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.						10. TOP	11. VENEER	

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
31	✓	Chain 7-10-7-3 <sup>S</sup> ch off & T metal pitted 30		
2	✓	small ctu	PBO	
3	✓	small ctu	PBO	
4	✓	lounge frame no bottom no cushions		KD
5	✓	Smoker stand	used	
6	✓	Smoker stand	used	
7	✓	Larch dining chair (4) (cushions) Metal sc Ru Be		KD
8	✓	Louis lounge (2) cushions cushions SO W		
9	✓	Benches table top 1-wayed.		
40	✓	Metal chair		KD
1	✓	Metal chair 7-7-T		KD
2	✓	Metal chair - 7-7-R		KD
45	✓	Antique dining table - sc-D-10-9 <sup>S</sup> 65-2		
43	✓	Rockers - painted & sc. cushioned party		
44	✓	small ctu	PBO	
6	✓	Roll rubber rug runner cu -		
7	✓	Glass case - demopid - no top sc-D-R-10-4-5-8-9-7-65		
8	✓	Chair 7-Be R-SC-D-10-4-7-5-8-1-65		
9	✓	D chair sc-R-D-M-10-4-5-8-9-7-65		
50	✓	D chair sc-R-D-M-10-4-5-8-9-7-65		
1	✓	D chair sc-R-D-M-10-4-5-8-9-7-65		
2	✓	D chair sc-R-D-M-10-4-5-8-9-7-65		
3	✓	D chair sc-R-D-M-10-4-5-8-9-7-65		
4	✓	Banquet chair sc-R-D-M-10-4-5-8-9-7-65		
5	✓	Buffet - 10-Be-sc-eh-R 4-5-8-9-7-65		
6	✓	Barrel Lamp		CP
7	✓	Table leaf sc-R-D-M 10-4-5-8-9-7-65		
8	✓	Legs on (4) light sc.		
9	✓	roaster menu sc		
40	✓	Bread Box used sc		

ITEM NO. REMARKS, EXCEPTIONS

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker 232	DATE 5/22/72	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker	DATE 5/31/72
	OWNER OR AUTHORIZED AGENT Maggie Stokes	DATE 5/22/72		OWNER OR AUTHORIZED AGENT Mrs. Sam Stokes	DATE 5/31/72

TAPE NUMBER USED 001 COLOR OF TAPE Gold LOT NUMBER F-796

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT Larry J. Jann

CARRIER'S REFERENCE NO. 69-557

OWNER'S GRADE OR RATING AND NAME Mr. Sam Stokes

CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS 2931 N. Mantebien Portland, Ore

GOVT. SERVICE ORDER NO.

DESTINATION Okmulgee Okla.

VAN NUMBER 232

BE - BENT	CU - CONTENTS & CONDITION UNKNOWN	M - MARRED	EXCEPTION SYMBOLS	R - RUBBED	SO - SOILED
BR - BROKEN	D - DENTED	MI - MILDEW	PBC - PACKED BY CARRIER	RU - RUSTED	T - TORN
BU - BURNED	G - GOUGED	MO - MOTHEATEN	PBO - PACKED BY OWNER	SC - SCRATCHED	W - BADLY WORN
CH - CHIPPED	F - FADED	L - LOOSE	F - Faded	SH - SHORT	Z - CRACKED

LOCATION SYMBOLS		
1 ARM	4 FRONT	7 REAR
2 BOTTOM	5 LEFT	8 RIGHT
3 CORNER	6 LEG	9 SIDE
10 TOP	11 VENEER	

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
6	1	Vanity Stool - seat Labeled wood	SC-R-D-M	
	2	round Can	Ch 10-50-Be-D	O
	3	stool	D-R-M-10-7-4-5-8-9-6	
	4	stool	stool in 10, L-SC-M-F	
	5	stool	10 Bu 50-50-R-M all over	
	6	end table	10-50-F-W L-SC-all over	
	7	metal stand		
	8	stool	10 Bu L-SC-50-F all over	
	9	stool seat	50 SC-D-R-M all over	
7	0	radio cabinet	no inside SC-R-M all over	
	1	rocking wood	SC-Ch-D 1 <sup>st</sup> Bu 6 <sup>th</sup>	
	2	arm chair	7-7-10 T seat W 5-8-1-6 <sup>th</sup> SC-R-Cl	
	3	flat Ch		PBO
	4	flat Ch		PBO
	5	small Ch		PBO
	6	large Ch		PBO
	7	mat Ch 4x6	mat	CP
	8	mat Ch 4x6	By Spv.	CP
	9	head Board	4x6 SC-D-Ch-4-6 <sup>th</sup> -10	
8	0	head Board	4x6 SC-D-4-6 <sup>th</sup> -10	
	1	unit stand shelf	SC-R 10-8-R 6 <sup>th</sup> D-50	
	2	Cedar chest	D-R-M-10-4-9 <sup>th</sup> -2	
	3	Bed rails	2 SC	
	4	Trinity dresser	SC-R-M-10-4-5-8-9	inside 9 <sup>th</sup> SC
	5	Rug safe	CU-50	
	6	floor lamp	ML-4	
	7	Chest drawers	10 Bu 10-8-4 SC-M 5-8-9 4-SC-D	
	8	Chest drawers	10 Bu-50-M SC-D 10-9 <sup>th</sup> 4	
	9	Mirror frame	R-SC	
9	0	small Ch (1.5)	Bedding	CP

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Michael Tucker 232 DATE 5/22/72	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Michael Tucker DATE 5/31/72
	OWNER OR AUTHORIZED AGENT Maggie Stokes 5/22/72		OWNER OR AUTHORIZED AGENT Mrs. Sam Stokes

FIRST TAPE NUMBER USED 001 COLOR OF TAPE Gold LOT NUMBER F-796

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT Larry J. Jann

CARRIER'S REFERENCE NO. 69-557

OWNER'S GRADE OR RATING AND NAME

CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS

CITY

STATE

GOVT. SERVICE ORDER NO.

DESTINATION

VAN NUMBER

232

BE BENT BR BROKEN BU BURNED CH CHIPPED CU CONTENTS & CONDITION UNKNOWN D-DENTED F-FADED G-GOUGED I-LOOSE M-MARRED MI MILDWEY MO MOTH-EATEN PBC PACKED BY CARRIER PBO PACKED BY OWNER R RUBBED RU RUSTED SC SCRATCHED SH SHORT SO SOILED T-TORN W-BADLY WORN Z-CRACKED

LOCATION SYMBOLS  
1. ARM 4. FRONT 7. REAR  
2. BOTTOM 5. LEFT 8. RIGHT  
3. CORNER 6. LEG 9. SIDE  
10. TOP 11. VENEER

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
91	✓	small ctn	PBO	
2	✓	hat box ctn	PBO	
3	✓	hat box ctn	PBO	
4	✓	hat box ctn	PBO	
5	✓	large ctn	PBO	
6	✓	large ctn	PBO	
7	✓	med ctn	PBO	
8	✓	med ctn	PBO	
9	✓	elect heater MCW used		
100	✓	1.5 ctn Books & Records	CP	
1	✓	stool seat + Metal Base		
2	✓	stool 6 <sup>s</sup> sc		
3	✓	Chair seat so SC-D-8 10-4-7-9565		
4	✓	Chair seat so SC-D-8 10-4-7-9565		
5	✓	Chair SC-CH-M 10-7-2-6-4-95		
6	✓	Chair SC-CH-M 10-7-2-6-4-95		
7	✓	Waste Basket only Metal BE		
8	✓	Trunk - locked SC-R-D-9-C-U	PBO	
9	✓	Garbage can	PBO	
110	✓	Medium ctn	PBO	
1	✓	Medium ctn	PBO	
2	✓	Medium ctn	PBO	
3	✓	small ctn	PBO	
4	✓	small ctn	PBO	
5	✓	small ctn	PBO	
6	✓	small ctn	PBO	
7	✓	small ctn	PBO	
8	✓	small ctn	PBO	
9	✓	small ctn	PBO	
120	✓	small ctn	PBO	

ITEM NO. REMARKS, EXCEPTIONS

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker 232 5/31/72	DATE 5/31/72	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker	DATE 5/31/72
	OWNER OR AUTHORIZED AGENT Maggie Stokes 5/22/72	DATE 5/22/72		OWNER OR AUTHORIZED AGENT Mrs. Sam Stokes	DATE 5/31/72

FIRST TAPE NUMBER USED 001 COLOR OF TAPE Gold LOT NUMBER F-796

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT Larry Tenn

CARRIER'S REFERENCE NO. 64-557

OWNER'S GRADE OR RATING AND NAME Mrs. Sam Stokes  
ORIGIN LOADING ADDRESS 2931 N Bantzen Portland Oreg  
CITY STATE  
DESTINATION Okmulgee Okla

CONTRACT OR GBL NO.  
GOVT. SERVICE ORDER NO.  
VAN NUMBER 232

BE BENT	CU-CONTENTS & CONDITION UNKNOWN	M-MARRED	EXCEPTION SYMBOLS		R-RUBBED	SO SOILED	LOCATION SYMBOLS		
BR BROKEN	D-DENTED	MI-MILDEW	PBC PACKED BY CARRIER	PBO PACKED BY OWNER	RU-RUSTED	T-TORN	1. ARM	4. FRONT	7. REAR
BU BURNED	G-GOUGED	MO-MOHEATEN			SC-SCRATCHED	W-BADLY WORN	2. BOTTOM	5. LEFT	8. RIGHT
CH-CHIPPED	F-FADED	L-LOOSE			SH-SHORT	Z-CRACKED	3. CORNER	6. LEG	9. SIDE
							10. TOP	11. VENEER	

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
12	1	✓ Washbasin cu	PBO	
	2	✓ Washbasin cu	PBO	
	3	✓ Washbasin cu	PBO	
	4	✓ Bed rails on(2)	SC-R-D	
	5	✓ Bed rails on(2)	SC-R-D	
	6	✓ 1.5 ctng Books		CP
	7	✓ Plastic Washbasin lid 10 Pr on cu		
	8	✓ Chair SC-Ch-D-10-7-954-65		
	9	✓ Chair seat so SC-Ch-D-10-7-954-65		
13	0	✓ Paper Bag ctu cu	PBO	
	1	✓ Chest drawers SC-D-Ch-10-4-5-8-9-6		
	2	✓ Open Box Springs Ru W		
	3	✓ Large Washbasin lid nailed unpainted cu	PBO	
	4	✓ Open Box Springs Ru W		
	5	✓ Foot board 3x3 SC-R-D 10-4-6595		
	6	✓ Foot board 3x3 SC-R-D 10-4-6595		
	7	✓ Magazine table stand SC-R-D-10-4-5-8-9-7		
	8	✓ Foot board 3x3 SC-R-Ch-D 4-956510		
	9	✓ Foot board 3x3 SC-R-Ch-D 4-659510		
14	0	✓ Wavy Cabinet SC-R-D-50 Hammered		
	1	✓ Chest drawers 10 Faded SC-D-10-4-5-8-9-		
	2	✓ Dresser SC-R-Ch-D-10-954-65		
	3	✓ rug roll 9x10 cu 50 (faded)		
	4	✓ Shampoo (Shelton) men used		
	5	✓ Shampoo (Shelton) men used		
	6	✓ Hair razor(2) men metal		
	7	✓ TV stand top base - Hammered wicker		
	8	✓ Port T.V. (Parasol) (B&W)		
	9	✓ Beater Cabinet (Green) men SC on 2		
15	0	✓ Refer (Small) men 5-9-SC 9-9-SC		

ITEM NO.	REMARKS, EXCEPTIONS
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"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Christina Tucker 232 DATE 5/29/72	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Christina Tucker DATE 5/31/72
	OWNER OF AUTHORIZED AGENT Maggie Stokes 5/22/72		OWNER OF AUTHORIZED AGENT Mrs. Sam Stokes 5/31/72

FIRST TAPE NUMBER USED 001 COLOR OF TAPE Gold LOT NUMBER F-796

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT Larry Jann

CARRIER'S REFERENCE NO. 69-557

OWNER'S GRADE OR RATING AND NAME Mr Sam Stokes  
ORIGIN LOADING ADDRESS 2931 N. Gantenbier Portland Oreg  
CITY STATE  
DESTINATION Okmulgee Okla

CONTRACT OR GBL NO.  
GOVT. SERVICE ORDER NO.  
VAN NUMBER 232

BE BENT	CU- CONTENTS & CONDITION UNKNOWN	M MARRED	EXCEPTION SYMBOLS		R RUBBED	SO SOILED	LOCATION SYMBOLS			
BR BROKEN	D-DENTED	MI MILDREW	PBC PACKED BY CARRIER	PBO PACKED BY OWNER	RU-RUSTED	T-TORN	1. ARM	4. FRONT	7. REAR	
BU BURNED	G-GOUGED	MO MOTHEATEN			SC SCRATCHED	W-BADLY WORN	2. BOTTOM	5. LEFT	8. RIGHT	
CH-CHIPPED	L-LOOSE				SH-SHORT	Z-CRACKED	3. CORNER	6. LEG	9. SIDE	
NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR							10. TOP	11. VENEER		

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
157		✓ Yard garden tools (9)	Ru used	
2		✓ Wheel barrow mcn	Ru used	
3		✓ flat enamel pan (9)	so ch used	
4		✓ House gable end (2)	greasy used	
5		✓ Cement tools (2)	so cementy!	
6		✓ Saw horse (2)	homemade	
7		✓ lawn roller	Ru-so mcn	
8		✓ <del>lawn</del> homemade jack	used	
9		✓ Lawn mower (No. 1) mcn	used	
160		✓ Mower (Push type) mcn	used	
1		✓ Lawn mower (Bulcan) mcn	used	
2		✓ garage table - wood top	so w	
3		✓ Ext. ladder	so sc - A-D used	
4		✓ wooden tool box	locked cu so sc PBO	
5		✓ make steel		
6		✓ garden hose (4)	mcu used	
7		✓ Extension ladder with pulley	so-sc used	
8		✓ lawn chairs (2)	dirty used sc R	
9		✓ Garage chair (2)	used	
170		✓ wooden tool box	locked cu so-sc PBO	
1		✓ tool box - locked	cu so-sc PBO	
2		✓ Lawn spreader	Ru sc - Be used	
3		✓ two hump with plate	Ru-ch-sc-mcn	
4		✓ (Mop Sta)	PBO	
16		✓ white garage cabinet	so-sc-ch-D	
18		✓ wicker chairs (2)	used	
19		✓ hat box	Be-D used	
25		✓ wash reflector (2)	mcu so-sc	
27		✓ Ext ladder (28' steel)	sc-D-so used mcn	
180		✓ lawn edging roll	Be	

ITEM NO. REMARKS, EXCEPTIONS

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker 232 5/22/72	DATE	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Clifford Tucker 5/31/72	DATE
	OWNER OR AUTHORIZED AGENT Maggie Stokes 5/22/72	DATE		OWNER OR AUTHORIZED AGENT Mrs. Sam Stokes 5/31/72	DATE
FIRST TAPE NUMBER USED 001		COLOR OF TAPE Gold		LOT NUMBER F-796	

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT Larry Tonn

CARRIER'S REFERENCE NO. 69-557

CONTRACT OR GBL NO.

GOVT. SERVICE ORDER NO.

VAN NUMBER 232

OWNER'S GRADE OR RATING AND NAME

ORIGIN LOADING ADDRESS

DESTINATION

BE - BENT  
BR - BROKEN  
BU - BURNED  
CH - CHIPPED

CU - CONTENTS &  
CONDITION UNKNOWN  
D - DENTED  
G - GOUGED  
F - FADED  
L - LOOSE

M - MARRED  
MI - MILDREW  
MO - MOTHEATEN

EXCEPTION SYMBOLS

PBC - PACKED BY  
CARRIER

PBO - PACKED BY  
OWNER

R - RUBBED  
RU - RUSTED  
SC - SCRATCHED  
SH - SHORT

SO - SOILED  
T - TORN  
W - BADLY WORN  
Z - CRACKED

LOCATION SYMBOLS

1 - ARM  
2 - BOTTOM  
3 - CORNER  
10 - TOP  
4 - FRONT  
5 - LEFT  
6 - LEG  
11 - VENEER  
7 - REAR  
8 - RIGHT  
9 - SIDE

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1		Pair to Box folder	SO - SC - MEU - used	
2		step folder	SO - D - SC - G - used	
3		step folder	SO - D - SC - G - used	
4		step folder	SO - D - SC - G - used	
5		step folder	SO - D - SC - G - used	
6		Magazine rack	SC - D - R - 10-95-65	
7		Pair shoes (leather) MEU		
8		Foot stool	Hammer	
9		small ctn		PBO
10		small ctn		PBO
1		round ctn		PBO
2		Foot stool (Nutria)		PBO
3		Amber stool Bu-10		
4		Case Chain seat trimmer	used	
5		T. Board - metal W		
6		radio (S.E.) MEU	SC - R - D - M - 10-95-4	
7		dup. top table	SC - D - R - M - 10-95-65	
8		ed. table 102	SC - SC - D - R - 10-95-65	
9		radio cabinet - (leather) MEU	SC - D - SO - R - 10-95-4	
20		Coffee table	SC - D - R - M - 10-95-4-7	
1		Chain seat so	5-8-1-R-D 7-4-65 (SC-D)	
2		Newspaper	8-9-4-2R SC-R-D-4-5-8-1-7-6	
3		3.2 ctn	Basement	CP
4		3.2 ctn	Basement	CP
5		1.5 ctn	Basement	CP
6		Mat ctn 4x6	Mat	CP
7		Chain seat so	SC-R-D-1 10-7-4-6	
8		Picture frame Bulh	SC-R-D - all over	
9		Desk R-D-SC-CH-M	10-7-4-5-8-9-6	
21		Record cabinet Kodak	SC-R 9-4-SC	

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Signature: Clifford Tucker 932 DATE: 5/22/72	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Signature: Clifford Tucker DATE: 5/31/72
	OWNER OR AUTHORIZED AGENT Signature: Maggie Stokes DATE: 5/22/72		OWNER OR AUTHORIZED AGENT Signature: Mrs. Sam Stokes

FIRST TAPE NUMBER USED 001 COLOR OF TAPE Gold LOT NUMBER F-796

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT *Larry Jann*

CARRIER'S REFERENCE NO. *69-557*

OWNER'S GRADE OR RATING AND NAME *Mr Sam Stokes*

CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS *2931 N. Lantier Portland Ore*

GOVT. SERVICE ORDER NO.

DESTINATION *Omaha Okla.*

VAN NUMBER *232*

BE BENT	CU CONTENTS & CONDITION UNKNOWN	M MARRED	EXCEPTION SYMBOLS	R RUBBED	SO-SOILED	LOCATION SYMBOLS		
BR BROKEN	D-DENTED G-GOUGED	MI MILDEW	PBC PACKED BY CARRIER	RU RUSTED	T-TORN	1. ARM	4. FRONT	7. REAR
BU BURNED	F-FADED I-LOOSE	MO MOTHEATEN	PBO PACKED BY OWNER	SC-SCRATCHED	W-BADLY WORN	2. BOTTOM	5. LEFT	8. RIGHT
CH CHIPPED				SH-SHORT	Z-CRACKED	3. CORNER	6. LEG	9. SIDE
NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR						10. TOP	11. VENEER	

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
21	1	✓ TV Console (Philco) (BYW) MCU	SC-R-D-CH 10-9-9-1-2	
	2	✓ Sewing Machine Cabinet - M.C.U. - used		
	3	✓ Sewing Table SW 8-9-10	SC-M	
	4	✓ Vanity Stool	SC-SC-R-M-D -10-9 <sup>5</sup> 6 <sup>5</sup>	
	5	✓ Curtains (Blue, Beige)		
	6	✓ White display table	SC-R-D-M 10-9 <sup>5</sup> 6 <sup>5</sup>	
	7	✓ Bounding Bag - CU	used	
	8	✓ section of desk	R-D-SC-M-50	
	9	✓ sect of desk	R-D-SC-M-50	} KD
220	1	✓ sect of desk - 6Z	R-D-SC-M-50	
	1	✓ Chest drawers	SC-R-CH-D 10-4-9 <sup>5</sup> 6 <sup>5</sup>	
	2	✓ dresser top with drawers	SC-R	
	3	✓ Card table	SC-50-R	
	4	✓ Cabinet	SC-R-D-8 10-9 <sup>5</sup>	
	5	✓ floor lamp M.C.U.	used	
	6	✓ Clothes rack	used	
	7	✓ Matt Ctn 4x6	By Springs	CP
	8	✓ Beige curtain roll	CU	
	9	✓ TV trays (stack of 6)	edges Be	
230	1	✓ Metal rim		
	2	✓ small ctn		
	3	✓ small ctn		
	4	✓ Curtain stretchers		
	5	✓ Mirror Ctn	Decorative Mirror	CP
	6	✓ Fan	used	
	7	✓ Washbasin & lid	CU	PBO
	8	✓ Plastic Baskets & Pails	Basket Brown 10	
	9	✓ Copiering M.C.U.		
240	1	✓ Foot stool	used	

ITEM NO. REMARKS EXCEPTIONS

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> 232 5/23/72	DATE	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> 5/31/72	DATE
	OWNER OR AUTHORIZED AGENT <i>Maggie Stokes</i> 5/22/72	DATE		OWNER OR AUTHORIZED AGENT <i>Mrs. Sam Stokes</i>	DATE

FIRM TYPE NUMBER USED *001* COLOR OF TAPE *Gold* LOT NUMBER *F-796*

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT *Larry Jairo*

CARRIER'S REFERENCE NO. *69-557*  
CONTRACT OR GBL NO.

OWNER'S GRADE OR RATING AND NAME  
*Mrs Sam Stokes*

ORIGIN LOADING ADDRESS CITY STATE  
*2931 N. Gentebien Parkway  
Obolguie Okla*

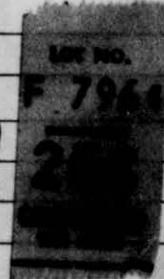
GOVT. SERVICE ORDER NO.

DESTINATION  
*Obolguie Okla*

VAN NUMBER  
*232*

BE BENT	CU CONTENTS & CONDITION UNKNOWN	M MARRED	EXCEPTION SYMBOLS		R RUBBED	SO SOILED	LOCATION SYMBOLS			
BR BROKEN	D DENTED G GOUGED	MI MILDREW	PBC PACKED BY CARRIER	PBO PACKED BY OWNER	RU RUSTED	T TORN	1. ARM	4. FRONT	7. REAR	
BU BURNED	F FADED L LOOSE	MO MOTH EATEN			SC SCRATCHED	W BADLY WORN	2. BOTTOM	5. LEFT	8. RIGHT	
CH CHIPPED					SH SHORT	Z CRACKED	3. CORNER	6. LEG	9. SIDE	
NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.							10. TOP	11. VENEER		

ITEM NO.	CROSS REFER	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
241	✓	3.2 ctn <i>Basement</i>	<i>CP</i>	
2	✓	<i>Washer (Westinghouse type) MCU</i>	<i>SC-CH-R 10-9-65</i>	
3	✓	<i>Mangle (Speed Queen) 50-SC-R-</i>	<i>10-9-65</i>	
4	✓	<i>Freezer (Behm Dayton) MCU</i>	<i>SC-R-M 4-5-8-9</i>	
5	✓	<i>Stove (Montgomery Ward) MCU</i>	<i>50 used</i>	
6	✓	<i>Physical Board</i>	<i>unfinished</i>	
7	✓	<i>Matt Ctn 3x3</i>	<i>CP</i>	
8	✓	<i>Matt Ctn 3x3</i>	<i>CP</i>	
9	✓	<i>Matt Ctn 3x3</i>	<i>CP</i>	
250	✓	<i>Matt Ctn 3x3</i>	<i>CP</i>	
1	✓	3.2 ctn <i>Bedroom</i>	<i>CP</i>	
2	✓	3.2 ctn <i>Basement</i>	<i>CP</i>	
3	✓	<i>Mirror</i>	<i>CP</i>	
4	✓	<i>Radio (Crest) MCU</i>	<i>SC-R-M 10-4-95</i>	
5	✓	<i>Radio Cabinet 10 BU 50-F.</i>	<i>SC-R-D-4-95</i>	
6	✓	<del><i>Radio Ctn</i></del>	<del><i>VOID</i></del>	<del><i>PBO VOID</i></del>
7	✓	<del><i>Radio cabinet</i></del>	<del><i>SC-R-D 10-4-95 65 10Z</i></del>	
8	✓	<i>Bed slats on (4)</i>	<i>unfinished</i>	
9	✓	<i>Mirror frame</i>	<i>R</i>	
260	✓	<i>Head board</i>	<i>SC-D-R-M 10-4-65</i>	<i>3x3</i>
1	✓	<i>Foot board</i>	<i>SC-D-R-M 10-4-65</i>	<i>3x3</i>
2	✓	<i>Bed rails on (2)</i>	<i>SC-D-R-M 95</i>	<i>3x3</i>
3	✓	<i>Bed rails on (2)</i>	<i>SC-D-R-M 95</i>	<i>3x3</i>
4	✓	<i>Foot board</i>	<i>3x3 R-D-M-SC 10-4-95 65</i>	
5	✓	<i>Head board</i>	<i>3x3 R-D-M-SC 10-4-95 65</i>	
6	✓	<i>Desk</i>	<i>R-M-D-SC-10-4-65</i>	
7	✓	<i>Dresser</i>	<i>SC-M-D-R-10-95 4-65</i>	
8	✓	<i>Bed slats on (4) 3x3</i>	<i>unfinished</i>	
9	✓	<i>Tire &amp; wheel on (2)</i>	<i>used</i>	
270	✓	<i>Tool Box</i>	<i>CU Be D</i>	



"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker 232</i>	DATE <i>5/22/72</i>	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i>	DATE <i>5/31/72</i>
	OWNER OR AUTHORIZED AGENT <i>Maggie Stokes</i>	DATE <i>5/22/72</i>		OWNER OR AUTHORIZED AGENT <i>Mrs. Sam Stokes</i>	DATE <i>5/31/72</i>

FIRST TAPE NUMBER USED *001* COLOR OF TAPE *Red* LOT NUMBER *F-796*

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

AGENT *Larry J. Jinn*

CARRIER'S REFERENCE NO. *69-557*  
CONTRACT OR GBL NO.

OWNER'S GRADE OR RATING AND NAME *Mr. Sam Stokes*

ORIGIN LOADING ADDRESS *2931 N. Lantier Ave. Portland Ore.* CITY STATE

GOVT. SERVICE ORDER NO.

DESTINATION *Abnuzger Okla.*

VAN NUMBER *232*

BE-BENT	CU-CONTENTS & CONDITION UNKNOWN	M-MARRED	EXCEPTION SYMBOLS		RUBBED	SO-SOILED	LOCATION SYMBOLS			
BR-BROKEN	D-DENTED G-GOUGED	MI-MILDEW	PBC-PAKED BY CARRIER	PBO-PAKED BY OWNER	RU-RUSTED	T-TORN	1-ARM	4-FRONT	7-REAR	
BU-BURNED	F-FADED L-LOOSE	MO-MOTHEATEN			SC-SCRATCHED	W-BADLY WORN	2-BOTTOM	5-LEFT	8-RIGHT	
CH-CHIPPED					SH-SHORT	Z-CRACKED	3-CORNER	6-LEG	9-SIDE	
NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.							10-TOP	11-VENEER		

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
271	✓	Tool Box Cu - SC - D - Bc		
2	✓	Shy tank (cast iron) Mcu	SC - R	
3	✓	Burner (mutual propane) Mcu	SC - SC	
4	✓	oil pump Mcu	Ru SO	SO - SC
5	✓	Tire pump Mcu	Ru - SO - SC	
6	✓	Saw frame Mcu	SC - R	
7	✓	Water cooler Mcu	SC - R	
8	✓	Port. Oven - Mcu	SC - R	
9	✓	Meat slicer (hand) Mcu		
280	✓	1.5 Ctn	Canned food	CP
1	✓	3.2 Ctn	Canned food	CP
2	✓	1.5 Ctn	Meat slicer	CP
3	✓	3.2 Ctn	Kits & Pans	CP
4	✓	Barrel	Dishes	CP
5	✓	Barrel	Dishes	CP
6	✓	Mirror Ctn	Glass	CP
7	✓	Mirror Ctn	Mirror	CP
8	✓	1.5 Ctn	Light Mugs	CP
9	✓	3.2 Ctn	Lamp Shade	CP
290	✓	3.2 Ctn	Basement	CP
1	✓	Matt Ctn 3x3	Matt	CP
2	✓	Matt Ctn 3x3	Toy Spgs	CP
3	✓	Wardrobe	Vanity	CP
4	✓	Featherbed 4x6	SC - R - D	10-4-9 <sup>5</sup> 6 <sup>5</sup>
5	✓	Headboard 4x6	SC - R - D	10-4-9 <sup>5</sup> 6 <sup>5</sup>
6	✓	Bed slats in (5) 4x6	unfinished	
7	✓	Mirror Base in (3)	unfinished	
8	✓	Vanity 8-9-4-10	SC - D - R	10-4-9
9	✓	Nite stand Bu in 10 a shelf	D - SC	10-4-9 <sup>5</sup>
300	✓	Chen Cabinet	R - D - SC - R	10-4-5-8-9-6 <sup>5</sup>

ITEM NO. REMARKS, EXCEPTIONS

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> 232 DATE <i>7/22/72</i>	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> DATE <i>5/3/72</i>
	OWNER OR AUTHORIZED AGENT <i>Maggie Stokes</i> 5722172 DATE		OWNER OR AUTHORIZED AGENT <i>Mrs. Sam Stokes</i> DATE

FIRST TAPE NUMBER USED *001* COLOR OF TAPE *Gold* LOT NUMBER *F-796*  
1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

# HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

Greyhound Van Lines, Inc.  
or Greyhound Storage, Inc.

OWNER'S NAME: *Larry Jann*

CARRIER'S REFERENCE NO. *69-557*

OWNER'S GRADE OR RATING AND NAME: *Mr Sam Stokes*

CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS: *2931 N. Gantenbrun Parkway*

GOVT. SERVICE ORDER NO.

DESTINATION: *Okmulgee Okla*

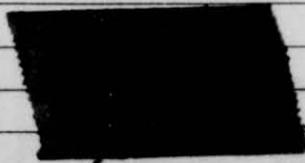
VAN NUMBER: *232*

DESCRIPTIVE SYMBOLS		EXCEPTION SYMBOLS		LOCATION SYMBOLS			
CP - PACKED BY CARRIER	PB - PROFESSIONAL BOOKS	RE - BENT	D - DENTED	SO - SOILED	1 - ARM	5 - LEFT	9 - SIDE
PBO - PACKED BY OWNER	PP - PROFESSIONAL PAPERS	BR - BROKEN	FL - FLEAED	T - TORN	2 - BOTTOM	6 - LEG	10 - TOP
CD - CARRIER DISASSEMBLED	PE - PROFESSIONAL EQUIPMENT	BU - BURNED	GO - GOUGED	M - MARRED	3 - CORNER	7 - REAR	11 - VENEER
DBO - DISASSEMBLED BY OWNER	B & W - TV BLACK & WHITE	CH - CHIPPED	L - LOOSE	MI - MILDEW	4 - FRONT	8 - RIGHT	
	C - TV COLOR	CU - CONTENTS AND CONDITION UNKNOWN		MO - MOTHEATEN			
				R - RUBBED			

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO.	CROSS REFER.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
30	✓	Refer (Hotpoint) MEU Ch on 4	5-8-9-4-50	
2	✓	Fast board R. SC-50	10-4-95-65	
3	✓	Med board SC-50-R	10-4-95-65	
4				
5				
6				
7				
8				
9				
60	✓	Bed rails on (2)	50 50	
1	✓	Steel stool W		
2	✓	D table top		
3	✓	D table top (5)	D-M-R	
4	✓	Back Case 8 seat glass BR	D-R-5-8-9 also	
5	✓	Keese (B.E.) MEU		
6	✓	K chair		
7	✓	K chair		
8	✓	K chair		
9	✓	K chair		
70	✓	K table top		
1	✓	K table base		
2	✓	Piano upright (STARK brand) Dan edges	8-9-89 Lyman	
3	✓	of 10 and only top center & 2 also 95		
4	✓	Rug 4x6 & pad (Naut)	50 - used	
5	✓	Rug 9x12 & pad (R)	50 - used	
6	✓	Rug 9x12 & pad (R)	50 - used	
7	✓	Rug 9x9 & partial pad (BR)	50 used	
8	✓	Rug 2x10 Beumont BR	50 used	
9	✓	Rug 9x10 Beumont BR	50 used	
80	✓	Rug used Yated Beumont 9x10	50 used	
ITEM NO.	REMARKS			
	(8) 1.5 Books			CP Prime
	(8) 1.5 Books			CP Prime

Change



Change tags here

"We have checked all the items listed and numbered 1 to \_\_\_\_\_ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> DATE <i>5/22/72</i>	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) <i>Clifford Tucker</i> DATE <i>5/31/72</i>
	OWNER OR AUTHORIZED AGENT <i>Maggie Stokes</i> DATE <i>5/22/72</i>		OWNER OR AUTHORIZED AGENT <i>Mrs. Sam Stokes</i> DATE <i>5/31/72</i>

FIRST TAPE NUMBER USED: *060* COLOR OF TAPE: *ORANGE* LOT NUMBER: *R-954*

1. ORIGINAL - TO GENERAL OFFICE, NORTHLAKE

MEMO TO ENHANCED

MEMORANDUM

Date May 2, 1972

TO: The File  
FROM: Benjamin C. Webb  
SUBJECT: Moving Expense - Stokes

With regard to the attached letter, I have had verbal discussions with both Helen Benjamin and Ollie Norville. They both thought that this was a decision that we could make.

The facts in the case are about the same as in the case of Mrs. Fannie Faulkner. We feel that the claim should be approved under the provisions of Circular 1371.1, Chapter 6, Section 1, Paragraph 8.

BCW:ch

April 10 1972

RECEIVED

APR 12 1972

Portland Development Commission  
1700 S. W. Fourth Avenue  
Portland, Oregon 97201

PORTLAND DEVELOPMENT COMMISSION

BCW

EX. DIR.	
A. DIR.	
D. OPER.	
SP. ASST.	
	BCW copies
	101N copy to

Attn: Mr. Benjamin Webb, Relocation

Re: Request for Relocation Payment  
for Moving Expenses for  
Samuel and Maggie Stokes

Dear Mr. Webb:

Request is hereby made for the payment of transportation costs regarding our relocation from Portland, Oregon to Okmulgee, Oklahoma.

The reasons for our request for transportation costs to relocate in Oklahoma are that since Mrs. Stokes' retirement from employment at St. Vincent Hospital in October of 1971, neither of us are actively employed. We are natives of Oklahoma and currently, since our visit to Oklahoma in February of 1972, have discovered that Mrs. Stokes' mother, who is 83 years of age and now unable to care for herself, is in a most unfortunate situation and in need of our personal assistance and care.

Additionally, Mrs. Stokes' has an invalid brother in Okmulgee who was disabled by a stroke sometime ago and is now unable to care for himself. Mrs. Stokes' former employment experience is of some assistance in this regard and we hope to be able to provide them with care and assistance.

Additionally, the cost of living in Oklahoma will be somewhat cheaper as we have other relatives there who will be able to provide necessities and as the area is a farming community. Also, we both prefer the warmer and less damp climate of Oklahoma for reasons of our health. We will not make the move until we have made a contract for the construction of a relocation home in Okmulgee where we both plan to spend the rest of our lives close to our families.

Very truly yours,

Samuel Stokes  
Samuel Stokes

Maggie Stokes  
Maggie Stokes

SS:MS:mlw

2931 N. Gantenbein  
Portland, Oregon

CORP. (S) (B)

File

**PORTLAND DEVELOPMENT COMMISSION**

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

May 11, 1972  
(date)

Greyhound Van Lines, Inc.  
13 E. Lake Street  
Northlake, Illinois 60164

Gentlemen:

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. ~~XXXXXXXXXXXX~~ WSJ

Claimant: Mr. and Mrs. Samuel Stokes

Pickup Address: 2931 North Gantenbein, Portland, Oregon 97227

Delivery Address: Okmulgee, Oklahoma

Time and Date: May 22, 1972

Rate: per attached estimate: 1975 miles at \$17.20 per 100 lbs, including adequate insurance

Description: approximately 12,300 lbs. (see estimate) of household furniture and furnishings

**GENERAL PROVISIONS:**

Overtime must be authorized in writing.

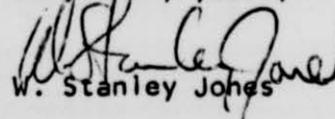
Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,

  
W. Stanley Jones

cc: Don Eaves - Greyhound, Portland  
Mr. & Mrs. Samuel Stokes

WSJ:slc  
enc.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Sam Skokes Project Enamel  
 2. Date(s) of move May 22, 1972 Parcel No. A13-3-8  
 3. Dwelling unit from which you moved:  
 Address 2931 N. Santenisco No. of rooms 8  
 \_\_\_ Furnished  Unfurnished Date you moved into this unit Sept 1949  
 4. Dwelling unit to which you moved:  
 Address 1404 East 2nd  
 Were goods moved to or from storage? \_\_\_ Yes  No

5. Total claim \$ 2667.98

FIXED PAYMENT: \$200 + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

ACTUAL MOVING COSTS

6. Name of moving company (or person) Greyhound Van Lines, Inc  
 7. Mover's telephone 788-7321 8. Mover's address 3400 N.E. Columbian Blvd  
Portland Oregon 97211  
 9. Method of payment  
 \_\_\_ a. reimburse client (show paid bill)  
 b. pay mover directly (show bill)  
 \_\_\_ c. let local agency contract with mover

10. Amount actual costs  
 a. Moving costs (attach receipt or voucher) \$ 2667.98  
 b. Cost of insurance (attach invoice) \$ \_\_\_\_\_  
 c. Storage cost (attach receipt or voucher) \$ \_\_\_\_\_

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim  
 \_\_\_ initial \_\_\_ supplementary \_\_\_ final

- B. Storage period  
 1. Total period: \_\_\_ months. Check one: \_\_\_ Actual \_\_\_ Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_

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

D. Description of Property Stored: please list on back of this sheet.

- E. Method of Payment  
 \_\_\_ reimburse client (attach receipt or paid bill)  
 \_\_\_ pay storage company directly (attach bill)

(For Local Agency Use Only)  
 WORKSHEET FOR COMPUTATION OF REPLACEMENT  
 HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

Name

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))                             | + \$ |          |
| 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)                                                                  |      | \$ _____ |

(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<br>(Cost based on:<br>____ Schedule <input checked="" type="checkbox"/> Comparative ____ Other) | \$ | 21,940 |
| 3. Acquisition payment made by agency for claimant's former dwelling                                                                       | \$ | 17,335 |

Computation

- |                                        |    |             |
|----------------------------------------|----|-------------|
| 4. Line 1 or Line 2, whichever is less | \$ | 21,940      |
| 5. Minus Line 3                        | -  | 17,335      |
| 6. Amount of differential payment      |    | \$ 4,605.00 |

April 3, 1972

MEMORANDUM

TO: Stan Jones  
FROM: Harold Hand  
SUBJECT: Parcel No. AB-3-8  
STOKES, Samuel and Maggie  
2931 N. Gantenbein Avenue  
Emanuel Hospital Project

Following is the information you requested regarding the estimated market value per unit of the above described property:

Upper Unit	\$ 4,665.00
Lower Unit	<u>17,335.00</u>
Acquisition Price	<u>\$22,000.00</u>

SEND TO MANUEL

May 19, 1972

Mr. and Mrs. Samuel Stokes  
2931 N. Gantenbein  
Portland, Oregon 97227

Dear Mr. and Mrs. Stokes:

This letter is in response to your request that we provide you with a statement indicating the maximum Replacement Housing Payment to which you may be entitled as a result of your displacement from your residence in the Emanuel Project Area.

Under the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 you are entitled to a payment equal to the difference between the acquisition payment for your dwelling unit in the Project and the reasonable cost of a comparable replacement dwelling, plus reasonable incidental costs incurred in the purchase of the replacement dwelling. You have previously been informed of the types of allowable incidental costs.

The computation is as follows:

Average cost of a comparable 4-bedroom house		\$21,940
Acquisition price	\$22,800	
Less attributable to apartment	<u>5,665</u>	<u>17,135</u>
Maximum payment		\$4,805

Please note that you can qualify for the full amount of the \$4,805 only if your replacement dwelling costs at least \$21,940.

We hope this is the information you require. If we may be of further assistance, please let us know.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW:eh

MEMORANDUM

September 8, 1971

TO: SHB  
FROM: WSJ  
SUBJECT: Relocation Report - Priority Block AB-3

AB 3-2 Myra L. Frary

Mr. John Heydon, grandson of client, has been cooperative and has found a replacement house in Coos Bay for his grandmother. He has accepted the RHP based on average price for a 3 bedroom house as a satisfactory settlement. He has indicated that he is ready and anxious to proceed in behalf of his grandmother. The holdup seems to be problem with acquisition of real estate involving clearing title.

AB 3-5 Jacob E. Vellin

Spoke with Mrs. Vellin again on 9/1/71. She still refuses to accept or consider any help or assistance from relocation. She insists on being independent in their search for a replacement house. She maintains that she can look on her own, but at age 79 neither she nor her husband function that well - mentally or physically.

AB 3-3a Gordon Glover

Relocation, Real Estate and Legal counsel met with the Glovers on 8/20/71. Mr. Glover wanted a third appraisal. An appointment was set up on 8/28/71 by relocation for the purpose of locating satisfactory replacement housing. Mr. Glover canceled this appointment. A further meeting has been requested by Mr. Glover for Monday, September 13th. It is our understanding that he has now found a house, but price may be too high to be covered by RHP.

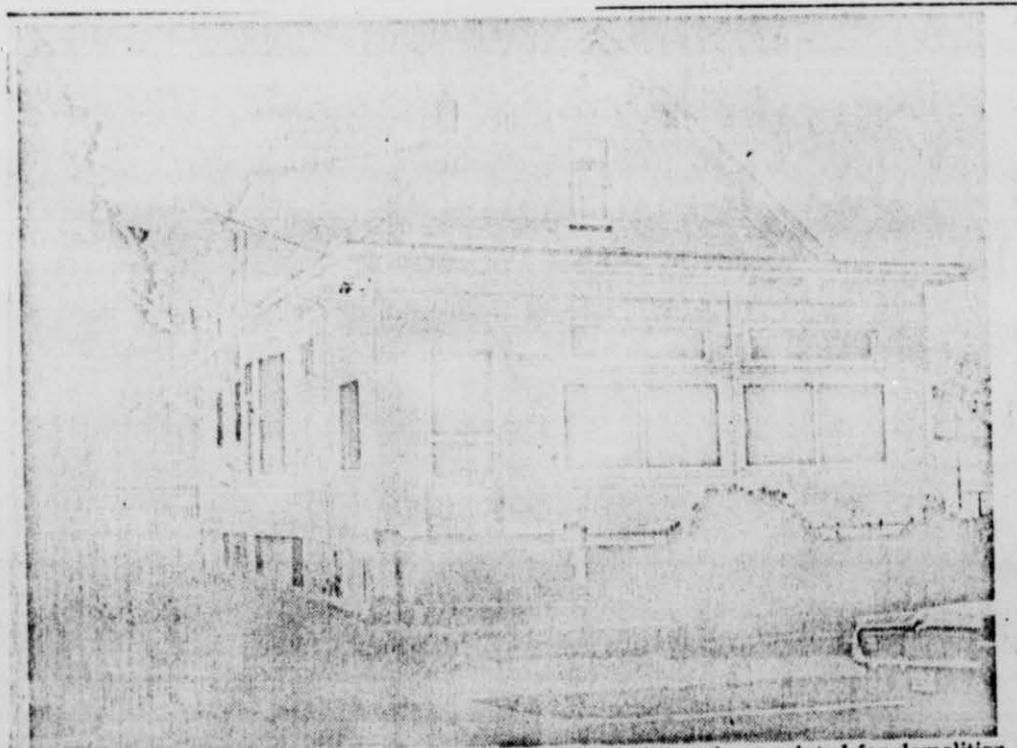
AB 3-8 Samuel Stokes

Mr. Stokes has been the most resistant of this group to the idea of relocation. We have been unable to make any progress with this family.

It should be noted that the hospital itself pushed to purchase the property in this block on its own and that as late as April of 1971 did purchase a parcel in the priority block. The people still remaining in this block have been persistent in resisting the hospital's efforts and have transferred this same attitude to efforts made by PDC.

WSJalc

ST 762  
F 114



ENCLOSED FRONT PORCH, finished basement, double garage, upstairs rental apartment are among projects completed by Samuel Stokes during years he and wife Maggie have lived at 2931 N. Gantenbein Ave. In shadow of main Emanuel Hospital

building, house is one slated for demolition by urban renewal project. Emanuel Displaced Persons' Association is asking why some good houses can't be moved to other locations nearby rather than tearing them down.

Journal  
MAY 20, 1971

Second of three parts  
By MORTON SPENCE  
Journal Staff Writer

The house at 3129 N. Vancouver Ave. is a modest one, sitting on a high bank behind a



retaining wall on a small lot. Possibly it is one of those in the Emanuel Hospital urban renewal area that the Portland Development Commission described in 1968 as "acutely substandard housing."

Support for such an assessment comes in considering the adequacy of the dwelling for the two people who live there — Willard Overholt, 65, and his mother, 86.

Overholt, a retired draftsman for the Southern Pacific Co., is a victim of multiple sclerosis. He worked from his wheelchair for five years and for the past year has been confined to the house except for infrequent trips downtown for a haircut — an expedition that costs him \$3.25 for cab fare and \$2.75 for the haircut.

Mrs. Overholt, who has had surgery four times in the last 18 months, recently came home from a convalescent hospital because, she says, "I can be of some help to my son."

FRIENDS helped move a bed into the living room because Overholt can no longer climb the stairs to the bedroom. His mother sleeps on a daybed at the other end of the room.

Doors and hallways in the house are narrow. Passageways among the furniture make moving around difficult. The kitchen, bathroom and combination living-dining room in the small house have become the total area in which Overholt and his mother must live.

They have been told by the PDC that they must move. Overholt says he has considered the possibility of a move to a house that would offer more convenient living conditions for a person confined to a wheelchair.

HE HAS a map of the city on which he has crossed out the sections of North and Northeast Portland where he has looked for "the right house." "I haven't found it," he said. Now he can no longer look.

Moreover, the prospect of

moving is disquieting, even if the Overholts had just the right house. They moved to the little house in 1920, right after Willard started the eighth grade at Ockley Green School.

In the living room is an old reed organ in excellent condition, a lifetime possession of Mrs. Overholt, possibly a valuable antique. Her son also owns an antique — an automobile. He can't drive it any more, but the house to which they move must have a garage where the car will be safe, he says.

To the northwest from the Overholt house, across a vacant lot at 217 N. Fargo St., live Mr. and Mrs. Louis Browning and their four children — a young man, 23, now a soldier in Korea, an 18-year-old daughter and two younger sons, 8 and 9.

BROWNING is a television technician, proprietor of Reliable Radio & TV, and they own the large house, free and clear. They bought it in 1949 when they had only one child, thinking it would be a valuable income property. The house has four bedrooms, four kitchens, three baths, arranged so that at least two apartments could be rented apart from the family quarters.

All that has been delayed, because — as happens — the Brownings had three more children and needed the space in which to rear them.

"But now that the children are growing up, we want to rent part of the house," Browning says. "As we approach retirement age, the value of the house as a source of income increases."

IT IS NOT clear whether regulations in the Relocation Assistance Act of 1970 will permit consideration of the income potential of the Browning house in its provisions for displaced families — but, says Browning, "it is certainly part of our plan, regardless of whether the PDC recognizes it."

Furthermore, Browning is virtually "certain my taxes would be higher on another property comparable to this one." He now pays about \$175 a year taxes. He doesn't want to assume another mortgage, either, at his age (late 40s) — and to find another house comparable to his present one at a price which, even with relocation allowances, would allow them to move in without debt "is an impossible job," Browning believes.

Across N. Stanton Street

from the main Emanuel Hospital building are two houses back-to-back: 2931 N. Gantersbein Ave., owned by Mr. and Mrs. Samuel Stokes, and 2928 N. Commercial Ave., purchased in 1947 by Mr. and Mrs. Cephus Glover.

BOTH COUPLES are childless. Mrs. Stokes is due to retire next October after working 23 years at St. Vincent Hospital as a technical aide. Stokes is retired after a lifetime of handyman and building crafts jobs, but he still works "a short day" shining shoes at a shop on Williams Avenue.

The Stokes and Glover houses are well-kept structures. Stokes has applied his building skills to their house, remodeling the upstairs into an apartment which has been occupied for 10 years, since it was completed by Mr. and Mrs. James Groner — "since our wedding day," Mrs. Groner says.

The Stokes and Groner couples arrange their vacations at different times "so that someone is always in the house" and the grounds are cared for.

A TWO-CAR garage on the back of the lot was built by Stokes to specifications that would permit construction of another apartment upstairs, "but I haven't gotten to that yet," he said. What he has done includes closing in the front porch of the house and complete remodeling of the basement, including addition of a bathroom.

The Glover home has a neatly landscaped front yard dominated by a magnificent old larch tree. Inside, the house has been completely remodeled over the years, much of the work done by the owner. Like their neighbors over the back fence, the Glovers say they will resist the edict by urban renewal and the PDC that they must move.

GLOVER, who works for United Air Lines, built a large double garage "with oversize doors, sealed inside and out." He enjoys hunting and owns two trained hunting dogs, a Labrador retriever and a German shorthair, kept in quarters which Glover built for them, each dog with his own "run." The basement of the house also has been remodeled.

Contemplation of a move Glover said, "is pretty hard to take." He added, "We are not going to be able to find another place that has what this one has to offer."

Glover is an articulate opponent of urban renewal and charges that Emanuel Hospital "started this years ago by capitalizing on people's fears, saying they would have to move, would have to give up their homes sooner or later."

MANY PEOPLE in the neighborhood thereby were discouraged from keeping up their houses, Glover says, and he believes the result is that they "played into their (the hospital's) plans" with the result that "Emanuel is a 'blockbuster,' having bought up scattered property so the neighborhood is destroyed."

Glover's — and Stokes' — response has been, as Glover puts it "to assume that this property is mine until they buy it." Behind a sort of veiled resignation that urban renewal eventually will gobble them up is a dogged determination to cling to the homes they own.

The Journal  
MAY 20, 1971

# Emanuel Relocations To Consider Human Elements

MORTON SPENCE  
Staff Writer

Together, a group of Albina area residents decided this spring in the urban system inhuman into them they halted serious to y for sense complex surrounding Hospital.

ER, they have a ant from the agencies to preserve the "residential" character of the area. Funds are available to ensure replacement of quarters, upgrading where it is substandard in many instances it possible for family to rent a house to own payment on the of a home. Residents' group will con-

tinue to be a "watchdog" to see that their neighbors get what is due them under the law, and will encourage special consideration of cases in which relocation might create hardships by jeopardizing investments in income property or by presenting residents with higher property tax bills on replacement property.

**THE AREA** around Emanuel Hospital, just north of Portland's Memorial Coliseum, has some badly deteriorated residential housing. Like some other parts of Portland close to commercial centers, Albina long has been considered by the Portland City Planning Commission as one of those neighborhoods that will change from residential to other uses. The land becomes more valuable commercially as the city grows.

But a 25-block tract near Emanuel Hospital has been designated an urban renewal area by the City Council to develop a \$15 million hospital-related medical center. Land acquisition and costs of relocating people who will be displaced from about 135 households are delegated to the

city's urban renewal agency, the Portland Development Commission (PDC).

When the first federal "planning grant" from the U.S. Department of Housing and Urban Development (HUD) was approved in December, 1968, PDC officials were quoted as saying the project "will acquire 19 surrounding blocks of acutely substandard housing."

**THE 135 families** and individuals who will be moved are real, live human beings. The Journal has learned of their worries and woes in several weeks of investigation.

They include a 65-year-old retired draftsman who worked 23 years for the Southern Pacific Railroad and his 86-year-old mother. The retired railroader now is confined to a wheelchair with multiple sclerosis. His mother had surgery four times in the last 18 months. They have lived in the same house for 50 years.

A family which bought a house in 1949 as an income property will be moved right at the time that its purpose for income becomes possible and most important. In the 22 years

since, the mortgage has been paid off, but arrival of four children made it necessary for the family to use the house as a home. Now, as children begin to leave, the three apartments besides the owners' premises could be rented to supplement retirement income.

Two childless couples, one at retirement age and the other in middle age, have lavished years of tender, loving care on their homes. Both are well-maintained, improved older houses with taxes lower than similar properties in other parts of the city. They could not be termed "acutely substandard housing."

**AT THE TIME** of the project approval by HUD in 1968, it was estimated that \$3.1 million in federal funds and \$1.5 million contributed by Emanuel Hospital as "matching funds" would be required for the urban renewal aspects of the development.

Later, during 1969, the federal fund contribution was announced as \$5.1 million and in December, 1969, PDC applied to HUD for \$7.25 million for land acquisition, relocation

services to displaced persons, demolition and related expenses including administration.

The most recent estimate of federal costs is \$7,332,969. Emanuel Hospital's matching share will still be one-third of the total—or about \$3.7 million—although under urban renewal policy for hospitals and educational institutions, land acquisition and demolition cost paid by the institution in the seven years prior to project approval can be credited against its obligation, according to Oliver Norville, PDC attorney.

**NORVILLE** estimates that Emanuel's cost will be \$926,720 in addition to credits already tallied.

At the end of the acquisition project, Emanuel Hospital will own 55.3 acres for its hospital-medical "campus," including several streets which will be vacated to create "superblocks" on which new facilities will be constructed.

The most recent cost increase reflects provision for increased relocation expenses under a new federal law, the Uniform Relocation Assistance

and Real Property Acquisition Policies Act of 1970.

**THE LAW** provides considerably increased allowances for acquisition of property and relocation services, not only for urban renewal projects but for any development in which federal funds are involved—for example, purchase of highway right-of-way of land for school construction if the federal government provides part of the money.

In the case of Emanuel Hospital, Norville said the new law increased relocation expenses from about \$660,000 to more than \$1.5 million.

The Uniform Relocation Assistance Act was recognition by Congress of the human problems involved in displacing families and individuals by a federal project. When a highway is built or when a hospital or school is expanded "for the public good," the first effect is upon people who must be moved out of the way of the bulldozers.

In situations like those of Emanuel Hospital and the expansion of the Portland State University campus, or in an instance such as the South Audi-

torium area where PDC and the city government find a high proportion of substandard houses and—in their judgment—the "highest and best use" of the land calls for clearance and redevelopment, the entire tract is declared an "urban renewal area."

With the help of federal funds, the land is then acquired and people are moved.

**RELOCATION** of families, elderly and disabled men and women, goes on all the time—in Portland and across the

(See summary on page 5)

country—to provide space for public projects deemed to be in the public interest.

As long ago as 1961, when the impact of people relocation in urban areas was burgeoning to massive proportions, committees of Congress considered legislation to lessen inequities in the treatment of persons displaced by federal projects.

The Uniform Relocation Assistance Act was the result. It does not solve all the problems, but many of the injus-

tices and inequities—those which money can help—are removed and there is even provision for innovative approaches to the deeply human issues in which sentiment and nostalgia and long-entrenched habit are involved.

Next: Relocation problems of four families.

press  
5/11/71

# Emanuel group seeks \$20,000 for consultation

By NANCY W. McCARTHY

Portland Development Commissioners are considering a request by representatives from the Emanuel Displacement Persons Association for \$20,000 in compensation for consultative services during negotiation and relocation when Emanuel Hospital expands.

"As the time for the actual removal comes closer and closer, residents of the area become even more inclined not to view PDC personnel as their friends," said Legal Aide attorney Robert E. Nelson to the Portland Development Commission in a prepared statement during the regular meeting last week. Nelson represents the EDPA.

"Emanuel Displaced Persons Association, its executive committee, its cam-

paigners and its staff have become the vehicle for bridging the gap," Nelson continued.

The request came following a joint meeting of PDC, HUD, Model Cities and EDPA in which John Kenward PDC executive director, suggested the PDC hire Mrs. Leo Warren, EDPA chairman and her six committee members to act as a "buffer" between residents and commissioners.

Although it was not possible for Mrs. Warren and committee members to accept Kenward's proposal, they believe counseling and service provided by the EDPA to relocated residents would be useful.

In other business, the commission "reluctantly" approved a six month extension to representatives of the Portland Commons to complete financing, architectural

drawings and leasing progress for construction of an office and hotel complex.

The commission also listened to a progress report on the Albina Neighborhood Improvement Project in which 105 houses were demolished and 125 new units have been constructed, according to Ira Keller, commission chairman. Since July 1, 1970, 641 inspections have been completed, 299 houses have qualified for federal assistance and work has begun on 211 houses.

Approval was also given by the commission to Pioneer National Title Insurance Company to provide escrow and title insurance services for the Emanuel Hospital Urban Renewal project. Emanuel Hospital has received \$1.25 million from HUD to add to their project budget for relocation services and payments.

al, for them, has long meant 'urban removal,' most surely of black people from property they hold which suddenly has become valuable or useful to the institutions of white people."

MRS. WARREN said it took "months" of careful, patient work by EDPA campaigners to persuade some residents that the organization was not "a front of the Portland Development Commission."

Gustafson confirmed what Keller said about Emanuel's participation in the federal urban renewal program. He said the hospital's board of directors was impressed with "the many financial and other relocation benefits which would be available to people who sold their homes."

He added, "The objective of the federal urban renewal program has been to eliminate blighted or substandard areas and move people into better, healthier homes and neighborhoods."

So the decision had been made — irrevocably, it seemed — to clear about 55 acres of land for the hospital-medical center expansion.

THEN EDPA discovered that the PDC had filed a "relocation plan" with the Portland area office of the U.S. Department of Housing and Urban

Development (HUD), which included a list of dwellings purported to be available for relocation of persons displaced by the Emanuel project.

Some of the prospective dwellings listed already had been condemned as unfit for human habitation. Others were no longer vacant; in fact, it was learned that the list had been compiled more than two years previously by PDC for relocation of displaced residents of the Portland State University area.

When EDPA filed a protest with HUD against the relocation plan, the federal agency placed a "hold" on funds for relocation until a satisfactory plan had been filed by PDC. That "hold" was released last week after a revised relocation plan had been submitted and approved. But the work of EDPA, Mrs. Warren says, "has just begun."

With the leadership of EDPA, an agreement was signed in March by officials of Emanuel Hospital, the Housing Authority of Portland, the Model City program and Portland Development Commission, as well as EDPA, which "memorializes the understanding" of all the parties that the residential character of the Emanuel project area will be maintained.

TO ASSURE this, all the

agencies agreed to cooperate in providing federally assisted housing for low and moderate-income families to replace whatever substandard housing is razed by urban renewal.

Mrs. Warren said EDPA sees the agreement as a "guarantee that the agencies involved will do everything possible to assure that families who want to stay in the area may do so."

But she believes "constant vigilance" must be maintained to see that terms of the agreement are met. This is the continuing job of EDPA, Mrs. Warren says.

IN ADDITION, the residents' group will be the advocate of each household to see that all get all the benefits provided by the Uniform Relocation Assistance Act of 1970.

And EDPA will encourage cooperation of other local agencies and organizations to upgrade the quality of life of residents of the Emanuel area.

For instance, Mrs. Warren points to the possibility of a project that would solicit assistance from the Portland chapter of the American Institute of Architects to plan a new home, to be built in the Emanuel area, for Willard Overholt, the retired draftsman who is a victim of multiple sclerosis.

"All the resources available under the Relocation Assistance Act will be channeled into this so Overholt and his mother can remain here in a house with doors and hallways and ramps designed for a wheelchair," she said.

Alternatives available to the Louis Browning family to protect their income property investment will be explored with EDPA support, Mrs. Warren promised. Likewise, the organization will be advocates for the Stokes and Glover households in negotiations with PDC for compensation for the "human values" in their homes the result of years of tender, loving care.

ALTHOUGH money for relocation of people in the Emanuel area now is available, federal red tape is still a threat. The Journal learned late last week that "guidelines" for interpreting the act have not yet come down from HUD and the consequence is that PDC must negotiate with residents on the basis of the old law, which in several significant respects is not as liberal as the new one.

This undoubtedly will hold up some property sales, both PDC and EDPA say.

PDC's new chief of relocation, Ben Webb, is a black who was reared in Portland. He recognizes the formidable job he faces, not only in the Emanuel area but in other present and future urban renewal projects in Portland.

"I am hoping that the recognition by Congress of the injustices involved in the relocation of displaced persons, expressed in the new law, can be translated into a process of genuine concern for people by me and my staff," Webb said.

## Project Funds Authorized For Replacement Housing

### SUMMARY OF PROVISIONS OF THE UNIFORM RELOCATION AND LAND ACQUISITION POLICIES ACT OF 1970

(Conclusion)

#### REPLACEMENT HOUSING

If comparable replacement housing cannot otherwise be provided, project funds may be used to provide such housing.

Project funds may also be used to make no-interest loans to nonprofit, limited-dividend or cooperative organizations or to public bodies for planning and obtaining federally insured mortgage financing for rehabilitation or construction of replacement housing.

Federal surplus land may be transferred to local agencies for the purpose of providing required replacement housing.

#### SHARED COSTS

After July 1, 1972, all relocation costs will be included as program or project costs and federal financial assistance will be provided in the same manner and to the same extent as other program or project costs.

#### ACQUISITION POLICIES

The law provides for expeditious acquisition by negotiation. Some of the specific provisions are as follows:

— Offers can be no lower than the agency's approved appraisal of fair market value;

— any decrease or increase in fair market value prior to the date of valuation which was caused by the project or the likelihood of the project, other than due to physical deterioration within the reasonable control of the owner will be disregarded in determining the compensation for the property;

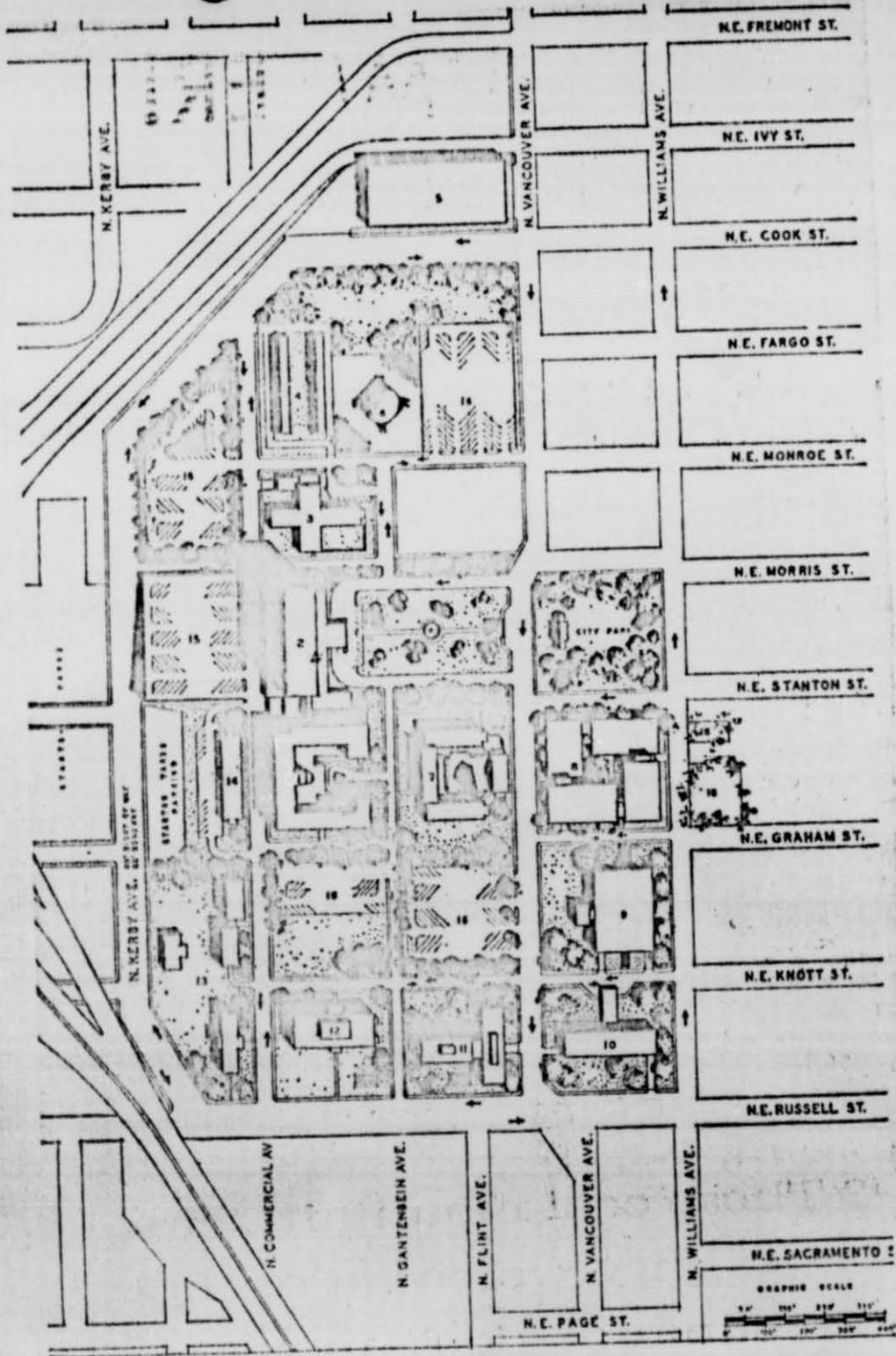
— legal occupants should be given written notice at least 90 days before being required to move;

— if the acquisition of the property would leave its owner with an uneconomic remnant, the acquiring agency must offer to acquire the entire property, and

— property owners may be reimbursed for (1) settlement costs and (2) certain litigation expenses in condemnation proceedings.

Journal  
5-21-71

STOKES



*Journal  
5-19-71*

- 1. EXISTING HOSPITAL
- 2. NEW HOSPITAL ADDITION
- 3. LONG TERM CARE FACILITIES
- 4. SELF SERVICE UNITS
- 5. CLINIC
- 6. LECTURE HALL
- 7. NURSES' HOME
- 8. EMANUEL MEDICAL BUILDING

- 9. OFFICE BUILDING
- 10. OFFICE BUILDING
- 11. HOUSING
- 12. HOUSING
- 13. EMPLOYEE HOUSING
- 14. INTERNS' APARTMENTS
- 15. PARKING & WAREHOUSE
- 16. PARKING



ORIGINAL master plan for Emanuel Hospital medical center shows area entirely replatted into "super blocks" for development of medical facilities. Recently hospital signed agreement with Emanuel Dis-

placed Persons' Association, various city agencies, to assure "maintenance of residential character" of neighborhood with possibility of new houses, apartments, public housing units in some sections of area.

# Emanuel Renewal Area Residents Unite In Common Cause

STOKES FILE

Last of three parts  
By MORT SPENCE  
Journal Staff Writer

Residents of the Emanuel Hospital Urban Renewal Area of North Portland believe that they have a common cause.



Spence

The land is being cleared for expansion of Emanuel Hospital into a major medical center. The Portland Development Commission, which is the urban renewal agency of the City of Portland, will buy property needed for the project and assist residents in relocation.

For a long time after they began to hear rumors that they would be moved out of their homes by government edict, people who lived in the Emanuel area suffered the pangs of anxiety alone and mostly in silence.

THEN, with the assistance of a young Legal Aid Service attorney, Holman J. Barnes Jr., and a member of the staff of the American Friends Service Committee, Robert E. Nelson, one resident of the neighborhood provided the initiative to establish Emanuel Displaced Persons Association (EDPA).

Mrs. Leo Warren is black, as are most residents of the area. A former teacher, she had been aware of the seething discontent in the neighborhood. She began to talk to her neighbors about the problem and, almost spontaneously, EDPA was born, one of those movements that appear on the urban scene when citizens feel they are alienated from the structures of government and society.

Among the more than 100 householders reached by Mrs. Warren were Willard Overholt and his mother, Mr. and Mrs. Louis Browning, Mr. and Mrs. Samuel Stokes and Mr. and Mrs. Cephus Glover. The Overholts are white, the "old-timers" among EDPA members. The other families are black.

But Mrs. Warren says there is no "racial in-fighting" among EDPA members. "We all want to stay in this neighborhood," she asserts. "If it turns out that some families must be moved, EDPA will insist upon their being located within the Emanuel project boundaries or as close as possible."

NOW, Nelson told The Journal this week, EDPA "represents about 75 per cent of the families and individuals slated for relocation in the Emanuel project."

He calls it a "grassroots organization" but denies that it is "revolutionary" or even "racial" — although he acknowledges that people like himself, Barnes and Orla W. Trotter, a black social worker whose salary is paid by Lutheran Family Services, "have helped residents focus their concerns organizationally."

Just last week, EDPA repre-



PRESIDENT of Emanuel Displaced Persons' Association is Mrs. Leo Warren, 312 N. Cook St. She had not been active in community organization until she "sensed unrest" in neighborhood, which is designated for urban renewal. Now she wants to "see that people uprooted from their homes get everything the law provides for them."

sentatives met with PDC commissioners and proposed that the neighborhood organization be provided a grant of \$20,000 with which to establish an office and staff to work as a "buffer" between PDC and residents of the area.

NELSON, speaking for EDPA, said persons slated for removal are hostile toward PDC and "nobody being removed likes the person removing him." He declared that EDPA "is representative of the people" and that the organization in acting on behalf of them in negotiations with PDC "can be helpful."

PDC Chairman Ira C. Keller took issue with Nelson's statement that "people don't like anybody that is displacing them."

"I don't accept that and I don't think it is our history," Keller said. "I think they don't like the idea of being displaced and if it is not handled right some feeling can rub off on the agency, but surveys indicate that of people relocated in the last 12 years by the Development Commission the commission has made more people happy than unhappy and we have files to prove it."

Nevertheless, Keller did not close the door on the EDPA proposal.

"HAVING watched up to now the performance of Nelson and Mrs. Warren and their group, we are, without anything in writing, going on the conviction that they will be as helpful in solving individual problems that come along as they have been on the basic problem," Keller said.

PDC "will instruct the staff and its legal counsel to determine what it is allowed to do legally, based on the city charter and the Emanuel federal contract, in the way of providing some kind of financial support to this organization," Keller announced.

"Our general intent will be to find out what we can do rather than find out reasons for not doing so," he added.

Keller emphasized that "the Emanuel project is not something the Development Commission conceived, designed or planned." He commended the hospital for its long-range plans and said PDC's function "is to effectuate their plan according to federal regulations and in the most humane way possible."

HE POINTED OUT that had not PDC "gone into the act," the hospital could have bought houses in the area on the open market "without obligation whatsoever for the relocation of the people." This, in fact, is what Emanuel has done up until now.

But the Emanuel Hospital administration believes it has provided plenty of opportunity for residents to keep abreast of development plans through "innumerable public hearings, meetings, reports, consultation with the Model Cities and various of its committees and vast media coverage of the Emanuel development program since its initial announcement in February, 1967."

But Oscar Gustafson Jr., senior vice president and assistant administrator of the hospital, added: "All of us at Emanuel regret that people in the community did not participate in these hearings or communicate with us at Emanuel or with the Portland Development Commission to discuss problems in connection with the project."

To Mrs. Warren, the reasons are simple. "A large proportion of residents, most of them black, many of them poor, do not attend meetings. They are suspicious of the white man's institutions and of the government that is dominated by the white majority. Urban renew-

JOURNAL  
5-21-71

11

DATE	NOTES	C/W
1/15/71	Flyer delivered to Mrs. Stokes by Marion Scott. Is interested in meeting Devout member of EDPA.	
2/9/71	<p>Survey: refused to give information - member of EDPA. Said all contacts must be made thru EDPA - that we are not to call on his family or his tenants. Mr. Stokes stated that he was not going to sell, not going to move, and not going to talk to PDC. He was not interested in talking about relocation benefits because he was not going to move.</p> <p>Called our real estate dept. to inquire as to what their file indicates re: this matter. She indicates their letter went out on the 7th of May, and they have done nothing further on this case as it is being handled by Don Starke. The Option is still in their file. Their file contains a memo from Starke which indicates that he contacted Jim Barnes (Stokes are EDPA members and we have orders to contact no EDPA members directly - but to go thru their legal counsel) on 3 occassion, once in writing re: this matter.</p> <p><i>Spoke with Mr. Stokes at EDPA mtg.</i></p>	WSJ SLC
3/24/72	<p><i>Don Starke indicated Court Settlement for Real Estate was \$22,000. Settled this week.</i></p>	<i>WSJ</i>

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

Analyst WSJ Date 2/19/71 Surveyed 2/19/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 46 Census Tract No. 22 A  
 Street Address 2931 N Gartenbein Apartment No. -  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>Samuel Stokes</u>	NAME & ADDRESS OF OWNER <u>Samuel Stokes</u> <u>2931 N Gartenbein</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

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

1056 Sq. ft. in first floor (county figure)  
1056 Sq. ft. in dwelling unit (if more than 1 floor)  
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
2 No. of bedrooms (rooms used mainly for sleeping)

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

A. Dates or period of time  
1971 Period market value data applicable  
5/8/67 Date of last appraisal  
1906 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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	\$ <u>5610</u>	\$ _____
Improvements	<u>1140</u>	_____
Total	<u>6750</u>	_____

1556 Sq. ft. of all d. u. in this structure  
 \_\_\_\_\_ Sq. ft. of commercial space and value of commercial space: Land \$ \_\_\_\_\_, improvements \$ \_\_\_\_\_, total \$ \_\_\_\_\_.

**V. RENTAL RATE FOR THIS RENTED UNIT**

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

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, other \$ \_\_\_\_\_  
 Rental information obtained from  
 Tenant \_\_\_\_\_, owner \_\_\_\_\_, manager \_\_\_\_\_, or  
 estimated from assessor's data \_\_\_\_\_.

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

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

**VII. REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_

One Apt. in house

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst WSJ Date of survey 2/9/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
Dwelling Unit No. 1 Structure No. 1 Census Block No. 46 Census Tract No. 22A  
Street Address 2931 N Gartenbein 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 \_\_\_\_\_

refused to give information - member of EDPA, said EDPA had

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

Name	Family relation	Age	Sex	Occupation
1. <u>Stokes Samuel</u>	<u>Head of household</u>	<u>50</u>	<u>W</u>	<u>carpenter</u>
2. <u>Maggie</u>				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

told them not to give out any information and he was not going to do so until we could tell him how much we were going to pay for his house.

Contact - thru EDPA only

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

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

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

1970 City Directory

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Carpenter</u>	\$ _____	\$ _____
<b>Total family or household income per month</b>	\$ _____	\$ <u>500.00 + Est</u>

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

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

date on site: (many years)

1 1-00060-0690

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

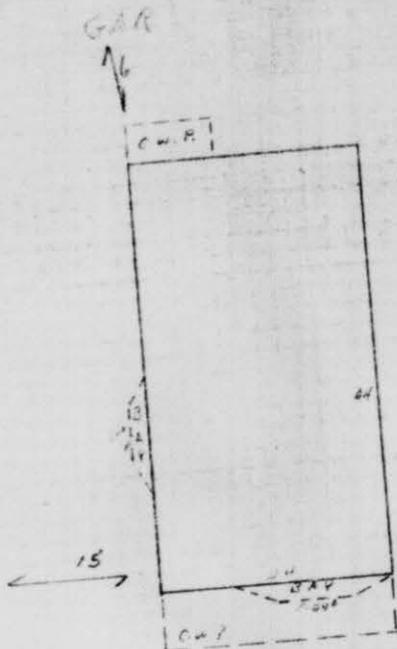
2931 N GANTENBEIN AVE 97227  
 PORTLAND OREGON

ABENDS ADD

LOT 7 BLOCK 3

PROPERTY ADDRESS: 2931 N GANTENBEIN AVE  
 PORTLAND

APPEALS:



AVE. OR ST

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	1001	SIGN DATE
1968			5400	1100	6500	213 2
1971			5,610	1,140	6,750	18'88 UD

AVE. OR ST

V. Gantenbein AVE OR ST  
 FRONT OF BUILDING



FUNC: GAR Poor Heating  
 ECON: GAR Not best land use  
 COND: G.P.  
 REMARKS: 1967 Dist. RIA up + down flats

INSP	OUTSIDE	CHECKED	DATE	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	DEPUTY NOTIFIED
			FEB 21 '68	4/23/68				

REVISION 3.66

