

	DESCRIPTION	ROLL NO	ODOMETER
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. R-8-1 Advisor SCal
 Client's Name Thomas Willie Phone _____
 Address 300-302 N. Cook Ethn B Age 54

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

Family Composition

Economic Data

Total Number in Family 1
 _____ wife, husband

Employer \$ _____
 Address _____
 Other Source of Income
S.S. & Retirement \$ 400.-
 _____ \$ _____
 Total Monthly Income \$ (400.-)

Other: Relation Age Relation Age

- 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 10-1-71 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1-52

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

Date of initiation of negotiations for purchase of property 1-1-52
 Date of Acquisition 10-1-71
 Date of letter of intent 11-1-71
 Date of move 1-8-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 50
 ✓ Size of Habitable Area 800 sq. ft.
 ✓ Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 3 + Storage Rent Paid \$ _____ Utilities _____
 ✓ Number of Bedrooms 2 Monthly Housing Payments \$ 0 Taxes _____
 Liens \$ 3-4000 (please explain) Freedom Bank as collateral
 ✓ Acquisition Price \$ 3,375 Amenities -0-
45% of total acquisition

REPLACEMENT DWELLING UNIT

Address 5838 NE 15th LPA Referred 2 Self Referred 1

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

Outside city Outside state
 Age of Housing Unit 1955
 Size of Habitable Area 1329
 No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 19,000
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ 11,264.

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

✓ No. of Housing Referrals to: 3 Standard Sales
 _____ Standard Rent

✓ Agency Referrals:
 _____ MCW _____ HAP _____ OTHER (_____)
 _____ Food Stamp 4 Legal Aid _____ Other (_____)

Benefits Received

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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME THOMAS, Willie C. RELOCATION ADVISOR CD
 ADDRESS 300-302 N. Cook PHONE 287-9354 PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN black VETERAN _____ AGE 54 PARCEL NO. R-8-1
 MARITAL STATUS divorced TENURE owner
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 10-1-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>January 1, 1952</u>
INITIATION OF NEGOTIATIONS:	<u>October 1971</u>
DATE OF ACQUISITION:	<u>November 1, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security and retirement _____ 400.00
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 400.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

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

Size of Habitable Area _____

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 5838 N. E. 15th Phone 287-9354 Date of Move January 8, 1972

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 3 Habitable Area ___

Utilities \$ ___ Monthly Payments (Rent) \$ ___ Purchase Price \$ 19,000.00

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	171 EH	11/30/71	\$ 11,264.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28820G & 400EH		\$ 760.00
Actual Move			\$
Storage			\$
Incidental	274 EH	2/2/72	\$ 208.90
Interest			\$

Purchase Price \$ 19,000.00
 Down Payment \$ _____
 RHP \$ 11,264.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 12,232.90

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date	Relocation Worker
Oct. 1	<p>Mr. Thomas came in and said he had found a house through a fellow he had gone to school with. Previously he had looked at several places but he felt that this house was the one for him, and he has placed Earnest Money on it.</p> <p>Building Department sent letter saying the house was in standard condition and I started paper work for RHP.</p>
10/12/71	<p>At the present time, Mr. Thomas has a real estate loan at our Piedmont Office on which there is still an unpaid balance of \$3,355.37. I believe the loan is current. The house on which we have a loan is located in the area included in the Emanuel Hospital expansion program. Under this program, Mr. Thomas will be paid the appraisal value of his present home plus any difference which he will have to pay for a comparable home. In this case, the home that he wished to purchase will cost him \$19,000. and this amount of money will be provided to him for this purpose. However, he will have to clear the balance owing to us on his present home. In order to do this, a new loan should be made on the home he is purchasing and the present loan paid. I have given him an application today to be completed for a loan on the house he is to purchase.</p>
11/1	<p>Received Earnest money agreement form. Mrs. Rosenfield's attorney, Mr. Sussman. Also received several calls from Mr. Sussman. He was concerned with the time it took to process RHP. I assured him that sale would go through and there were no problems.</p>
11/26	<p>Got in touch with Mr. Thomas and explained to him, as per written report sent down from HUD to Stan Jones, how we arrived at his RHP and he seemed satisfied after he got it through his head that the Relocation program was not Emanuels or PDC, but HUD and the money would have to be figured as per their instruction. He finally said he understood and to sign the claim for processing.</p>
12/1	<p>Sent RHP to Freedom Bank of Finance - Mr. Myer is closing the loan for Mr. Thomas. Mr. Thomas will have a loan with interest less than he is paying now by 1%.</p> <p>Received check for \$11,264.00 and sent that with letter of instructions to Freedom Bank of Finance. Mr. Thomas set up his own financing with them because he is a stockholder and had an existing loan on his old house with them.</p>
12/18	<p>Loan approved and closed - could not move in until January 14. He moved from 303 N. Cook January 1. - at least all his major furniture. He stayed with friend (girl) until new house is vacated.</p>
1/1/72	<p>Put claim in for moving and closing cost. Released all money. I have known Mr. Thomas for a long time. He wanted the house he bought and I feel he made a very good buy. The price was very good for the quality of house he got.</p>
1/8	<p>He moved into his new home. He is very happy with the house and has started to redecorate the interior.</p>
1/28	<p>Mr. Thomas' ex-wife died, Mrs. Augustina Thomas. Mr. Thomas has taken over the responsibility of funeral and moving Mrs. Thomas' belongings from her apartment at 302 N. Cook. Has power of attorney to settle the estate.</p>

MAI/3

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: R-8-1

Payable to: Willie C. Thomas

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
<u>X</u>	Fixed Moving Payment	\$ <u>220.00</u>
<u>X</u>	Dislocation Allowance.	\$ <u>200.00</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client Augustina Thomas (deceased) Less - \$ _____*

Move from 302 N. Cook Total \$ 420.00

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; _____ Project Cost *(_____)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 400 EH

DATE May 3, 19 72

PAY TO **Wille C. Thomas**

\$ 420.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment per claim filed. Move from 302 N. Cook (Parcel R-8-1).	
		Fixed payment - individual	\$220.00
		Dislocation allowance	<u>200.00</u>
			<u>\$420.00</u>

Account Distribution

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

W. C. Thomas

TC

[Signature]

September 18, 1972

Mr. Willie C. Thomas
5838 N. E. 15th Avenue
Portland, Oregon 97211

Dear Mr. Thomas:

Enclosed you will find our Warrant No. 543 EH in the amount of \$1.50.

This represents reimbursement of a closing cost charged to you when your property at 300-302 N. Cook was sold to the Portland Development Commission.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 543 EH

DATE September 18, 1972

PAY TO **Willie Charles Thomas**

\$1.50

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 Settlement Costs filed. Move from 300-302 N. Cook (Parcel R-8-10).	\$1.50

Account Distribution

NO.

TITLE

AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: R-8-1

Payable to: Willie Charles Thomas

Amount

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> ✓ </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u>1.50</u>
<u> </u> RHP for Tenants & Certain Others:	
<u> </u> Rental: Total approved \$ <u> </u> ; Annual amount.	\$ <u> </u>
<u> </u> or Purchase:	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Willie Charles Thomas Less - \$ *

Move from 300-302 N. Cook Total \$ 1.50

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

11/1/72

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

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

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

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

1. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding)	Address (Include ZIP code)
THOMAS, Willie Charles	5838 N. E. 15th Ave. Portland, Oregon 97211

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
300-302 N. Cook Portland, Oregon	
b. Parcel Number(s)	
R-8-1	

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

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
Recording Fee	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50
TOTAL	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50

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

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

9/16/72
Date
W.C. Thomas
Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

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

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

D. CERTIFICATION

I CERTIFY that I have examined this claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this

claim is hereby approved and payment is authorized in the total amount of \$ 1.50

9-14-72
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 1.50 by check 543 EN dated 9/18/72

John S. Griffith
Chairman

Edward H. Look
Secretary

Elaine Cogan
Arthur A. Riedel
Dr. W. A. Jenkins

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

September 1, 1972

John B. Kenward
Executive Director

Mr. Willie C. Thomas
5838 N. E. 15th Avenue
Portland, Oregon 97211

Re: Parcel No. R-8-1
Address 300-302 N. Cook, Portland, Oregon
Emanuel Hospital Urban Renewal Project

Dear Mr. Thomas:

On November 1, 1971, the Portland Development Commission, as the duly designated Urban Renewal Agency for the City of Portland, acquired the above-described property from you as a part of the Emanuel Hospital Urban Renewal Project.

Under the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as the former owner you are entitled to be reimbursed for the following necessary expenses incurred by you in the transfer of the above-named property to the Commission:

- (1) Recording fees, transfer taxes, and similar expenses incidental to conveying such real property to the Commission;
- (2) Penalty costs for prepayment of any pre-existing recorded mortgage entered into in good faith, encumbering such real property; and
- (3) The pro rata portion of real property taxes paid which are allocable to a period subsequent to the date of vesting title in the Commission, or the effective date of possession of such real property by the Commission, whichever is the earlier.

Our records indicate that you have not been fully reimbursed for all of the above-mentioned costs incurred by you. We have, therefore, prepared the attached claim form covering those items for which you were not reimbursed. Please sign the claim form where marked in red and return to this office in the enclosed, stamped, addressed envelope within ten (10) days. Upon receipt of the completed claim form we will process your claim for payment.

Very truly yours,

John B. Kenward
Executive Director

1.50

JBK:ch
Enclosures

Pioneer National Title Insurance Company

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

Branch Telephone: _____

Esc. No. 387779

ESCROW STATEMENT

Thomas, Willie Charles

November 2, 19 71

300-302 N. Cook

PROPERTY ADDRESS

DESCRIPTION	Debit	Credit
N 1/2 of Lot 1, Block 8, Subdivision of RIVERVIEW Addition	\$	\$
Demand-Deposit for deed		7,500 00
Title Insurance Policy No.		
Escrow Fee		
Taxes 71-72 pro-rata 7-1-71 to 11-1-71	73 23	
City Liens		
Reconveyance		
RECORDING		
Deed to		
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage Freedom Bank to Thomas	1 50	
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Freedom Bank of Finance for Release of Mtg.	3,376 66	
Paid Bureau of Water Works for Water Bill	16 73	
Balance - Our Check Herewith	4,031 86	
Balance - Debit		
TOTAL	7,500 00	7,500 00

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

Pioneer National Title Insurance Company

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	Emanuel Hospital Project Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT _____ Family Individual
 THOMAS, Augustina, *deceased*

2. DATE(S) OF MOVE *deceased 1/31/72*

3. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. <u>R-8-1</u>
a. Address <u>302 North Cook, Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>5 (inc. storage)</u>)
b. Apartment, Floor, or Room Number <u>----</u>	e. Date you moved into this address: <u>January, 1951</u>
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

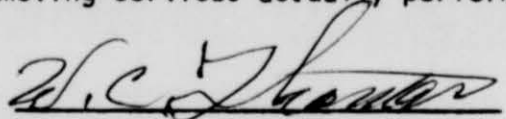
4. DWELLING UNIT TO WHICH YOU MOVED	c. Were household goods moved to or from storage?
a. Address (include ZIP Code) <u>(deceased 1-31-72)</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Apartment, Floor, or Room Number <u>---</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment	<u>220.00</u>	
(Consult local agency)		Total \$ <u>420.00</u>

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

3/3/72
Date


Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Augustina Thomas
(deceased 1/31/72)

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? 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: 1/10/72
Month-Day-Year

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

Yes No

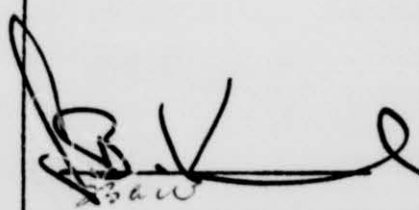
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ 220.00			5-2-72
2. Dislocation allowance \$ 200.00			
3. Total \$ 420.00	420.00		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
5/3/72	400EH	\$ 420.00			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Augustina Thomas Project Emanuel ORE R-20
 2. Date(s) of move deceased 1-31-72 Parcel No. R-8-1
 3. Dwelling unit from which you moved:
 Address 302 North Cook No. of rooms 5 includes storage*
 ___ Furnished X Unfurnished Date you moved into this unit Jan. 1951

4. Dwelling unit to which you moved:
 Address deceased 1-31-72
 Were goods moved to or from storage? X Yes ___ No

5. Total claim \$ 420

 FIXED PAYMENT: \$ 200 + \$ 220 = \$ 420

ACTUAL MOVING COSTS

**see survey form*

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 ___ a. reimburse client (show paid bill)
 ___ b. pay mover directly (show bill)
 ___ c. let local agency contract with mover

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

 STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 ___ initial ___ supplementary ___ final

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

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

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

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



KNOW ALL MEN BY THESE PRESENTS, That I, Theodora Terry, of Vicksburg,

Mississippi

have made, constituted and appointed and by these presents do make, constitute and appoint

Willie C. Thomas, of Portland, Oregon

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit,

(1) To lease, let, grant, bargain, sell, contract to sell, convey, exchange, remise, release and dispose of any real or personal property of which I am now or hereafter may be possessed or in which I may have any right, title or interest, including rights of dower, of curtesy and of homestead, for any price or sum and upon such terms and conditions as to my said attorney may seem proper;

(2) To take possession of, manage, maintain, operate, repair and improve any and all real or personal property now or hereafter belonging to me, to pay the expense thereof, to insure and keep the same insured and to pay any and all taxes, charges and assessments that may be levied or imposed upon any thereof;

(3) To buy, sell and generally deal in and with goods, wares and merchandise of every name, nature and description and to hypothecate, pledge and encumber the same;

(4) To buy, sell, assign, transfer and deliver all or any shares of stock in my name in any corporation for any price and upon such terms as to my said attorney may seem right and proper and to receive and make payment therefor;

(5) To borrow any sums of money on such terms and at such rate of interest as to my said attorney may seem proper and to give security for the repayment of the same;

(6) To ask for, demand, recover, collect and receive all moneys, debts, rents, dues, accounts, legacies, bequests, interests, dividends and claims whatsoever which are now or which hereafter may become due, owing and payable or belonging to me and to have, use and take all lawful ways and means in my name for the recovery of any thereof by attachments, levies or otherwise;

(7) To prepare, execute and file any proof of debt and other instruments in any court and to take any proceedings under the Bankruptcy Act in connection with any sum of money or demand due or payable to me and in any such proceedings to vote in my name for the election of any trustee or trustees and to demand, receive and accept any dividend or distribution whatsoever;

(8) To adjust, settle, compromise or submit to arbitration any account, debt, claim, demand or dispute as well as matters which are now subsisting or hereafter may arise between me or my said attorney and any other person or persons;

(9) To sell, discount, endorse, negotiate and deliver any check, draft, order, bill of exchange, promissory note or other negotiable paper payable to me, and to collect, receive and apply the proceeds thereof for my use for any of the purposes aforesaid; to pay to or deposit the same or any other sum of money coming into the hands of my attorney in checking and in savings accounts in my name with any bank or banker of my attorney's selection and to draw out moneys deposited to my credit with any bank, including deposits in savings accounts, and to apply the same for any of the purposes of my business as my said attorney may deem expedient; to purchase and sell certificates of deposit; to appoint any bank or trust company as escrow agent; generally to conduct any and all banking transactions on my behalf;

(10) To make, execute and deliver any and all manner of contracts with reference to minerals, oil, gas, oil and gas rights, rents and royalties, including agreements facilitating exploration for and discovery of oil, minerals and deposits;

(11) To commence and prosecute and to defend against, answer and oppose all actions, suits and proceedings touching any of the matters aforesaid or any other matters in which I am or hereafter may be interested or concerned;

(12) To vote any stock in my name as proxy;

(13) To have access to any safety deposit box which has been or may be rented in my name or in the name of myself and any other person or persons;

(14) In connection with any of the powers herein granted, to sign, make, execute, acknowledge and deliver in my name any and all deeds, contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my said attorney may seem right, proper and expedient;

(15) To employ, pay and discharge clerks, workmen, brokers and others, including counsel and attorneys in connection with the exercise of any of the foregoing powers;

(16)

(17) Generally to conduct, manage and control all my business and my property, wheresoever situate, as my said attorney may deem for my best interests, hereby releasing all third persons from responsibility for the acts and omissions of my said attorney;

I hereby give and grant unto my said attorney full power and authority freely to do and perform every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

In construing this power of attorney, it is to be understood that the undersigned may be more than one person or a corporation and that, therefore, if the context so requires, the singular pronoun shall be taken to mean and include the plural, the masculine, the feminine and the neuter and that generally all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to more than one individual.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 25th day of April, 1977.

Signed, Sealed and Delivered in the presence of us as witnesses:

Shadare Terry (SEAL)

(SEAL)

(SEAL)

(SEAL)

(If a corporation, affix corporate seal)

STATE OF Mississippi } ss.

INDIVIDUAL ACKNOWLEDGMENT

County of Warren,
day of April, 1977,
appeared Theodora Terry

BE IT REMEMBERED, That on this, the 25th

before me, a Notary Public in and for said county and state, personally known to me to be the identical person described in and who executed the foregoing Power of Attorney and acknowledged to me that --He-- executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year last hereinabove written.

James E. Pepper
Notary Public for Warren County, Miss.
My commission expires July 23, 1973

(SEAL)

General Power of Attorney

(FORM No. 853)
STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

Theodora Terry

TO

Willie C. Thomas

STATE OF

County of

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book _____ on page _____ of said County.

Witness my hand and seal of County affixed.

Title.

By _____ Deputy

AFTER RECORDING RETURN TO

STATE OF _____ } ss.

CORPORATE ACKNOWLEDGMENT

County of _____,
day of _____, 19____,
appeared _____ and _____

BE IT REMEMBERED, That on this, the _____

both to me personally known, who being duly sworn, did say that he, the said _____ is the president, and he, the said _____ is the secretary of _____, the within named corporation,

and that the seal affixed to said instrument is the corporate seal of said corporation, and that the said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors, and said _____ and _____

acknowledged said instrument to be the free act and deed of said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year first in this, my certificate, written.

Notary Public for _____

My commission expires _____

(SEAL)

KNOW ALL MEN BY THESE PRESENTS, That

THEODORA TERRY

of VICKSBURG in the County of WARREN and State of

MISSISSIPPI have made, constituted and appointed, and by these presents do make, consti-

tute and appoint WILLIE C. THOMAS

of PORTLAND in the County of MULTNOMAH and

State of OREGON, my true and lawful attorney, for me and in my name, plen-

and stand to sell or otherwise dispose of the personal belongings

of my deceased sister, ANNETTE THOMAS, formerly of 300 North Cook Street, City of Portland, County of Multnomah and State of Oregon,

who died on January 28, 1972, in Providence Hospital, Portland,

Oregon. Due to the fact that I do not want my said attorney to

send to me any of my said sister's belongings, I hereby authorize

him to repay to himself from the proceeds of the sale of my said

sister's personal belongings any sums advanced by him in payment

of her bills and funeral expenses.

giving and granting unto my said Attorney full power and authority to do and perform all and every

act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I

might or could do if personally present, with full power of substitution and revocation, hereby ratifying and

confirming all that my said attorney or my said attorney's assigns shall lawfully do or cause

to be done, by these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____

EXECUTED BY THE SIGNATURE OF

THEODORA TERRY

1972, personally appeared the within

affirmed to and who executed the within instrument and
affirmed to and who executed the within instrument and
affirmed to and who executed the within instrument and

My Commission Expires July 23, 1978

My Commission Expires July 23, 1978

BY _____
Deputy

WILSON
VICARIO

DATED this 2 day of 2 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 302 N
Cook, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.


(firm name)

by: _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 274 EH

DATE February 2, 1972

PAY TO **Willie C. Thomas**

\$ 208.90

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 incidental Costs filed. Move from 302 N. Cook (Parcel No. R-8-1).	\$208.90

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (Incidental Expenses) (EH)	\$208.90

Willie C. Thomas

W

Jmd

CLAIM FOR RELOCATION PAYMENT

HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

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

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

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

1. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding) THOMAS, Willie Charles	Address (Include ZIP code) 5838 N. E. 15th Portland, Oregon 97211
---	---

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description 5838 N. E. 15th, Portland, Oregon 97211 (replacement housing)	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s) R-8-1 (on site dwelling)	

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

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
	\$	\$	\$	\$
SEE ATTACHED LIST				
TOTAL	\$	\$	\$	\$

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

attached copy of "DISCLOSURES"
 (closing statement of loan to finance purchase of replacement dwelling unit)

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

12/23/71

Date

Willie Charles Thomas

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes No

If "No," explain:

see RHP claim filed, paid 11/30/71 for \$11,264.00.

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

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

D. CERTIFICATION

I CERTIFY that I have examined this claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this

claim is hereby approved and payment is authorized in the total amount of \$ 208.90

1/31/72
Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 208.90 by check No. 274EH dated 2/2/72

ATTACHMENT TO HUD-6147

Claim for Relocation Payment

Incidental Costs - WILLIE CHARLES THOMAS

ITEM (a)	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (b) & (c)	AMOUNT APPROVED (e)
Title Insurance Premium	\$ 50.00	\$	\$ 50.00	\$ 50.00
Survey	15.00		15.00	15.00
Credit Reports	6.00		6.00	6.00
Fees, Appraisal	50.00		50.00	50.00
Escrow Fee	62.00		62.00	62.00
Recording	3.00		3.00	3.00
Photos	2.00		2.00	2.00
Documentary Stamps	20.90		20.90	20.90
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL:	\$ 208.90		\$208.90	\$208.90

DISCLOSURES REQUIRED BY FEDERAL LAW

Loan No. RE #171

Creditor Freedom Bank of Finance
 Hereinafter called lender

Customer(s) Willie Charles Thomas
 Hereinafter called borrower

Address 728 N.E. Killingsworth, Portland, Oregon

Address 5838 N.E. 15th, Portland, Oregon

Summary of proposed transaction: A loan of 4,700.00 to enable the borrower to purchase real property and dwelling thereon known as Lot 7, Block 9, Oakhurst in the City of Portland
 Use legal description or show Street Number, City, State and Zip
 Borrower's note for the amount stated is to be secured by a first ~~mortgage~~ ^{deed of trust} (hereinafter called "security agreement") on said property. For a more complete description of said property and further details of the transaction, reference is made to the note and security agreement, copies of which, now made a part hereof, are furnished to borrower. The security agreement will secure future indebtedness and cover after-acquired property. Said dwelling ~~is not~~ ^{is} to be used as borrower's residence. The loan ~~is not~~ ^{is} to be a construction loan.
 *Delete, by lining out, any words which are not applicable.

1. Amount of loan		\$ <u>4,700.00</u>
2. Less prepaid FINANCE CHARGES:		
Loan fee, points or similar charge	\$ _____	
	\$ _____	
	\$ _____	
3. Balance—amount financed—line 1 minus 2		\$ <u>4,700.00</u>
4. Other charges to borrower which are NOT part of the FINANCE CHARGE		
	A. To be paid by borrower at time of consummation.	B. To be deducted from loan proceeds
(a) Title insurance premium	\$ <u>50.00</u> ✓	
(b) Survey	<u>15.00</u> ✓	
(c) Credit reports	<u>6.00</u> ✓	
(d) Fees, Appraisal	<u>50.00</u> ✓	
Notary Escrow Fee	<u>62.00</u> ✓	
Recording	<u>3.00</u> ✓	
Drawing documents Photos	<u>2.00</u> ✓	
Examination of title		
Documentary Stamps	<u>20.90</u> ✓	
(e) Insurance: initial premium		
Fire	<u>250.00</u>	
Credit Life		
Credit Disability		
(f) Property Taxes	\$ <u>129.00</u>	
Totals	A \$ <u>587.90</u>	B \$ _____
Total of Column B to be deducted from amount financed		\$ _____
5. Remaining proceeds of loan to be paid to or for borrower (line 3 minus 4)		\$ <u>4,700.00</u>

Interest: The loan bears interest on declining balances at Nine % per annum, payable monthly. The total interest payable during the full term of the loan, \$ 2,044.80, plus the prepaid **FINANCE CHARGES**, converts into **AN ANNUAL PERCENTAGE RATE OF** Nine %
Payments: The total of all payments is the amount of the loan plus the interest. The note is payable in 120 monthly installments of \$59.54 each; each such payment includes both interest and principal; the first payment will be due February 2, 1972, and further payments on the same day of each month thereafter until the note is fully paid. (If irregular payments are required, show same with "Other Disclosures" below). The total number of payments is _____
Insurance Coverage: The lender will require, for the term of the loan, insurance against loss by fire with extended coverage in the amount of \$ 4,700.00; the premium for the initial coverage for a term of Three years is \$ 276.00

All premiums listed above are the cost of the insurance, if obtained through the lender for the term stated; the borrower may choose the person through whom the insurance is to be obtained, subject only to the lender's right to refuse, for reasonable cause, any insurer offered by the borrower. Credit Life and/or Disability Insurance is not required for this credit, the purchase of the same being entirely voluntary on the borrower's part. No credit insurance is involved unless the borrower who wishes the same signs the appropriate statement below. If such insurance is procurable, the premium therefor for the term of the credit will be: for Credit Life Insurance \$ None; for Credit Life and Disability Insurance \$ None

I desire Credit Life Insurance only I desire Credit Life & Disability Insurance

Date	Signature of Borrower	Date	Signature of Borrower
------	-----------------------	------	-----------------------

Prepayment Charges: (Show method of computation)
1% during the first five years.

Delinquency Charges: (Show method of computation)
None

Refund Credit: If the borrower pays, before maturity, the full amount of said obligations, no part of the prepaid **FINANCE CHARGES** will be refunded; however, interest on the loan accruing subsequent to the date of prepayment will be abated and all unexpired insurance policies above will be released and surrendered.

Receipt is acknowledged from the lender of a copy of the foregoing disclosures and a copy of the proposed note and security agreement, all delivered PRIOR to the execution of any documents.

December 21, 19 72 _____ X Willie Charles Thomas
 Date disclosures received Witness Borrower
 _____ X _____
 Date disclosures received Witness Borrower

NOTE: This form No. 1306, is only to be used in connection with FIRST mortgage or trust deed liens to finance purchase of a dwelling; if the security agreement is not to be a FIRST lien, S-N Form No. 1306 may be used.
 ORIGINAL AND DUPLICATE FOR SELLER
 TRIPPLICATE FOR BUYER

Address _____

SELLER Diana Rosenfield Property Address 5038 N.E. 15th

BUYER and/or BORROWER Willie Charles Thomas ***

CLOSER _____ Pro-rate Date _____

	BUYER and/or BORROWER		SELLER	
	Dr.	Cr.	Dr.	Cr.
PURCHASE PRICE	19,000.00			
OTHER CONSIDERATION				
Earnest Money Paid				
Equity Credit				
Other Credit <u>Portland Development Commission</u>		11,264.00 ✓		
STAND-BY FEE				
LOAN FEE		1,700.00		
LOAN PROCEEDS				
DISCOUNT at _____%				
TO TITLE COMPANY				
Policy of Title Insurance				
Recording Fees				
Other				
TO ESCROW				
Escrow Fee				
Other				
<input type="checkbox"/> LIENS <input type="checkbox"/> ASSESSMENTS <input type="checkbox"/> UNPAID TAXES....				
PRORATES				
Taxes: from <u>1-1-72</u> to <u>7-1-72</u>		257.17		
Fire Ins.: _____ to _____				
Rent: from _____ to _____				
FHA Mtgo. Ins. Prem. _____ to _____				
ASSUMPTION FEE				
RESERVE ACCOUNT ADJUSTMENT				
MORTGAGE OR CONTRACT BALANCE TO _____				
Interest: from _____ to _____				
Additional per diem interest to _____				
FHA Mortgage Insurance Premium				
Reserves				
Prepayment charge				
Other				
CONSTRUCTION DRAWS				
Date _____ \$ _____				
_____ \$ _____				
_____ \$ _____				
_____ \$ _____				
TOTAL \$ _____				
LOAN COSTS & RESERVES (see schedule attached)		507.90		
ACCRUED INTEREST ON LOAN AT _____%				
Amount From To Days				
MISCELLANEOUS ITEMS				
Inspection Fee				
Appraisal Fee				
Instalment on Loan Payment due				
New Fire Insurance Premium				
Survey				
Credit Report				
Other				
BROKER'S COMMISSION to _____				
BALANCE TO YOU TO CLOSE				
BALANCE FOR CONSTRUCTION				
CASH DUE FROM YOU TO CLOSE		3,701.07		
TOTALS	19,745.07	19,745.07		

We certify this to be a true and exact statement of this transaction

By _____

The undersigned hereby approves disbursement of funds in accordance with the above schedule

Willie Charles Thomas

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 28820 G

DATE January 25, 19 72

PAY TO THE
ORDER OF

Willie C. Thomas

\$ 340.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for Relocation Payment Filed. From 302 N. Cook (Parcel R-8-1). Fixed payment - own furniture \$140.00 Dislocation allowance <u>200.00</u>	<u>\$340.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Individual)	\$340.00

Willie C. Thomas

AA

Jmd

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Hospital Project
1700 S. W. Fourth Avenue	Project Number: ORE R-20
Portland, Oregon 97201	

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

1. FULL NAME OF CLAIMANT _____ Family Individual
 THOMAS, Willie C.

2. DATE(S) OF MOVE (12-30-71)

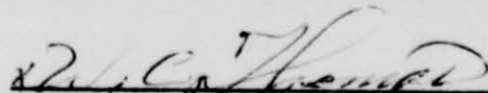
3. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. <u>R-8-1</u>
a. Address <u>302 N. Cook, Portland, Oregon 97236</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>3</u>)
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>Jan. 1, 1952</u>
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

4. DWELLING UNIT TO WHICH YOU MOVED	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Address (include ZIP Code) <u>5838 N. E. 15th, Portland, Oregon 97211</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number <u>---</u>	

5. TOTAL CLAIM (if 5 b. marked above)	
Dislocation Allowance	<u>\$200.00</u>
Fixed Moving Payment	<u>140.00</u>
(Consult local agency)	Total \$ <u>340.00</u>

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

12/23/71
Date


Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Willie C. Thomas
5838 N. E. 15th
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>140.00</u>			<u>1-25-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>340.00</u>	<u>340.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>1/25/72</u>	<u>28820</u>	<u>\$ 340.00</u>			<u>\$</u>

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Willie C. Thomas Project Emanuel Project
 2. Date(s) of move Dec 30 1971 Parcel No. R-2-1
 3. Dwelling unit from which you moved:
 Address 302 N Cook No. of rooms 3
 ___ Furnished Unfurnished Date you moved into this unit Jan. 1 1952

4. Dwelling unit to which you moved:
 Address 5838 NE 15th ⁹⁷²¹¹
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 140.00

 FIXED PAYMENT: \$200 + \$ 140.00 = \$ 340.00

ACTUAL MOVING COSTS

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

 STORAGE COSTS

Name, address and ZIP code of storage company _____

A. Type of claim
 ___ initial ___ supplementary ___ final

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

		<u>Approved</u>
C. Storage Costs		
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)

January 20, 1972

Freedom Bank of Finance
728 N. E. Killingsworth
Portland, Oregon 97211

ATTENTION: Tom Meyers

Re: Willie C. Thomas

Gentlemen:

You have in the above identified escrow account the sum of \$11,500.00, representing a replacement housing payment for Mr. Thomas. This is to certify that Mr. Willie C. Thomas has purchased and does occupy a standard structure at 5538 N. E. 39th, Portland, Oregon. You are hereby authorized to release said sum per his instructions.

Very truly yours,

E. J. [Signature]

W. C. [Signature]

PORTLAND DEVELOPMENT COMMISSION

2075 AVENUE J
MANUEL HOSPITAL PROJECT
500 N. COOK ST.
PORTLAND, OREGON 97227
Phone 255-0100

December 17, 1971

Mr. Willie Thomas
302 N. Cook
Portland, Oregon 97227

Dear Mr. Thomas:

The premises you are now occupying at the above address are within the boundaries of the Manuel Hospital Urban Renewal Project. The project is designed to accomplish the removal of structurally substandard buildings, to eliminate blighting influences, to modify the street system and to make land available to Manuel Hospital, a non-profit organization, for the development of necessary facilities for a medical and hospital complex.

Ownership (possession) of this property was vested in (granted) the Portland Development Commission on _____, _____, 19____. Pursuant to the plan of the Portland Development Commission, and the demolition of the structure which you occupy at the address above stated. The most recent regulations of the Department of Urban Renewal and the Department of Public Works, this project stipulates that you are to surrender possession of the premises to the Portland Development Commission. This letter therefore is to advise you of the requirement to surrender possession of the premises to the Portland Development Commission.

Very truly yours,

Director

The written approval of the Commission

These persons or parties are hereby notified

please call on _____
with you to the _____
you in your name, or _____
entitled under the _____
of your moving _____

WJ:slc

December 6, 1971

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

Attention: Miss Helen Benjamin, Relocation Representative

Dear Mr. Dawson:

Subject: Computation of the Relocation Benefits for
an Owner-Occupant of a Duplex or Other
Multi-Family Buildings

Under the provisions of the regulations published in the Federal Register, May 13, 1971, it appears that in the case of the owner-occupant of a duplex the Replacement Housing Payment must be computed on the "Carve Out" basis of the unit occupied by the owner, with the rental unit considered a business concern.

Mr. W. Thomas is an owner-occupant of a duplex at 300 and 302 N. Cook Street in the Emanuel Project Area. Mr. Thomas lives in the upstairs duplex; and his ex-wife, who is both blind and crippled, lives on the ground floor. Mr. Thomas says that his ex-wife has not enough money to pay the rent and that he has not collected rent from her for some time. It is not clear to us whether or not the rent has been charged but is uncollectible, or just not charged.

Mr. Thomas has found a four-bedroom, \$19,500 replacement dwelling that he wants to buy, and he has asked us to compute the amount of his Replacement Housing Payment. The unit that Mr. Thomas now occupies is a one-bedroom. We have been advised by the appraiser that his unit represents 45 percent of the purchase price. We have computed the Replacement Housing Payment by the following method:

Schedular amount for a two-bedroom, single-family dwelling	\$14,639
Less 45% of the acquisition price - $.45 \times \$7,500 =$	<u>3,375</u>
Replacement Housing Payment	<u>\$11,264</u>

Unless you object, we propose to use this method to compute the Replacement Housing Payment for the owner-occupants of all multi-family buildings who relocate into single-family units. Also, would you please advise whether or not the same method of computation would apply in the case of an owner-occupant who moves from one multi-family building to another multi-family building; or, in the latter case, must the Replacement Housing Payment be computed on the basis of a comparable?

As mentioned above, we understand that the rented units are considered as a business concern. In this regard they may qualify for the Sec. 202(c), PL-91-646 alternate payment if they meet the other requirements. Our concern is with Chapter 6, Sec. 5, Paragraph 88C(1)(c), which says that to be eligible for the payment the business must contribute ". . . materially to the income of the displaced owner." How much must the business contribute to the displacee's income before it can be considered material?

May we have your comments please?

Very truly yours,

John B. Kenward
Executive Director

JBK/BCW:ch

**FREEDOM BANK
OF FINANCE**

Piedmont Branch
December 2, 1971

728 Northeast
Killingsworth
Street,
Portland, Oregon
97211

(503) 288-6571

V. F. BOOKER
President and
Chairman of the
Board

C. EASTABROOKS
Executive
Vice President

O. B. GRANVILLE
Director

BOOKER T.
LEWIS, DDS
Director

SILAS WILLIAMS
Director

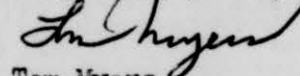
Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

Previous **mortgage** for Willie Charles Thomas on property at
The North one-half of Lt. 1, Block 8, Riverview Addition was
carried at ten percent.

The new mortgage loan will be carried at nine percent.

Very truly yours,



Tom Myers
Manager

Project _____

Parcel _____

Housing Additive

Rent Supp.

Down Payment

Economic Rent

Relocatee _____

Address _____

ITEM	SUBJECT			COMPARABLE #1			COMPARABLE #2			COMPARABLE #3		
Multiple Listing #	XXX "											
Sale or Rent Price	7,500											
Address	Basement 1 Was in process of being remodeled											
No. of Rooms	BR	Bath	Total Rooms	BR	Bath	Total Rooms	BR	Bath	Total Rooms	BR	Bath	Total Rooms
First Floor Up	2	1	3									
Type	Duplex Extra Apt in Basement											
State of Repair	Int.	Ext.										
Type of Neighborhood												
Street												
Improvements												
Availability of Public Services												
Lot Size	about 50 x 50											
Year Built	1906											
Fireplace												
Heating System	Oil 1st Floor Gas Up											
Basement	Full - with 1 Bedrm Apt was being fixed up - in present condition not rentable											
Garage	no											
1st Floor & Attic Habitable Area	1856											
Total Area	2912											
Furnished or Unfurnished	Unfurnished											
Extraordinary Amenities												

11
1856
1056
2912

Comparable # _____ is considered most like subject because:

The adjusted price is \$ _____. Explain _____

By _____

Date _____

December 1, 1971

Freedom Bank of Finance
728 N. E. Millingworth
Portland, Oregon 97211

ATTENTION: Tom Myers

Mr. Willie C. Thomas

Dear Sir:

Enclosed is our check No. 171 in the amount of \$11,254.00,
representing a judgment hearing payment to be deposited to
Mr. Myers' account for the amount due under other-

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 171 EH

DATE November 30, 19 71

PAY TO Freedom Bank of Finance

\$ 11,264.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Willie C. Thomas, Replacement Housing Payment for Tenants per claim filed. From 300/302 N. Cook (Parcel R-8-1). Lump sum payment	\$11,264.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$11,264.00

RL

JMS

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

Willie C. Thomas
5838 N. E. 15th
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

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

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

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

Initial Date of Ownership: January 1, 1952 Date of Acquisition: November 1, 1971
Month-Day-Year Month-Day-Year

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

Initial Date of Ownership: January 1, 1952 Date of Initiation of
Month-Day-Year Negotiations: October, 1971
Month-Day-Year

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

Date of Displacement: _____ Date of Purchase of Replacement
Month-Day-Year Housing: _____
Month-Day-Year
Date of Occupancy of Replacement Housing: _____
Month-Day-Year

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

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

Issuance Date of Mortgage: _____ Date of Discharge of
Month-Day-Year Mortgage: _____
Month-Day-Year
Date of Initiation of Negotiations: _____
Month-Day-Year

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

6. CERTIFICATION OF LOCAL AGENCY

[Handwritten Signature]
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 \$ 11,264.00 is authorized.

11-30-71

Date

[Handwritten Signature]
Authorized Signature

RHP-4 7. RECORD OF PAYMENT

Date of Payment: 11-30-71 Check Number: 171 EH Amount: \$ 11,264.00

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	Emanuel Project PROJECT NUMBER: ORE R-20

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

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) THOMAS, Willie C.
2. DATE OF DISPLACEMENT: _____
Parcel No. R-8-1
 Family x Individual

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 300/302 N. Cook, Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner January 1, 1952
Month-Day-Year
3. Number of bedrooms in the dwelling 4
4. Date of initiation of negotiations for local agency acquisition of dwelling October, 1971
5. Payment made by local agency for the dwelling \$ 7,500.00

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code) 5838 N. E. 15th, Portland, Oregon 97211
7. Number of bedrooms in replacement dwelling 3
8. Purchase price of the replacement dwelling \$ 19,000.00

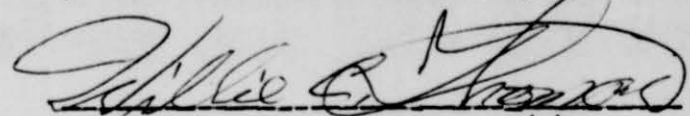
C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

Item (a)	COSTS INCURRED BY CLAIMANT			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)
	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

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

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.

10/28/71
Date


Signature of Owner-Occupant (s)

OWNER'S
EARNEST MONEY RECEIPT

RECEIVED OF WILLIE C. THOMAS Portland, Oregon, October 7, 19 71

hereinafter mentioned as the purchaser,
the sum of Two Hundred Dollars (promissory note) (\$ 200.00)
as earnest money and in part payment for the purchase of the following described real estate situated in the
City of Portland, County of Multnomah, State of Oregon,
and more particularly described as follows, to-wit:

Lot 7, Block 9 OAKHURST ADDITION in the City of
Portland, Multnomah County, Oregon 5838 NE 15th

which we have this day sold to the said purchaser
for the sum of Nineteen Thousand and 00/100-----Dollars \$ 19,000.00 ;
on the following terms, to-wit: The earnest money hereinabove received for \$ 200.00 ;
upon acceptance of title and delivery of deed ~~of the premises~~ . . . \$ 18,800.00 ; \$ 19,000.00 ;
~~earnest money~~ Balance \$;

Purchase price includes drapes and curtains, and rug in dining room and entrance hall.

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, and such report shall be conclusive evidence as to status of seller's title.

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 60 days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the seller as liquidated damages, and this contract shall thereupon be of no further binding effect. **Subject to conditions on page 2**

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances to date except Zoning Ordinances, building restrictions, taxes due and payable for the current fiscal year and **page 2**

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Rents, interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of the sale herein or delivery of possession, whichever first occurs.

Possession of said premises is to be delivered to purchaser on or before December 31, 19 71. Time is of the essence hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's fees.

Special conditions: This contract is subject to the provisions on page 2 of this Earnest Money Receipt attached hereto.

Irana Rosenfeld Owners

I hereby agree to purchase the above property and to pay the price of _____

(\$ _____) Dollars as specified above.

Address _____ Purchaser Willie C. Thomas

Phone _____

EARNEST MONEY RECEIPT

Page 2

This contract of sale and purchase of the described real property is subject to the approval of Portland Development Commission which is providing Purchaser with funds for purchase in accordance with and pursuant to Relocation Act of 1970. In the event Portland Development Commission indicates its non-approval of the within transaction then this contract of purchase shall immediately be of no further binding effect; if Portland Development Commission grants its approval this contract of purchase shall be in force and effect; provided however that in the event closing of transaction and payment of full purchase price is not made within 180 days of the date of this Earnest Money Receipt this contract shall thereupon immediately be of no further force and effect.

WYBE
RECORDING

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

October 18, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director
Building Division
C. C. Crank, Chief
Electrical Division
R. A. Niedermeyer, Chief
Plumbing Division
George W. Wallace, Chief
Permit Division
Albert Clerc, Chief
Housing Division
S. J. Chegwiddden, Chief

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

Re: 5838 N.E. 15 Avenue

Attn: Chet Daniels

Gentlemen:

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

Our inspector reports the structures are in standard condition and comply with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm

cc: Portland Dev. Comm.
5630 N.E. Union Ave.
Mrs. Rosenfield
5838 N.E. 15 Ave.

MEMO TO FILE: Willie C. Thomas
11-26-71

Mr. Willie C. Thomas lives in a duplex at 300/302 N. Cook Street. He occupies the upstairs apartment and his former wife lives downstairs. The upstairs apartment has four rooms and the downstairs has five rooms. However, Mr. Thomas has found a house that he prefers rather than a comparable duplex. At a glance it seems doubtful that he can find a suitable duplex that will give him similar off-street parking and garage space. Also his acquisition payment for his old duplex, with the maximum RHP would not be enough to pay for a new duplex to be built at today's market prices. Mr. Thomas has purchased a house that would cost less than he would qualify for under the fixed schedule for a four bedroom house.

CD:slc

WORKSHEET FOR RHP CLAIM FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

Full name Thomas, Willie C.

Family Individual

Date of Displacement _____

Parcel No. R-2-1

A. I Address of unit from which you moved 300/302 N. Cook 97227
 Date you first occupied as owner-occupant Jan. 1, 1952
 Number of bedrooms 4 Date of initiation of negotiations _____
 Payment made by local agency for this dwelling \$ 7,500

A. II Address of unit to which you moved 5838 NE 15th 97211
 Number of bedrooms 3 Purchase price of replacement dwelling \$ 19,000
 Date you signed purchase agreement Oct. 6, 1971
 Date of settlement _____
 Date you expect to occupy Dec 6, 1971
 Compute RHP on schedule _____ comparative

- B. Interest Payment.
1. Outstanding mortgage on original dwelling \$ _____
 2. Number of monthly payments remaining on mortgage: _____
 3. Annual interest on mortgage of original dwelling _____ %
 4. Annual interest rate of mortgage on new dwelling _____ %
 5. Prevailing interest rate on passbook savings _____ %

C. Incidental expenses.

Item	Charged to Claimant	Paid by Claimant	Claimed	Approved
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

1. Did client own dwelling at time of acquisition Yes No
 Initial date of ownership Jan. 1, 1952 Date of acquisition Nov. 1, 1971
2. Did client own and occupy 180 days prior to negotiations? Yes No
3. Did client purchase and occupy replacement housing within one year from date of displacement Yes No
 Date of displacement Dec 6, 1971 (expected)
 Date of purchase of replacement housing _____
 Date of occupancy of replacement housing Dec 6, 1971 (expected)
4. Did claimant have a bona fide mortgage on his dwelling 180 days prior to negotiations? Yes No
 Issuance date of mortgage _____
 Date of discharge of mortgage _____
 Date of initiation of negotiations _____
5. Is replacement dwelling standard Yes No

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

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

Willie C. Thomas
300-302 N. Cook
Portland Oregon

C Daniels *10/27/71*
 (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) \$ 11,264.⁰⁰
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) \$ 11,264.⁰⁰
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) \$ 11,264.⁰⁰

(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 \$ 19,000
2. Cost of comparable replacement dwelling (Cost based on: Schedule Comparative Other) \$ 14,639
3. Acquisition payment made by agency for claimant's former dwelling *a upper unit Duplex* \$ 3,375
valued at 45% of acquisition price or 3,375.⁰⁰

2 Bdr. on Schedule is as low as we go 4 Bdr.

Computation

4. Line 1 or Line 2, whichever is less \$ 14,639
5. Minus Line 3 - \$ 3,375
6. Amount of differential payment \$ 11,264

11/26/71

Ben Webb has reported that our inquiry to HUD about the method of computing the RHP for Willie Thomas who now lives in a duplex and wishes to purchase a house has been verbally answered by Helen Benjamin who contacted Hilda James in Washington DC for a ruling. Hilda James through Helen Benjamin indicates that we should "carve out" the value of the unit which Willie Thomas occupied in his duplex and compute a ~~different~~ differential payment by subtracting this "carved out" value from the appropriate ~~amount~~ amount on our schedule. In this case Willie Thomas occupied a one bedrm. unit; the smallest unit recognized on our schedule ^{as conceived in by HUD} is for a 2 bedroom at ave. sales price of \$14,639. Our real estate department has indicated that the ~~value~~ value of the unit which Willie Thomas occupies is \$3,375. Thus his RHP would be:

\$ 14,639	Schedule
\$ 3,375	
<hr/>	
\$ 11,264	RHP Amount

This ruling applies only to a person who owns & occupies a unit in other than a single family dwelling but chooses to purchase a single family dwelling upon displacement.

November 8, 1971

MEMORANDUM

TO: Stan Jones
FROM: Harold Hand
SUBJECT: Segregation of Value
Parcel No. R-8-1
Emanuel Hospital Project

At your request I have examined the acquisition appraisals to determine the segregated value of the upper unit occupied by the owner.

The gross market rent is estimated at \$100 per month, of which \$45.00 is attributable to the upper unit. Therefore, 45% of the total value is attributable to the upper unit, or \$3,375.00.



Pioneer National Title Insurance Company

November 2, 1971

OREGON DIVISION

Mr. Willie Charles Thomas
302 N. Cook
Portland, Oregon

ESCROW NO. 387779
RE: COOK-P.D.C.

In connection with the above numbered Escrow, we enclose the following:

- (X) Statement of Receipts and Disbursements
- (X) Our check # OR384406 in the sum of \$ 4,031.86 representing proceeds of demand.
- () Deed recorded records of _____ County. Book Page
- () Mortgage recorded records of _____ County. Book Page
- () Note dated _____ in the sum of \$
- () Title Insurance Policy No. _____ in the sum of \$
- () Fire Insurance Policy in the amount \$ _____

Any other documents to which you are entitled will be forwarded as soon as they are available.

Yours very truly,
Pioneer National Title Insurance Company

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

Pioneer National Title Insurance Company

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

Branch Telephone: _____

Esc. No. 387779

ESCROW STATEMENT

November 2, 19 71

Thomas, Willie Charles
300-302 N. Cook

PROPERTY ADDRESS

DESCRIPTION	Debit	Credit
N 1/2 of Lot 1, Block 8, Subdivision of RIVERVIEW Addition	\$	\$
Demand-Deposit for deed		7,500 00
Title Insurance Policy No.		
Escrow Fee		
Taxes 71-72 pro-rata 7-1-71 to 11-1-71	73 23	
City Liens		
Reconveyance		
RECORDING		
Deed to		
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage Freedom Bank to Thomas	1 50	
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Freedom Bank of Finance for Release of Mtg.	3,376 68	
Paid Bureau of Water Works or Water Bill	16 73	
Balance - Our Check Herewith	4,031 86	
Balance - Debit		
TOTAL	7,500 00	7,500 00

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

Pioneer National Title Insurance Company

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

Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

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

October 18, 1971

John B. Kenward
Executive Director

Mr. Willie Charles Thomas
10116 N. E. Thompson Street
Portland, Oregon 97220

Re: Parcel No. R-8-1
Emanuel Hospital Project

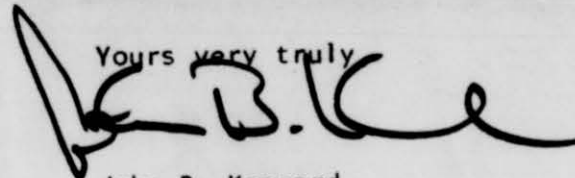
Dear Mr. Thomas:

The Portland Development Commission accepts your offer to sell the above described property as set forth in the Real Estate Option dated October 13, 1971.

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

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

Yours very truly



John B. Kenward
Executive Director

JBK:d1

PDC-RE-2
5/1/71

MAURICE D. SUSSMAN
ATTORNEY AT LAW

JACKSON TOWER, 806. S. W. BROADWAY
PORTLAND, OREGON 97205
TELEPHONE (503) 228-8531

October 6, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97217

Attention: Mr. Chester Daniels

Re: Diana Rosenfield-Willie C. Thomas
Transaction

Dear Mr. Daniels:

Enclosed are two copies of Earnest Money Receipt signed by my client, Diana Rosenfield, whereby she agrees to sell her residence to Willie C. Thomas for the sum of \$19,000, a cash transaction with full purchase price to be paid upon delivery of the deed. This Earnest Money Receipt of course should be signed by Willie C. Thomas and one copy should be returned to me.

Also enclosed is a promissory note for \$200 to be signed by Mr. Thomas as a consideration for the execution of the Earnest Money Receipt and a down payment. It is of course anticipated that the full purchase price will be paid in cash at which time the note can be returned to Mr. Thomas as paid. It is agreeable with me that you hold this note, but I do wish an acknowledgement of said fact.

As indicated on page 2 of the Earnest Money Receipt the seller recognizes that funds must come from the Portland Development Commission. We would appreciate however that if the Portland Development Commission does not approve this transaction that I be notified immediately so that Mrs. Rosenfield's property will not continue to be off the market for another sale. There is also a provision that the transaction must be completed within 60 days of the date of execution of the Earnest Money Receipt, which date should be inserted when Mr. Thomas signs same, and if no date is inserted through

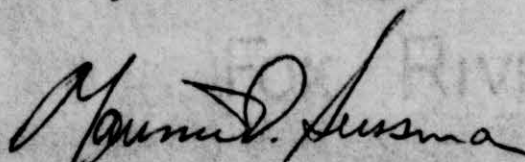
MAURICE D. SUSSMAN
ATTORNEY AT LAW

Mr. Chester Daniels
Portland Development Commission
October 6, 1971
Page Two

inadvertence, the 11th of October, 1971 shall be considered
the date of its execution.

If there are any questions please call me.

Very truly yours,


Maurice D. Sussman

MDS:nh
Enclosures

APPLICATION FOR LOAN ON REAL ESTATE

NAME OF APPLICANT: W.C. THOMAS DATE OF APPLICATION: _____ OLD LOAN NUMBER: _____ NEW LOAN NUMBER: _____

TO FREEDOM BANK OF FINANCE KILLING WORTH BRANCH OFFICE:
 I/we hereby apply for a loan of \$ _____, to bear interest at the rate of _____% per annum, to mature in _____ years, to be repaid in instalments of \$ _____ per month, ^{plus} including interest, and to be secured by a First Deed of Trust to the following real estate situated in the City of PORTLAND OREGON, County of WENT, California. The proceeds of this loan are to be used for _____

LOCATION

ADDRESS OF PROPERTY: No. 5838 on the RIGHT side of NE 15th ST GOING NORTH
 feet in a _____ direction from _____
 Size of Lot: Front _____ Ft. x _____ Ft. depth. Size, if Acreage: _____ Acres, more or less.
 LEGAL DESCRIPTION: 3 B.D. RM - LIVING RM, 2 DINNING RM. KITCHEN FIRE PLACE, 4 V. RM - 2 BASEMENT, DOUBLE GARAGE - INCED IN, PPLE TREE BRICK VENTIK FRONT, READ WOOD FRAME. BUILDING, CLOSETS, STUBBED IN TOILET & SHOWER IN BASEMENT, FRAMED PARTY RM

TITLE AND ENCUMBRANCES

PROPERTY NOW STANDS IN NAME OF: _____ NOW OCCUPIED BY:
 OWNER TENANT ON MONTH-TO-MONTH RENTAL
 TENANT ON LEASE-TERMS:
 DOES OCCUPANT OR ANYONE ELSE CLAIM TO HAVE ANY INTEREST IN THE PROPERTY? IF SO, DESCRIBE: NO
 IS PROPERTY BEING SOLD ON CONTRACT? IF SO, TO WHOM: _____ NAMES TO APPEAR ON LOAN DOCUMENTS:
 PROPERTY TO BE DEEDED TO: Willie C. Thomas

FIRST LIEN (IF ANY)	AMOUNT \$	NAME AND ADDRESS OF HOLDER	HAVE ANY IMPROVEMENTS BEEN MADE TO PROPERTY WITHIN LAST 90 DAYS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECOND LIEN (IF ANY)	AMOUNT \$	NAME AND ADDRESS OF HOLDER	

 DESCRIBE ANY OTHER DEEDS OF TRUST, MORTGAGES, JUDGMENTS, MECHANIC'S LIENS, STREET OR OTHER IMPROVEMENT ASSESSMENTS OR BONDS, DELINQUENT TAXES AND OTHER DEBTS OR CLAIMS THAT ARE OR COULD BECOME A LIEN PRIOR TO THIS LOAN.

BUILDINGS

PRINCIPAL BUILDING:
 SINGLE FAMILY DWELLING MULTI-UNIT RESIDENTIAL OTHER (DESCRIBE BRIEFLY)

NUMBER OF ROOMS <u>7</u>	NUMBER OF STORIES <u>1 FLOOR</u>	NUMBER OF ROOMS <u>3</u>	NUMBER OF STORIES
TYPE OF CONSTRUCTION		TYPE OF CONSTRUCTION <u>BRICK & FRAME</u>	

 OTHER BUILDINGS: (DESCRIBE BRIEFLY)

COSTS

I AM PURCHASING THIS PROPERTY:
 PURCHASE PRICE \$ 19,000.00
 CASH PAYMENT \$ _____
 I HAVE OWNED THIS PROPERTY SINCE _____
 ACQUIRED BY: PURCHASE EXCHANGE OTHER _____
 ACQUISITION COST \$ _____ CURRENT YEARLY TAXES \$ _____
 COST OF IMPROVEMENTS SINCE ACQUISITION \$ _____ FIRE INSURANCE CARRIED \$ _____
 CURRENT ASSESSED VALUE:
 LAND \$ _____ IMPROVEMENTS \$ _____ TOTAL \$ _____

PERSONAL DATA

Retired

APPLICANT (HUSBAND) CO-APPLICANT (WIFE)

EMPLOYED BY: NMU UNION Div.

ADDRESS: 1313 1/2 FIRST ST SEATTLE WASH

TYPE OF BUSINESS: MERCHANT MARINE

POSITION HELD: CH. ELECT. SINCE 1947 SINCE _____

ANNUAL INCOME: FROM EMPLOYMENT \$ 250.00 PER MO \$ _____

OTHER SOURCES \$ 203.10 11 S.S.C. \$ _____

TOTAL INCOME \$ 453.10 \$ _____

DEPENDENTS:

NUMBER: _____	LIFE INSURANCE CARRIED \$ _____	NAME(S) OF INSURANCE COMPANIES _____
AGES: _____	CASH SURRENDER VALUE \$ _____	
	POLICY LOANS \$ <u>NONE</u>	

BANK ACCOUNTS: GIVE NAME OF BANK, BRANCH AND TYPE(S) OF ACCOUNTS—(BOTH DEPOSIT AND LOAN ACCOUNTS)

Freedom Bank.

FINANCIAL DATA

ASSETS		LIABILITIES	
CASH IN BANK	\$ <u>NONE</u>	NOTES PAYABLE TO THIS BANK	\$ _____
NOTES AND MORTGAGES	<u>1 MORTGAGE</u>	OTHER NOTES PAYABLE	_____
STOCKS AND BONDS	<u>150.00</u>	ACCOUNTS PAYABLE	_____
REAL ESTATE OWNED—CITY	<u>PORTLAND, OR</u>	DEBT ON REAL ESTATE OWNED	_____
REAL ESTATE OWNED—OTHER	_____	OTHER LIABILITIES	_____
*OTHER ASSETS:	_____		_____
	_____	TOTAL LIABILITIES	\$ _____
	_____	NET WORTH (ASSETS MINUS LIABILITIES)	_____
TOTAL	\$ <u>150.00 STOCK</u>	TOTAL	\$ _____

*IF THIS PROPERTY IS BEING PURCHASED BY APPLICANT, INCLUDE EARNEST MONEY DEPOSIT, IF ANY.

The undersigned represents that the foregoing statements are true and hereby agrees, if the loan applied for is granted, to furnish, at his own expense, a policy of title insurance acceptable to the Bank, insuring title in the undersigned or either of them to the property above described, with the deed of trust or mortgage a first lien thereon, subject only to current taxes; to pay notarial fees, costs of recording the deed of trust or mortgage and any other documents which the Bank requires to be recorded, and the usual Bank charges for this type of loan; and if the property is income property, to furnish the Bank an assignment of rents and chattel mortgage (if furnishings are owned by applicant) in such form as the Bank may require. In the Event that all of the costs in connection with recording the loan papers as a first lien have not been paid within a reasonable time after all of the papers have been placed in escrow with the title insurance company for recordation purposes, then said costs may be advanced by the Bank and charged against this loan and become a part thereof. The undersigned further agrees to permit the title papers to remain with the Bank during the existence of the loan; to execute loan papers in form satisfactory to the Bank; to insure the property in an amount, type(s) of insurance and companies acceptable to the Bank, the policies therefor to be delivered to the Bank and to be payable, in case of loss, to the Bank or the Trustee under the Deed of Trust.

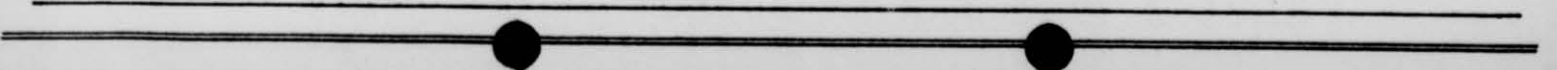
The undersigned hereby agrees that if the loan hereby applied for, or any part thereof, is to be used in the construction of a building or other improvement on the above described property, disbursement of the loan shall be made in accordance with the Bank's standard building loan disbursement plan.

The undersigned further agrees that no work will be done or materials placed on the above property until after the Deed of Trust or Mortgage securing this loan shall have been placed on record.

The acceptance of this application for a loan shall in no way constitute a contract or agreement on the part of the Bank, and it is understood and agreed that the money herein applied for shall not be subject to the order of the undersigned until the Deed of Trust or Mortgage is recorded and becomes a first lien upon the property herein described, and until all other requirements of the Bank have been complied with, until which time the undersigned hereby expressly waives any claims or rights to such sum.

SIGNATURE _____	AGE _____
SIGNATURE _____	AGE _____
BUSINESS ADDRESS _____	PHONE _____
HOME ADDRESS _____	PHONE _____

HOW MAY BANK REPRESENTATIVE ARRANGE TO INSPECT INTERIOR OF PREMISES?



MEMORANDUM.

Date _____

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

Escrow Company Freedom Bank of Finance

Escrow No. _____

Parcel No. A-8-1

Name Willie C. Thomas

Moving Date 1/2/72

The above client has relocated and does occupy the property which they purchased at 5838 NE 15th. The City Bureau of Buildings reports that the structure complys with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 11,264.00.



Relocation Worker

This is my total Bill.

No. 345-23 Date 3/12 1922

Name W. C. Thomas

Address 5838 E. 15th Ave.

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT	MOSE RETD.	PAID OUT
				✓			
QUAN.	DESCRIPTION					PRICE	AMOUNT
1	Truck						20 98
2	" "						21 02
3	Storage						50 00
4	Removing old						50 00
5	furniture from						
6	garage & basement						
7	making furniture						18.00
8	" "						20 00
9	Truck & 2 men						4
10	moving						48 00
11							12 00
12	Total cost						39 29 98
Deth. cert.							3.00
Customer's Order						Rec'd By	
KEEP THIS SLIP FOR REFERENCE							401.98
SH 527 Reprint							401.98
W. C. Thomas							1.00
							404.98

No. 345-39 Date 2/14 1972

Name West Brew.

Address _____

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT	MDSE RETD.	PAID OUT
				✓			
QUAN	DESCRIPTION	PRICE	AMOUNT				
2	Mowing charges		\$20.00				
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Customer's Order No.					Rec'd By <u>WBR</u>		
KEEP THIS SLIP FOR REFERENCE							
5H 527 <small>Reclipon</small>							

No. 345-40

Date

2/11 19 92

Name

Brisco Margaret

Address

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT	MOSE RETD.	PAID OUT
		✓					
QUAN.	DESCRIPTION					PRICE	AMOUNT
	Moving						18.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Customer's Order No.						Recd By	18.00
						1/19/92	

KEEP THIS SLIP FOR REFERENCE

5H 527 Modiform

No. 345-44

Date 2/29 1972

Name

Scobie Delworth

Address

SOLD BY	CASH	C. O. D.	CHARGE	ON ACCT	ADSE. RETD.	PAID OUT
	✓					
QUAN.	DESCRIPTION				PRICE	AMOUNT
1	Truck and					
2	Driver.					25.00
3						
4	one other help.					
5						
6						15.00
7						
8						
9						
10						
11						
12						
Customer's Order No.					Rec'd By	
					S. Delworth	

KEEP THIS SLIP FOR REFERENCE

5H 527 Rediform

No. 345-46

Date 3-12 - 1972

Name W. Brewer,

Address

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT	MOSE RETD.	PAID OUT
		✓					
QUAN.	DESCRIPTION					PRICE	AMOUNT
1	16 all old used						
2	furniture						
3	from Basement						
4	and garage.						
5	to City Dump.						\$50.00
6							
7							
8							
9							
10							
11							
12							\$50.00
Customer's Order No.					Rec'd By W. Brewer		
KEEP THIS SLIP FOR REFERENCE							
5H 527 Rediform							

No. 345-47

Date 1-30 1932

Name

Augustine Thomas

Address

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT	MDSE RETD	PAID OUT
QUAN.	DESCRIPTION				PRICE	AMOUNT	
1	<i>Storage furniture</i>						
2	<i>and other House</i>						
3	<i>hold</i>						
4	<i>From</i>				<i>1-30-32</i>		
T					<i>3-12-32</i>		
6							
7							
8							
9							
10							
11	<i>W. C. Thomas</i>					<i>\$50.00</i>	
12							
Customer's Order No.					Rec'd By		
KEEP THIS SLIP FOR REFERENCE							
5H 527 Rediform							

THOMAS W. SIMMONS
ATTORNEY AT LAW
PORTLAND BUILDING
PORTLAND, OREGON 97204
TELEPHONE 227-3431

February 16, 1972

Willie C. Thomas
5838 N.E. 15th Avenue
Portland, Oregon

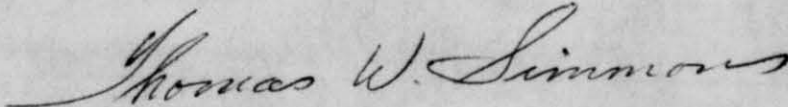
Dear Mr. Thomas:

I am enclosing a Power of Attorney setting out the items we discussed on the telephone this date.

This Power of Attorney should be mailed to Mr. Theodora Terry and instructions for him to sign on the last line on the bottom of the page where I have marked a red x. This signing must be done in the presence of a Notary Public in Mississippi who must notarize the signing in the space provided on the back of the form. After the form has been signed, he should then return it to you.

If you have any problems, please contact me. My fee for this service will be \$15.00.

Sincerely yours,



THOMAS W. SIMMONS

TWS:jm

Enclosure

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

#300

CERTIFICATE OF DEATH

Local File Number		State File Number	
1. DECEASED—NAME First Middle Last Augustine Thomas			2. DATE OF DEATH (month, day, year) 1-28-72
3. RACE White, Negro, American Indian, etc. (specify) Black	4. SEX female	5a. AGE—Last birthday (years) 58	5b. Under 1 year mos. days
6. DATE OF BIRTH (month, day, year) 9-18-13		5c. Under 1 day hours min.	
7a. COUNTY OF DEATH Multnomah	7b. CITY, TOWN, OR LOCATION OF DEATH Portland		7c. Inside City Limits (specify yes or no) yes
8. STATE OF BIRTH (if not in U.S.A., name country) Michigan		9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) divorced
11. NAME OF SPOUSE		12. SOCIAL SECURITY NUMBER	
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife		13b. KIND OF BUSINESS OR INDUSTRY	
14a. RESIDENCE—STATE Oregon	14b. COUNTY Multnomah	14c. CITY, TOWN, OR LOCATION Portland	14d. Inside City Limits (specify yes or no) yes
14e. STREET AND NUMBER OR R.F.D. 300 N. Cook		15. FATHER—NAME first middle last unknown	
15. MOTHER—Maiden Name first middle last unknown		17. Informant—NAME and relationship to deceased Willie Thomas - exhusband	
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. immediate cause			approximate interval between onset and death
(a) Renal failure			2 yrs
due to, or as a consequence of:			
(b) Kidney stone			5 yrs
due to, or as a consequence of:			
(c) Urinary infection			15 yrs
due to, or as a consequence of:			
19. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
Heart Disease (Hypertension)			19b. IF YES were findings considered in determining cause of death yes
20a. ACCIDENT (specify yes or no)		20b. DATE OF INJURY (month, day, year)	20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		20e. INJURY AT WORK (specify yes or no)	
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		20g. LOCATION (street or R.F.D. No., city or town, county, state)	
21. CERTIFICATION—PHYSICIAN: I attended the deceased from:		month day year	month day year
21. June 12 03		June 28 72	June 27 72
22a. PHYSICIAN—SIGNATURE		22b. NAME (type or print)	22c. DATE SIGNED (month, day, year)
Frank D. Mc Barron, M. D.		Frank D. Mc Barron, M. D.	2-17-72
23. MAILING ADDRESS—PHYSICIAN		street	city or town state zip
2225 Lloyd Center		Portland, Oregon	97232
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		24b. CEMETERY OR CREMATORY—NAME Columbian	24c. LOCATION city or town state Portland Oregon
24d. DATE (mo., day, year) 2-2-72		25. FUNERAL DIRECTOR—SIGNATURE	
25a. F. D. Vann		25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Vann's Mortuary 5211 N. Williams Port., Ore. 97217	
26a. REGISTRAR—SIGNATURE		26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Willie Thomas		FEB 23 1972	
28. RESERVED FOR REGISTRAR'S USE			

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

CERTIFIER

BURIAL

Date FEB 23 1972

STATE OF OREGON

COUNTY OF MULTNOMAH

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

By *Willie Thomas*
Deputy Registrar of Vital Statistics

(Seal)

1200 NW WEST 11TH AVENUE
 PORTLAND, OREGON 97209
 PHONE: (503) 226-7971

(X) N-REV 2

3/13/72 420100004

CHARGE CARD IMPRINT ONLY

5657 167 2
 WE THOMAS
 300 N COOK ST
 PORTLAND OREG

CHECK OUT INFORMATION		CHECKED IN AT			
MILEAGE DETERMINED BY READING FACTORY INSTALLED ODOMETER OR THE LOCALLY INSTALLED HUBODMETER		Area	Location No.		
MILEAGE IN	28588	Day	Month	Year	Time
MILEAGE OUT	28581	IN	14	1	12:33 P.M.
MILES DRIVEN	00007	Day	Month	Year	Time
MILES ALLOWED IF APPLICABLE 29		OUT	14	1	72:00 P.M.
EXCESS MILES CHARGED 30		DUE IN	15	1	72 P.M.

PHONE NO. _____

NAME (PRINT) _____

STREET _____

CITY & STATE _____

DRIVER'S LICENSE NO. _____ STATE _____ EXPIRES _____

CHARGE CARD _____

PURCH. ORDER _____

VEHICLE NO. 99398 67509 NO UNW

STATE CAL CITY STATE PORTLAND ORE

VEHICLE MAKE HLT BODY/SIZE 10FT 4281-50

MAXIMUM PAYLOAD 8500LBS

ONE WAY DESTINATION INFORMATION

UPON ARRIVING IN DESTINATION CITY CALL PHONE NUMBER BELOW FOR FINAL CHECK-IN INSTRUCTIONS:

Area _____ Location No. _____ PHONE NUMBER _____

CITY/STATE LOCAL

OTHER EQUIPMENT (SHOW RATES BELOW)	\$ COST	✓ IN
Hand Truck	2.00	✓
Lift Gate	1.00	
Furniture Pads	1.50	
Tow Bar	1.60	
Reefer	1.70	
TOTAL	2.00	

ONE-WAY OUT	LOCAL OR ONE-WAY IN
Days Allowed	Days Allowed
Miles Allowed	Miles Allowed
One-Way Charge	20.00
Other Equipment	13.91
SUB TOTAL	22.91

TRUCK DAMAGE INSPECTION

CHECK OUT YES/NO

SAFETY KIT SPEEDMETER SEAL INTACT LOAD RAMP INCLUDED TRUCK RECORD BOOK

CHECK IN YES/NO

1 NONE 2 AS NOTED 3 NONE 4 AS NOTED

Special Added Charge	35	
SUB TOTAL	36	
CDW per trip	37	
SUB TOTAL	52	22.91



COLLISION DAMAGE WAIVER (CDW) *

BY HIS INITIAL, Customer accepts or declines CDW, if accepted, Customer agrees to pay the rate shown for CDW in the appropriate computation column, and Lessor agrees to waive all claims against the Customer for the first \$250 of damage to a truck (the first \$750 of damage to a tractor or trailer) by collision while Vehicle is used in conformity with this Agreement.

INITIAL HERE: W.C.T. ACCEPTS COLLISION DAMAGE WAIVER (CDW) X

Additional Rental Refueling Service	53	
SUB TOTAL	54	22.91
% Tax	39	
PAI per trip	40	
Deposit Collected	47	
SUB TOTAL	42	4.00

PERSONAL ACCIDENT INSURANCE (PAI)

BY HIS INITIAL, Customer accepts or declines PAI at rates shown in the appropriate computation column. Acceptance is proof of coverage under policy issued to Lessor as outlined in separate Synopsis.

INITIAL HERE: W.C.T. ACCEPTS PERSONAL ACCIDENT INSURANCE (PAI) X

City Granted Credit or Hertz C.C.	43	
Cash	44	
Guaranteed Charge Card	45	
SUB TOTAL	60	26.91

WARNING *PLEASE READ THE TERMS AND CONDITIONS ON PAGE 1, (OTHER SIDE) AND PAGE 2 (THIS SIDE). THIS AGREEMENT IS SUBJECT TO ALL SUCH TERMS AND CONDITIONS.

*NOTWITHSTANDING PAYMENT OF THE CDW FEE, IF VEHICLE IS USED WITHOUT LESSOR'S PERMISSION OR IS DAMAGED AS A RESULT OF CONDITIONS ENUMERATED IN PARAGRAPH 1 ON PAGE 1, INCLUDING BUT NOT LIMITED TO STRIKING OVERHEAD OBJECTS, CUSTOMER SHALL BE LIABLE FOR ALL DAMAGES.

*I HAVE READ THE TERMS & CONDITIONS ON PAGE 1 AND PAGE 2 OF THIS RENTAL AGREEMENT AND AGREE THERETO.

Less Oil Repairs	61	
SUB TOTAL	62	26.91
LESS DEPOSIT	63	
SUB TOTAL	64	26.91

FOR RENTAL PERSONNEL USE ONLY

CIRCLE RENTAL USAGE PRIVATE 1 IF COMMERCIAL USAGE CIRCLE ONE Add'l. 2 Substitute 3 Owns No Trucks 4

CIRCLE CONTRACT USAGE EXTRA 5 INTERIM 6 SUBSTITUTE FOR VEHICLE NO. 7

COMMERCIAL ACCT. NO. _____ CORRIDOR PROGRAM 7 1 Circle Box If Customer Is to Provide B.I. & P.D. Coverage. 25

PREPARED BY _____ COMPLETED BY _____

REPORT DATE 12/3/72 INITIAL JS

REFUND RECEIVED _____

Cash 65 City Granted Credit or Hertz C.C. 66 26.91

Guaranteed Charge Card 67

REFUND _____

Cash 68 Check 69

PREVIOUS R/A NO. _____

RENTAL AGREEMENT No. 428108664

CUSTOMER IS LIABLE FOR ALL OVERHEAD DAMAGE AND ALL PARKING & TRAFFIC VIOLATIONS.

Lessor: The Hertz Corporation PORTLAND, OREGON

SHOW THIS NO. ON ALL CORRESPONDENCE

PORTLAND INT'L AIRPORT 1280
PHONE: 288-5048
6TH AND SALMON STREET
ACROSS FROM HILTON HOTEL
PHONE: 224-7700

Rental Agreement No. 2681468 1

34

CAR CHECKED IN AT (CITY/STATE)	AREA/LOC.
1280	12
TIME IN	7 11 30 AM 2 39
TIME OUT	7 11 30 AM 3 04

TO BE PAID BY
W C THOMAS
300 N COOK ST
PORTLAND ORE

RATES	DAYS	22.94
INCLUDE <input checked="" type="checkbox"/> DO NOT INCLUDE <input type="checkbox"/>	HRS.	20
GASOLINE	WKS.	@

EXISTING CARD	AMER	CASH	DIN	ATC	OIL	SANK	OTHER
	X						

MILEAGE IN	7483
MILEAGE OUT	7374

CREDIT APPROVAL NO.

DRIVER'S LICENSE NO. [REDACTED] STATE ORG EXPIRES 11/5/72

MILES DRIVEN	109	MILES @	12	13.08
MILEAGE DETERMINED BY READING FACTORY-INITIALED ODOMETER		SUBTOTAL	36.02	

300 N. COOK ST PORTLAND

DEPOSIT	None	YES	NO	NP
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CAR TO BE CHECKED IN AT (CITY/STATE) LOC. NO. DATE DUE

Portland 8 22 1972

VEHICLE NO.	1211216	SUBTOTAL	
-------------	---------	----------	--

CAR RENTED AT (CITY/STATE) AREA & LOCATION NO.

S.W. 6th & Salmon, Portland, Ore. 1280-12

CAR NO.	FFK 377	STATE		SERVICE CHARGE
---------	---------	-------	--	----------------

I HAVE READ THE TERMS, CONDITIONS, AND AGREEMENT (OTHER SIDE) AND PAGE 2 OF THE RENTAL AGREEMENT AND ALIEN THEREIN.

W.C. Thomas
Thank you for your business.

CAR MAKE	PLY	BODY STYLE	4DR
OWNING CITY/STATE	PDX	REFUELING SERVICE	

LOCAL ADDRESS PHONE NO.

102nd NE Thompson

ACCEPTS CDW. <input checked="" type="checkbox"/>	DECLINES CDW. <input type="checkbox"/>	CDW 2.00	4.00
--	--	----------	------

FOR RENTALS WITHOUT GASOLINE ONLY			
MINIMUM RENTAL	EXTRA DAYS	EXTRA HOURS	MILEAGE ALLOWED
	\$	\$	
DAYS			

ACCEPTS PAI. <input checked="" type="checkbox"/>	DECLINES PAI. <input type="checkbox"/>	TAX	No Tax
--	--	-----	--------

R/A PREPARED BY (LAST NAME)

Thomson

PAI. <input checked="" type="checkbox"/>	DECLINES PAI. <input type="checkbox"/>	PAI. PER DAY	1.00	2.00
--	--	--------------	------	------

BASIC CHARGE ONE DAY PLUS MILEAGE

CASH REFUND	GAS-OIL REPAIRS \$	TOTAL CHARGES	42.02
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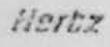
RENTAL SUBJECT TO FINAL AUDIT

R/A COMPLETED BY (LAST NAME)	LESS GAS-OIL-REPAIRS	NET DUE	42.02
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PORTLAND, OREGON



NET DUE	42.02
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CUSTOMER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

REPORT ALL ACCIDENTS IMMEDIATELY TO THE LOCAL HERTZ OFFICE. CUSTOMER MUST ALSO COMPLY WITH OTHER LOCAL LAWS AND COMPLETE A HERTZ ACCIDENT REPORT.

CENTRAL OFFICE COPY

RETURN THIS PART WITH YOUR REMITTANCE

RETAIN THIS PART FOR YOUR RECORDS

Moving Expense:

- 1 West Brewer — \$20.00
Moving
- 2 Van's Mortuary — 98.00
see list
Item need for Burial
3. Bobo: — 12.00
Moving
- 4 Scobie Dilworth
Him & Truck — 25.00
other man — 15.00 40.00
Moving
- 5 Brisco Morgan — 18.00
Moving
- 5 Hertz, Rental agreement — 42.02
Truck for Moving
see attachment
- 6 Hertz, Rental agreement — 26.91
Truck for Moving
see attachment
- 7 Thomas W. Simmons — 15.00
1 legal documents
- 8 P.G.E. — 37.04
Electric Bill

No. 345-41

Date

2/14

19 72

Name

Bobo.

Address

SOLD BY		CASH	C. O. D.	CHARGE	ON ACCT.	ADJSE RETD.	PAID OUT
		✓					
QUAN.	DESCRIPTION					PRICE	AMOUNT
	Modem						12.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Customer's Order No.						Rec'd By	
						Bobo	
KEEP THIS SLIP FOR REFERENCE							
5H 527 Rediform							

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels PROJECT NO. B-20 PARCEL R-8-1

NAME Willie C. Thomas ADDRESS 300-302 N Cook APT NO. 4P

PHONE 287-9354 INITIAL INTERVIEW Aug 1, 1971 SEX M W NW B AGE 54

U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE Jan 1, 1952

FAMILY COMPOSITION

Name	Relation	Age
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	

Employer: Name _____ \$ _____
 Address _____
 MCV Caseworker _____
 Social Security 7 Retirement 400.00
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME 400.00

Rent 0000, Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 3

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____
 Notify in case of accident:

Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 5835 NE 15th Box of Building Jan 8
 Zip Phone 287-9354

282-2216 Freedom Bank

Oct, Mr. Thomas came in and said he found a house through a fellow he went to school with. Previously he had looked at several but he felt that this house was the one for him and that he had placed Ernest Money on it.

Building Dept sent letter saying the house was in standard condition - Started Paper work for R.H.P.

Nov. Received Ernest Money agreement form Mrs Rosentfield's Attorney - Mr. Sussman. Also Received several calls from Mr. Sussman. He was concerned with time it took to process R.H.P. I assured him that ~~sale~~ would go through and there were no problems. -

Dec. Sent R.H.P. to Freedom Bank of Finance - Mr. Myer is closing the loan for Mr. Thomas. Mr. Thomas will have a loan with interest less than he is paying now by 1.0%

Dec 18 loan approved and closed - Could not move in until 14th of Jan. - He move from 303 N. Cook 1/1/71 at least all his major furniture - He stayed with friend (girl) until house was vacated.

Jan. Put claims in for Moving & Closing Cost. & Released ~~the~~ all money -

I have known Mr. Thomas for a long time he wanted the house he bought and I feel he made a very good buy. the Price was very good for the quality of house he got.

Jan 8 He moved into his new home. Very happy with house and has started to redecorate the interior.

Jan 28 Mr. Thomas' ex-wife died, Mrs. Augustina Thomas - Mr. Thomas has taken over the responsibility of the Funeral & Moving Mrs. Thomas's belongings from her Apt. at 302 N Cook - Has Power of Attorney to settle estate.

COMMENTS

Willie Charles Thomas

10-12-71

At the present time, Mr. Thomas has a real estate loan at our Piedmont office on which there is still an unpaid balance of \$3,355.37. I believe the loan is current. The house on which we have a loan is located in the area included in the Emanuel Hospital expansion program. Under this program, Mr. Thomas will be paid the appraisal value of his present home plus any difference which he will have to pay for a comparable home. In this case, the home that he wishes to purchase will cost him \$19,000 and this amount of money will be provided to him for this purpose. However, he will have to clear the balance owing to us on his present home. In order to do this, a new loan should be made on the home he is purchasing and the present loan paid. I have given him an application today to be completed for a loan on the house he is to purchase. CFE

11-26-71

Got in touch with Mr. Thomas and explained to him, as per written report sent down from H.V.D. to Stan Jones, how we arrived at his R.H.P. and he seems satisfied after he got it through his head that the Relocation program was not Emanuel or P.D.P. but H.V.D. and the money would have to be figure as per their instruction. He finally said he understood and to sign the claim for processing

12/1/71

Received check for 11,254.00 and sent that with letter of instruction to Freedom Bank of Finance. Mr. Thomas set up his own financing with them because he is a stockholder and had an existing loan on his old house with them.

HOUSING RESOURCES SURVEY
CHARACTERISTICS OF VACANT DWELLING UNITS
 To be Filled in for Each Dwelling Unit Classified as "Vacant"

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 4 Structure No. 3 Census Block No. 22 Census Tract No. 22 A
 Street Address 300-2 N Cook Apartment No. attic
 Legal Description _____

NAME OF OCCUPANT: Vacant NAME & ADDRESS OF OWNER: Willie Charles Thomas NAME & ADDRESS OF PROP. MGR: _____

 TELEPHONE: _____ TELEPHONE: 287-9354 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. VACANCY STATUS AT DATE OF SURVEY

- Available for rent
 - Available for rent or sale
 - Available for sale only
 - Rented or sold awaiting occupancy
 - Temporarily not available, _____
 - Held for occasional use
 - Substandard condition
 - Not available for other reasons (explain)
being remodeled
- Period vacant, months _____

II. RENTAL RATE ASKED FOR THIS D. UNIT

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

Deposits expected from renter
 Advance rent \$ _____, other \$ _____

This d. u. listed for rent with broker, yes _____, no _____
 This d. u. advertised for rent, yes _____, no _____
 Rental data obtained from
 Name, _____

III. SALES PRICE ASKED FOR THIS HOUSE

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

IV. OTHER FACTORS ON CONDITION OF THIS DWELLING UNIT

- A. Entrance to this dwelling unit
 - Enter directly from outside
 - Enter from common hall
 - Enter through another dwelling unit
- B. Kitchen
 - Complete kitchen for this d. u. only
 - Kitchen is for more than one d. u.
 - Kitchen is not complete
- C. Water available to this dwelling unit
 - Hot and cold piped water
 - Outlets are for more than one d. u.
 - No piped water in this dwelling unit
- D. Toilet facilities
 - Toilet for this dwelling unit only
 - Toilet is for more than one d. u.
 - No flush toilet in this dwelling unit
- E. Bath and shower facilities
 - Bath or shower for this d. u. only
 - Facilities are for more than one d. u.
 - No bath or shower facilities in this d. u.
- F. Kind of foundation or basement
 - Full, or partial, concrete basement
 - No basement, but built on poured concrete foundation
 - No basement, foundation not poured concrete, but built another way (explain) _____
- G. In the opinion of the Analyst, this dwelling unit is decent, safe and sanitary. Yes _____, No _____
 (If opinion is "NO", explain below.) _____

V. REMARKS

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

Analyst _____ Date _____
 Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 4 Structure No. 3 Census Block No. 22 Census Tract No. 22 A
 Street Address 300-2 N Cook Apartment No. attic
 Legal Description _____

NAME OF OCCUPANT: Vacant NAME & ADDRESS OF OWNER: Mrs. Thomas NAME & ADDRESS OF PROP. MGR.: _____

 TELEPHONE: _____ TELEPHONE: 224-5478 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>Kind of dwelling unit</u>	<u>No. of units in bldg.</u>
_____ One-family house	_____
<u>1</u> Apt. in a house	<u>2</u>
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 3 ^{attic} 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)
800 Sq. ft. in dwelling unit (if more than 1 floor)
4 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
4/27/67 Date of last appraisal
1906 Date structure was originally built

B. Market value data for one-family dwelling

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

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

	<u>Market value for entire structure</u>	<u>Computed value per sq. ft. for this dw. unit</u>
Land	\$ <u>1610</u>	\$ _____
Improvements	<u>5870</u>	_____
Total	<u>7480</u>	_____

1856 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

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

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

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

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

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

VII. REMARKS

1 - 1-71080-2130 WIEDERHOLD, A C & MINNIE

MAP: 2730

BY THOMAS, W C

ZONE: A25

RATIO: 1401

289 STEWART

LVY C:001

SAN FRANCISCO CAL

RIVERVIEW SUB

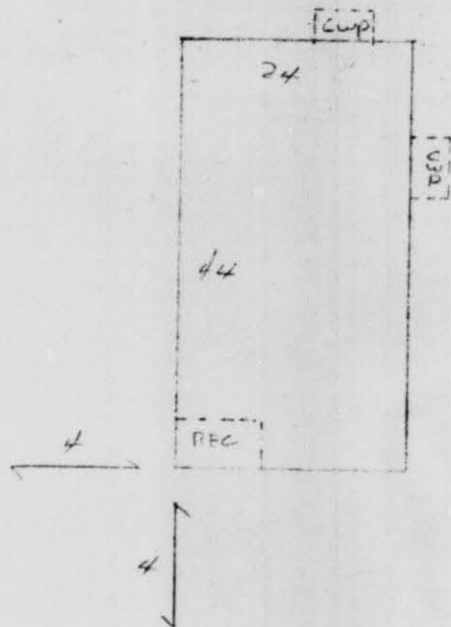
LOT BLOCK

N 1/2 OF

1 8

PROPERTY ADDRESS: 300-2 N COOK ST
PORTLAND

APPEALS:



AVE OR ST

1" = 20'

300-302 N. Cook

AVE OR ST



1 Not best land use

1 Good O.S. land

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			1550	5650	7200	4/8
1971			1610	5870	7480	U.D.

DATE 1-20-68 SIGN *K. J. Peterson* DEPUTY

APPROVED	REVIEWED	BLDG COUNT	INDEX	RE CHECKED	NOTIFIED

APPROVED S. TANNER

