| - DESCRIPTION |  |  | ROLL NO | ODMMETER |
| :---: | :---: | :---: | :---: | :---: |
| $\left[\begin{array}{l} \text { PARCEL NO. } \\ \text { AB-3-8 } \end{array}\right.$ | STOKES, SAMUEL <br> 2931 N. GANTENBEIN |  | . |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { E-3-5 } \end{aligned}$ | STUART, JERRY A. JR. 2648 N. COMMERCIAL CT. | - • | - |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { R-8-12 } \end{aligned}$ | TAYLOR, BTRDTE LEE 3229 N. GANTENBEIN |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { R-8-1 } \end{aligned}$ | THOMAS, AUGUSTINE (MRS.) <br> 302 N. COOK <br> (DECEASED) |  |  |  |
| $\begin{aligned} & \hline \text { PARCEL NO. } \\ & \text { RS-4-9 } \end{aligned}$ | THOMAS CHARLES <br> 7 N. RUSSELL \#8 |  |  |  |
| $\begin{aligned} & \hline \text { PARCEL NO. } \\ & \text { R-8-1 } \end{aligned}$ | $\begin{aligned} & \text { THOMAS, WILLIE } \\ & 300-302 \text { N. COOK } \end{aligned}$ |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & E-4-3 \end{aligned}$ | THOMPSON, FRED 322 N. KNOTT |  |  |  |
| PARCEL NO. <br> A-3-6 | THOMPSON, HEWEY 242 N. COOK |  |  |  |
| PARCEL NO. $\mathrm{E}-3-2$ | TURNER, REV. BRAUY 508 N. KNOTT |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & E-2-2 \end{aligned}$ | TURNER, FLORENCE 532 N. GRAHAM |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { A-4-4 } \end{aligned}$ | $\begin{aligned} & \text { TURNER, QUEEN E. } \\ & 260 \mathrm{~N} \text {. IVY } \end{aligned}$ |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & E-3-8 \end{aligned}$ | VAN LILE, hAZEL 2640 N. KERBY |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { A-4-2 } \end{aligned}$ | VERNON, CECIL L. 222 N. IVY |  |  |  |
| PARCEL NO. AB 3-5 | WALLIN, JACOB E. 413 N. STANTON |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { RS } 4-4 \end{aligned}$ | WALTON, LLOYD $\varepsilon$ WILLIE MA <br> . 102-06 N. KNOTT |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & \text { E-4-1 } \end{aligned}$ | WARD, ARTHUR B. 2651 N. GANTENBEIN |  |  |  |
| $\begin{aligned} & \hline \text { PARCEL NO. } \\ & E=4-1 \end{aligned}$ | WARD, BILLY L. 2651 N. GANTENBEIN |  |  |  |
| $\begin{aligned} & \text { PARCEL NO. } \\ & R-8-2 \end{aligned}$ | WARREN, LEO $\varepsilon$ INA <br> 312 N. COOK |  |  |  |

## RESIDENTIAL RELOCATION RECORD

Project Name
Parcel No. $\qquad$
$6 \cdot 3 \cdot 2$
Advisor $\qquad$
Client's Name $\frac{\text { Durer Brady. }}{10 \text { Not }}$ Address $\qquad$ n. Knot Eth $\qquad$ Phone $\qquad$ Age 63

- Family
I
Married
- Individual
- Single
- Renter/Occupant

Female
Owner/Occupant

## Family Composition

Total Number in Family 2 2 wife, husband

Other: Relation Age Relation Age


## Economic Data

Employervanitov (Amer (BLdg) 14000
Address Address

Other Source of Income Social Security $\$ 19900$ Total Monthly Income $\$ 7.33900$

| Eligible for Public Housing | $\square$ YES | $\square$ NO | Presently Receiving Welfare $\square$ YES |
| :--- | :--- | :--- | :--- |
| NO |  |  |  |
| Eligible for Welfare | $\square$ YES |  |  |
| Eligible for (Other) | $\square$ YO | Other Assistance |  |
| YES | $\square$ 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:


Date of initial interview $5-/ 7-7 /$ Date of Info pamphlet delivery
Date Notice to Move given $\qquad$ Date Effective $\qquad$ Expires $\qquad$

CLAIMANT'S INITIAL DATE OF OCCUPANCY
(a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property Date of Acquisition Date of letter of Intent

Date of move

$$
9.30 .71
$$

## DWELLING UNIT FROM WHICH RELOCATED

| Private Sales |  | Single Family |
| :--- | :--- | :--- |
| Private Rental |  | Duplex |
| Other | Multiple Family |  |

Age of Housing Unit $\qquad$ Size of Habitable Area 1050

Furnished with claimant's furniture IX YES NO
Total Number of Rooms_ Rent Paid $\$$ Utilities___ Number of Bedrooms $\qquad$ Monthly Housing Payments \$ $\qquad$ Taxes $\qquad$
Liens \$ $\qquad$ (please explain) Acquisition Price \$ $\qquad$ Amenities $\qquad$

REPLACEMENT DWELLING UNIT Address $\qquad$ LPA Referred $\qquad$ Self Referred

| Private Sales |  | Single Family |  |
| :--- | :--- | :--- | :--- |
| Private Rental |  | Duplex |  |
| Other | . | Multiple Family |  | Outside city $\square$ Outside state $\square$ Age of Housing Unit 1938 Size of Habitable Area 907 No. of Rooms $\qquad$ No. of Bedrooms $\qquad$

## For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ $\qquad$ 14,500

For Claimants Who Rented
Rent $\$$
Utilities \$ $\qquad$
Total Rent Assistance $\$$
Amount of Annual Payment \$ $\qquad$

## Agency Referrals:

$\square$
Standard Rent
Food Stamp Legal Aid

Benefits Received


RESIDENTIAL RELOCAT ION RECORD

CLIENT'S NAME TURNER, Brady E.
ADDRESS 508 N. Knott PHONE unlisted SEX_M ETHN black VETERAN__ AGE 63 DISABILITY $\qquad$ INDIV $\qquad$ FAMILY $X$
ELIGIBLE FOR: PUBLIC HOUSING $\qquad$ FHA 235 $\qquad$ RENT SUPPLEMENT__OTHER $\qquad$ INITIAL INTERVIEW $\qquad$ $5-17-71$
NOTICE TO MOVE $\qquad$ DATES EFFECTIVE $\qquad$ EXPIRATION DATE $\qquad$ NOTIFY IN CASE OF EMERGENCY

| ECONOMIC DATA | \$ 140.00 | FAMILY COMPOSITION |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Employer American Bldg. Main. |  | Name | Relation | Age |
| Address 63rd \& Halsey |  | Lucille | wife. | 68 |
| MCW |  |  |  |  |
| Social Security | 125.00 |  |  |  |
| Pension |  |  |  |  |
| Other wife - social security | 74.00 |  |  |  |
| MONTHLY INCOME | 00 |  |  |  |

DWELLING UNIT FROM WHICH RELOCATED

| Subsidized Sales |  | Single Family |  | $X^{\text {SS }}$ |
| :--- | :--- | :--- | :--- | :--- |
| Subsidized Rental |  | Multiple Family |  |  |
| Public Housing |  | Duplex |  |  |
| Private Rental |  | Mobile Home |  |  |
| Private Sales | $X$ |  |  |  |

Size of Habitable Area 1050 sq. ft.

Age of Structure 1904 No. Rooms 5 No. Bedrooms 2 Furn._Unfurn Utilities \$
Monthly Payments (Rent) \$ Acquisition Price $\$ 5,500.00$
Taxes \$ Equity \$
Liens \$

## AGENCY REFERRALS

| Name of Agency | Date |
| :--- | :--- |
| Multnomah County Welfare |  |
| Food Stamp Program |  |
| Housing Authority |  |
| Legal Aid |  |
| FiSH |  |
| Health Dept. |  |
|  |  |

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

REASONS:

|  |  |  |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

## TEMPORARY RELOCATION

| Within Project |  |
| :--- | :--- |
| Outside Project |  |

Date Moved In Address Reason $\qquad$

## REPLACEMENT DWELLING UNIT

Client Referred $\qquad$ LPA Referred $\qquad$
Address 1114 N. E. Ainsworth Phone $\qquad$ Date of Move September 30, 1971
WHERE RELOCATED:

| 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 $\qquad$ Unfurnished Number of Rooms $\qquad$ 5 Number of Bedrooms 2 Habitable Area 907 Utilities \$ $\qquad$ Monthly Payments (Rent) \$ $\qquad$ Purchase Price, $\$ 14,500$
Age of Structure: 1438 Taxes $\$$ $\qquad$ Equity \$ $\qquad$ Distance Moved Away $\qquad$
Name of Moving Company $\qquad$ Name of Realtor $\qquad$

BENEFITS RECEIVED


REALTOR: $\qquad$ ESCROW CO. $\qquad$ OFFICER $\qquad$

## INTERVIEW REGISTER

FLYER: delivered by James Crolley. Receptive. Works swing shift. Off Tuesday, Saturday, and Sunday.

Came into office in response to flyer. Was in agreement that EDPA did not represent people. Has talked to main office re: fire insurance; they advised him to pay quarterly.

SURVEY: Will buy comparable housing NE (Woodlawn) area, two bedrooms, all on one floor and basement.

Talked to Mr. Turner. He has reqested legal aid to sit in on his conversations with us. Explained to him what his benefits might be. Gave him information letter, had him sign for relocation services for familes and individuals. Gave referrals and signed 235 application.

Jim Barnes called Mr. Turner. Has located a house at 1327 N.E. Highland, two bedrooms, FHA $\$ 15,900$. Listed by Gibson and Bowles Realty. Wants to know when it can be inspected or that it qualifies and he will sign the Sale Option.

City Inspection order this date from Chet Collingsworth on 1327 N . Highland. Owner: Allen Hallbrook (Mrs.) 289-7902. Checked with Gregg Watson, PDC on possible street assessment on the above property. He checked with Mr. Joe Cereghino at City Hall (228-6141, ext. 305) - they have estimated assessment at $\$ 138.00$

Mr. Turner has called several times and I was out. Returned his calls but unable to contact him. Finally reached him and he has found another house and wanted it inspected. He was to come in and give me all the information but he has not come into the office as yet.

Rev. Turner has found a house at 1114 N. E. Ainsworth for $\$ 14,500$. He called and wanted to find out when we could process. Told him Barnes was out of town. He was waiting for dohn Medak to get seller signature,

Received earnest money receipt signed by Rev. Turner and approved by owner. Need approval by attorney. He's out of town. Will try to get another attorney assigned to him. Contact Mr. Sitnick of Legal Aid who agreed to review Earnest Money wi th Mr. Turner at 2:00 p.m. today.

I went with Mr. Turner to his legal aid attorney, Mr. Sitnick. His earnest money was approved and he signed his option. I advised him that PDC would start his processing immediately.

Mr. Turner and wife moved today and brought by the key to 508 N . Knott. Release of fund by PDC was requested to be sent to Transamerica TItle Co. PDC sent $\$ 200$ replacement allowance to Transamerica and sent instructions to PNII to send Turner's RHP and acquisition money for Turner house.

Turner called and said he had a water bill.
No closing statement.
Closing statement came in. Made a determination on his incidental closing expenses.

7/5/72
Made out forms to submit for his incidental closing benefits. They are being processed.

7/14/72
Check sent Emanuel Office and Mr. Turner notified.
Mr. Turner told me he was very happy with his house and that his home was just what they wanted. But after living there, he has found a leak in his basement and the window trim has peeled and needs to be painted. He indicated that there were certain other things that he wanted to repair or replace.

I advised him of PDC relocations inability to do much about his problems. We have released the money and paid the RHP, etc. - however, I did referr him to PDC ReHap section.

Project: $\qquad$ Emanuel ORE R-20 Parcel : E-3-2

Payable to: $\qquad$ Brady E. Turner

For: $\qquad$ RHP for Homeowners . . . . . . . . . . . . . . . . . . . . . \$
$\qquad$ Incidental Expenses for Homeowners (if separate claim) . . . . \$ 49.95
$\qquad$ RHP for Tenants \& Certain Others:
Rental: Total approved \$ $\qquad$ ; Annual amount. . . . . \$ $\qquad$ or Purchase:. . . . . . . . . . . . . . . . . . . . . . . $\qquad$ Fixed Moving Payment . . . . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Dis location Allowance. . . . . . . . . . . . . . . . . . . . . $\qquad$
$\qquad$ Actual Moving Costs. . . . . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Storage Costs (if separate claim). . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Business: Moving Expenses. . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Business: In Lieu Payment. . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Business: Storage Costs. . . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Business: Loss of Property . . . . . . . . . . . . . . . . . . \$ $\qquad$
$\qquad$ Business: Searching Expenses . . . . . . . . . . . . . . . \$ $\qquad$
Name of client Brady E. Turner
Less - \$ $\qquad$

Move from $\qquad$

$$
\text { Total } \$ 49.95
$$

Accounting: Indicate symbol \& Acct. No.
E1501
Relocation Payment; $\qquad$ Project Cost * $\qquad$ )

## NAME AND ADDRESS OF CLAIMANT:

Brady E. Turner
508 N . knot

## Portland, Oregon

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form. 1. Did the claimant own the dwelling at the time of acquisition? $X$ Yes No Initial Date of Ownership: $\frac{\text { May 1, } 1946}{\text { Month-Day-Year }}$ Date of Acquisition: September 24, 1971
2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiolion of negotiations? $X$ Yes $\qquad$ No

Initial Date of Ownership: May 1, 1946
Date of Initiation of
Negotiations: May 11, 1971
3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? $\qquad$ Yes $\square$ No
Date of Displacement: October 1, 1971. Date of Purchase of Replacement Housing: October 8, 1971
Date of Occupancy of Replacement Housing: October 1, 1971
(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? $\qquad$ Yes $\quad X$ No Issuance Date of Mortgage: $\qquad$ Date of Discharge of Mortgage:
Date of Initiation of Negotiations:
5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) $X$

Yes $\qquad$ No

## 6. CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Fedent 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 \$405 is authorized.
$\qquad$
nit of $\$ 495^{\prime}$ is puthorized.
Date
万heskuthorized Signature
7. RECORD OF PAYMENT

Date of Payment : $\qquad$ Check No. $\qquad$ Amount: $\$ \ldots 49.95$ Page 4.

Soptanter H. 1974

Mr. and Mrs. Eraly Turner
1114 M. E. Atineverth
Portlend, Orcein 27211.
Daer Mr. and Mrs. Twrnar:
It is the desifre of the Portiand odvelenment Comission to centact former residents of the Eminul area wha were alspleced as a recult
 ful; thmrefore, w lould appreetute the apportuity of menting with you te o cempaltint time.
Dicese cencest Mre, Petty Didens, 22tiviso, for any Informetion rela. siveste thetchere.
Thenk you for youry and weretion.


## Conemer minemay

DEPANTENT OF polte volrthe

## Relocation -

Howecwas fivad to be standard when RHP. was mede.

City of Portland Oregon
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## nete Int. Thinuest



## 4. Breen win





340 Al


## CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR <br> HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY
Portland Development Commission
1700 S.W. 4th Ave.
Portland, Oregon

## PROJECT NAME (if applicable) <br> Emanuel Hospital Project <br> 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 Fieplacement Dwelling to complete and submit with this claim.
PENALTY FOR FALSE OR FRAUDULEIT STATEMENT. I.S.C. Title 18, See. 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-OCCUPAIT CLATMANT (Os shown in deed 2. DATE OF DISPLACEMENT:
to displacing agency or in condemnation proceeding) October 1, 1971 Turner Brady E.

Parcel No. E-3-2
$\qquad$ Family

Individual
3. INFORMAT ION IN SUPPORT OF CLAIM

## A. Differential Payment

## Part 1. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 508 N. Knot

- Portland, Oregon

2. Date you first occupied this dwelling as the owner $\qquad$ Month-Day-Year
3. Number of bedrooms in the dwelling 2
4. Date of initiation of negotiations for local agency acquisition of dwelling May 11, 1971
5. Payment made by local agency for the dwelling $\$ 9000$.

Part 11. Data on dwelling unit to which you moved
6. Address of dwelling unit to which you moved (include ZIP Code) 1114 N. E. Ainsworth
7. Number of bedrooms in replacement dwelling _ 2
8. Purchase price of the replacement dwelling $\$ 14,500$

Page 1.
RH- 1
9. Complete either a. or b.:
a. If you have purchased and occupy the replacement dwelling:

Date you signed purchase agreement $\frac{\text { August } 25,1971}{\text { Month-Day-Year }}$

Date of Sett lement $\frac{\text { October 8, } 1971}{\text { Month-Day-Year }}$ Month-Day-Year
b. If you have purchased but do not yet occupy the replacement dwelling:
Date you signed purchase contract Month-Day-Year
Date of sett lement $\qquad$

Date you expect to occupy $\qquad$ Month-Day-Year
10. Check method you choose to determine the replecement housing cost that will be used as a basis for computing the amount of the differential payment
$X$ Schedule Comparative

## B. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved
2. Number of monthly payments remaining on the mortgage
3. Annual interest rate of mortgage on the dwelling from which you moved
$\qquad$
$\underline{\square}$
$\qquad$
\%
4. Annual interest rate of mortgage on the replacement dwelling
$\qquad$ \%
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located
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.)


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

Closing Statements (Date $10 / 8 / 71$ )

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 1 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.


Page 3.
RHP-3

## Transamerra Trifle Insurance to

EsCRow department

TURNER, Brady E and Lucille 508 N. Knot Street

Portland, Oregon 97227
SELIERS: KELLEY, Joseph A. and Anne J.


Escrow No. 41011
Order No.
41-27095
Date $\quad 10 / 8 / 7$
Adjustment Date
76.56
$5,145.12$
9.200 .00
(Cash or Contract)

TA 29

KBTLEY, Joseph A. and Anne J.
3394 Torthbrook Drive
Doraville, Ceorgia 30340
PUECHASERS: TURNRR, Bredy E. and Lucillo

| Property: 1114 H.E. Alesworth Portland, Oregon 97211 | CHarges | CREDITS |
| :---: | :---: | :---: |
| Sales Price |  | 14,500.00 |
| 1971-72 texee beece on 1970-7 tax of: \$306.24 Pro Rata Real Estate Taxes: $7 / 1 / T$ to $10 / 1 / T$ | 76.56 |  |
| Pro Rata Fire Insurance: buyer emintutug obtaining |  |  |
| Real Estate Commission Medak Reelty | 1,015.00 |  |
| Water Billing Final - Account Mo. 2052-860 | 12.52 |  |
| Recording |  |  |
| Title Insurance Owners | 95.00 |  |
| Escrow Fee 1/2 of \$ \$ $\$ 5.00$ | 32.50 |  |
| Contract/Mortgage Balance |  |  |
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|  | 1,232.58 | 14,500.00 |
| To Balance EET SALES PROCHADS | 13,268.43 |  |
|  | 14,500.00 | 14,500.00 |
|  |  |  |


N

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

PAY TO Brady E. Turner
DATE July 12, 1972
$\$ 49.95$ 12. 197

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON costive

DOLLARS
Warrant Number

## N:

 458 EH 1972NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission
224-4800
dETACH BEFORE DEPOSITING CHECK


## Account Distribution


(EH) $\$ 49.95$
DATED this Bath day of
 19 $\qquad$ -

The undersigned does hereby consent and agree that all personal property left by me in the premises at 508 Ni Knot , 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.

by:

PORTLAND DEVELDPMIANT COMMISSION 1700 S.W. FOURTH AVENUE
$\qquad$ 1971
PAY TO THE ORDER OF

Brady E. Turner

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

Portland, Oregon

Portland Development Commission . 224-4800
dEtach matoriz deponing chick


Account Distribution


Brady ©, Tum es,
rec. $10-6-71$

PDIETLAND DEVRLDPMIBNT CDMIISSIDN 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

PAY TO THE ORDER OF

Tramemerice Title Insurgmeecemeny

NON-NEGOTIABLE

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

Portland Development Commiselon
DETACH BEFORE DRPOATINE CNECK


## Account Distribution

## E1501

Relo Payments
(fixed - own furn. - family)
Eh $\quad \begin{aligned} & \text { anovst } \\ & \$ 200.00\end{aligned}$
$\qquad$
$\qquad$
occober 5. 197.

Trenscmagica Title Company
40) Sil 9th Avenua
portland, orogon 97205

Gentlemen:
Re: Escrow Account No. $\$ 1011$
Brady E. Turnor

Enclosed plaase find our check no. 27212 C in the amount of $\$ 200.00$
to cover closing costs for Mr . Turner.

## Yours very truly,

Denjamin C. Webb,
Chief of Relocetion and Property Management

## BCH: ac <br> Enclosure

September 30, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201
Dear Mr. Webb:
We hereby authorize you to place in escrow at Transamerica Title Insurance Co. Hollywood Branch, escrow account no. 41011 the amount of $\$ 200.00$ from our Dislocation Allowance Payment, to be used to pay closing costs for the purchase of 1114 N . E. Ainsworth Street, Portland, Oregon.
sincerely,

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT
(Certification of Eligibility and Record of Payments -- Families and (ndividuals)

NAME AND ADORESS OF CLAIMANT (Include 2IP code)
Brady E. Turner
508 N. Knott
Portland, Oregon 97227
NAME OF LOCAL AGENCY
Port land Development Commission
INSTRUCTIONS: A:tach completed Fors WUN-5140.2 conpleted Form(s) HUD-6140.1 filicd by ciainart.
A. Does claimant meet all timing requirements for eilgibility? [X] YES $L$, No

If "No," explain:
-. CERTARICATION
I CERTIFY that I have examined th.e claim, and the substantiating documentation, and have foond it to be in accord Ath the applicable provisions of Foceral law and the Regulations issued by the Departinent of housias and bibli Developant pursuant thereto. Therefore, the claim is hereby approved and payment is authorizod as foli 20 s .



## name and address of local agency (Include ZiP cede)

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

## PROJECT NAME (If applicable)

## Emanuel Project

PROJECT NUMBER
ORE R-20

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement tor actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12 . If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-614l.1, Claim for Relocation Adjustment Payment, and attach it to this form.
PENALTY FOR FAL.SE 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 fraudwent 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 then $\$ 10,000$ or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

TURNER, Brady E.
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address

508 N. Knot, Portland, Oregon 97227
b. Apt., Floor, or Room No.
c. Was it furnished with your own furniture? $X$ Yes $\square$ No
d. Number of rooms occupied foxcluding bathrooms, hallways, and closets): $\quad 5$
. Date you moved into this address: $\qquad$
2. DATE (S) OF MOVE

$$
10 / 1 / 71
$$

4. ADDRESS TO WHICH YOU HAVE MOVED
-. Address (Include ZIP code)
1114 N. E. Ainsworth, Portland, Oregon b. Apt., Floor, or Room No.
c. Were household goods moved to or from storage?
$\square \mathrm{Y}$
Y os $\quad \mathrm{x}$ 。

If "Yes," complete Block B on reverse side of this form.
5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:
$\square$ a. Reimbursement for actual moving expenses (including storage costs, if opplicoble)and/or direct loss of property

Check e If applicable:
$\square$ c. Supplementary claim for reimbursement
$X$ Dislocation Allowance
6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement
of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines Ila, 11b, and ic below.)

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

8. MOVER'S TELEPHONE NO.
9. METHOD OF PAYMENT, MOVING BILL (Check ane)- I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.b. I hove not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
10. AMOUNT OF ACTUAL COSTS AND/OR LOSS

11. I CERTIFY under the penalties and provisions of U.S.C. Title 18, See. 1001, and any other applicable law, that this claim and information submitted herewith hove 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 re: suit in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensoion from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith eceuratoly reflect moving services actually performed and/er storegeleasts actually incurred.
U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## CLAIM FOR RELOCATION PAYMENT

(Cortification of Eligibility and Record of payments -- Families and Individuals)

TURNER, Brady E.
1114 N. E. Ainsworth
Portland, Oregon 97211
hame of local agency
Portland Development Commission
INSTRUCTIONS: At: ash cozpleied For RUD-6.40.2 :0 coapieted Fora(s) HUD-6140.1 filcd by claincnt.
A. Does claimant meet all timing requirements for eligibility? [x] vas - No If "No," explain:
B. CERTIFICATION
 with the applicable provisions of Federal law and the Regulations issued by the Department of Housin. and ufbun Development pursuant thereto. Therefore, the claim is hereby approved and paymeat is authorized ac follors:


NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (II applicable)
Emanuel Project
PROJECT NUMEER ORE R-20

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12 . If this claim is for reimbursement or actual moving expenses (including storage casts, if applicable) and/or direct loss of property, complete Items 1 through 12 . If an "tem does not apply. write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HLD-6141.1,
Claim for Relocation Adjustment Payment, and aftach it to this form. 18 , Sec. 1001, provides: "Whoever, in any matter within the PENALTY FOR FAL.SE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. urisdiction of any department or agency of the United Srate false writing or document knowing the same to contain any false, fictitious or iroudulent 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

TURNER, Brady E.
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Addres:

508 N. Knott, Portland, Oregon 97227
2. DATE(S) OF MOVE

October 1, 1971
4. ADDRESS TO WHICH YOU HAVE MOVED
-. Address (Include ZIP code)
1114 N. E. Ainsworth, Portland, Oregon
b. Apt., Floor, or Room No. --
c. Were household goods moved to or from storage?

$\square$ Yes $\quad$ X<br>If "Yes," complete Block B on reverse side of this form.

## e. Dote you moved into this addra

## Check a or b after consulting local ogency:



Check c If opplicoble:
$\square$ c. Supplomentary claim for reimbursement

1. b. Fixed Payment (May not be mode If storoge costs arg hughved) 5 rms .
2. TOTAL CLAIM (If cloim is for Fixed Payment, consulriocal caency. If claim is forreimbursoment of octual moving expenses, direct loss of property, ond/or storoge costs, onter sum of Lines 110, 11b,

5
220.00 and lic below.)

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

8. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY (OR PERSON) $^{\text {P }}$
9. NAME OF MOVING COMPANY (OR PERSON)

## 10. METHOD OF PAYMENT, MOVING BILL (Check one) <br> I I have PAYMENT, MOVING BILL (Chech one)

 reimbursement.$\square$ b. I have not paid the moving cherges, and I therefore request that the atteched itemized moving bill be peid directly to the mover, in ace ordance with arrangements modo in advance, and with my consent, between the lecal agency and the mever.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
a. MOVING COST (Must be supported by oftoched recelpe(s) or unpoid veveher from mover If local egency is to pay mover directly.)
b. STORAGE COST (Muat be supported by afteched recelpt(s) or unpoid voucher from storoge compeny if
local agency is to pay storoge company directly.)
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is mode here, the Stetement of Claim on reverse side of this form must be completed.)
 submitted herewith hove been examined by me and are true, carrect, and complete, and that I understond 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 submisted herewith may result in forfoiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensotion from any other source for any item of lass or expense paid pursuant to this claim, and that any bills or receipts submitred herawith eceverely refleet moving sorvices aetually performed and/or storegoleasts actually incurred.

10/1/71
Dote

SH NnLENL
Signeture of claiment

## Dwelling Unit Imventory




Escrow No.
Parcel No. $\mathrm{x}-1=2$

Neme $\qquad$ nne hingetyis

Moving oate Chetochen 1. 1971
The ovove cllcus
 aremietions.
$\qquad$

## Occober 4, 1971

Pioneer National Title Insurance Co.
421 S. V. Stark Street
portland, Oregon 97204
ATTENTION: Jean Egberg
Escrow Officer
Re: Escrow No. 386761
Parce? No. E-3-2 (Turncr)
Gentiemen:

You have in the above-identificd escrow account a $\$ 9,000$ replacement housing payment in accordance with ou:instructions of September 13, 1971.

This is to certify that Brady E. Turner has acquired and moved into a standard structure located at 1114 N. E. Ainsworth. You are hereby authorized to release the $\$ 9,000$ replaccment housing payment and disburse it in such manner as directed by Mr. Turner.

Yours very truly,

Marold D. Hand Chief, Real Estate
HDH:dl
Enclosure:
Letter of instruction from Brady E. Turner

September 30, 1971

Ploneer National Title Insurance Co.
421 S. W. Stark
Portland, Oregon 97204
Attention:
Escrow Officer
Re: Escrow No. TURNER, Brady E.

Gent lemen:
We hereby authorize you to transfer from escrow account number at Ploneer National Title Insurance Co., to
Transamerica Title Insurance Co., Hollywood Branch, escrow account number $410 \|$, the amount of $\$ 9,000$ for Replacement Housing Payment to be used toward the purchase of standard housing at 1114 N. E. Alnsworth Street, as soon as possible.

## Sincerely,

Brady E. Turner

September 30, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201
Dear Mr. Webb:
We hereby authorize you to place in escrow at Transamerica Title Insurance Co. Hollywood Branch, escrow account no. 41011 the emount of $\$ 200.00$ from our Dislocation Allowance Payment, to ${ }^{\prime}$ be used to pay closing costs for the purchase of $1114 \mathrm{~N} . \mathrm{E}$. Alnsworth Street, Portland, Oregon.

Sincerely,

## F <br> PDITMAND DBVBLDPMISNT CDNTMISSIDN

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

## pAY TO

Plemeer notional titis Insurance Co.
$\qquad$ DOLLARS

DATE September 2 1971

9
?

## NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission


## Account Distribution



## COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. or actual
(From approved Form HUD-6155) purchase price of replacement dwelling whichever is less
$\$ \quad 5,500$
2. Line 1 minus line 2.
\$ 9,000
3. Amount of Replacement Housing Payment (If amount on Line 3 is $\$ 5,000$ or more, enter $\$ 5,000$; if amount on Line 3 is less than $\$ 5,000$, enter amount on Line 3.)
$\$ \quad 9,000$
4. Amount of any Additional Relocation Payment, ${ }^{*}$ previously paid.
*Include Relocation Adjustment Payment made in accordance
with interim instructions (See Circular 1370.3, paragraph 8).
$\$$
5. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.

| 7. Total (line 5 and 6) |
| :--- |
| 8. Amount of Replacement Housing Payment. <br> (Line 4 minus line 7) |
| REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to |
| provide explanation.) |

## CERTIFICATION OF THE DISPLACING AGENCY

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

Date of Displacement:


Date Occupancy Established:


I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment of the amount shown on Line 8 above is authorized.



WARRANT

|  | DATE |
| :--- | :--- |

EnEEKNO.
AMOUNT
29 EH
9,000

## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## DETERMINATION OF ELIGIBILITY AND COMPUTATION OF replacement housing payment

Brady E. \& Lucille Turner 1114 N. E. Ainsworth

NAME OF DISPLACING AGENCY
Portland Development Commission

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

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

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

Initial Date of Ownership:
Date of Acquisition:

| YES | NO |
| :---: | :---: |
| $X$ |  |

May 1, 1946
Month-Day-Year
Month-Day-Year
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?

Initial Date of Ownership: Date of Initiation of Negotiations:
May 1, 1946
Month-Day-Year Month-Day-Year
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?

Date of HUD Approval of the Project:
Initial Date of Ownership:

Month-Day-Year Month-Day-Year
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

Dote of Displacement:
Date of Purchase of Replacement Housing:

Month-Day-Year
Month-Day-Year
5. Has the replacement hous ing been inspected and found to be standard? (Attach copy of Dwelling Inspection Record or if the claimant moved outside
the locality, attach the report obtained from the claimant (Form HUD-6141.2).)
Date proviously substandard dwelling was inspected and found to be standard:

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

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

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

PROJECT NAME (If Applicable)
Emanuel Project
PROJECT NUMBER
Ore. R-20

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

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or reprosentations, 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.
2. DATE OF DISPLACEMENT
(as shown in deed to displacing agency or in condemnation proceeding) Brady E. and Lucille Turner
3. Family $X X$ Individual $\square$
101.171
4. DWELLING UNIT FROM WHICH YOU MOVED E-3-2
a. Address: $\qquad$
508 N. Knot t Street

Portland, Oregon
b. Date you first occupied this dwelling unit as the owner:

May 1, 1946

Month-Day-Year
c. Check one:
$X$ Single-family dwelling unit$\square$ Two-family dwelling unit
d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?

## X] Yes

$\square$ No
5. DWELLING UNIT TO WHICH YOU MOVED
a. Address (Include ZIP Code): $\quad 1114$ N. E. Ainsworth

Portland, Oregon
b. Number of bedrooms:

2
c. Purchase price:
$\$ 14,500$.
d. If you have purchased and occupied this dwelling
(1) Date you signed purchase contract:
(2) Date you moved into this dwelling:

Month-Day-Year
Month-Day-Year
e. If you have purchased but not occupied this dwelling:
(1) Date you signed purchase contract:
(2) Date of settlement:
(3) Date you expect to occupy:
$\overline{\text { Month-Day-Year }}$
$\overline{\text { Month-Day-Year }}$
$\overline{\text { Month-Day-Year }}$
6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c) (3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the informatimon 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.

## 0 <br> hecoived of Bad 8 and $x$ milh <br> horoinofter colled "purchasor," it the form of (cleyen ende) 

The seller shall furnish to the purchaser in due course a tiffe insurance policy in the amount of the purchase price of the real estate from a title insurance





But if the above sale is approved by the seller and the title to the said promises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within ton days from she furnishing of a preliminary title report and to make paymonts promptly, as hereinabove set forth, the earnest money herein receipted for sholl be forfoited to the undersigned kealtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by
 oncumbrances to date oxcept zoning ordinances, building and use restrictions, resorvations in Fedoral,patonts, and.


#### Abstract

Alt light fixtures and bulbs, fivorescont lamps, Vonetion blinds, window and door sereons, storm windows and doors, linoloum, aftachod tolovision antonnas, curtain, towol ahd drapery reds, shrubs and trees, and irrigation, plumbing and heasing equipmomt, oxcept fireplace equipment that is not attoched in any manner to the structurp, and all fixtures except.


are to bo loft upen the premines as part of the property purchesed.
sollor and purchaser agree to provese the taxes for the currom fox yoer, ronts, imporest, and athor mathons as of the dato of dolivery of pessession, unloss otherwise atatod. Premiums for existing inswrance may to proratod or o wow pollicy fosued at purchoserf option. Purchover agrees to pey who sollor for fuel, if amy, in storage tank of dato of postession. Encumbrances to be dibeharged by Sollor may be pald at his option out of purchase money at date of closing. The purchasee shall reimburse the sellor for sums held in the reserve acceunt os any indobonedness assumed in this transaction.





## ACREEMENT TO PURCHASE

I horeby 9 toe to purchge the above described property in its present condition af the price and on the torms and conditions set forth above, and gront
 contrect is to be propared in the name of CX


AGREEMENT TO SELL Date GMyANT 25
I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a
 for services a commission of \$

I authorize said Realtor to order title insurance and, if sale not completed, to pay any cost thergef ap/f to pay out of the cash proceeds of ato the oxpenses

 copy of this confract bearing, my signature and that ofsthe purchaser named above, and of Roolvor.
Addros: $1 / 14 \mathrm{n}-0$
Phome
$288-1474$

##  <br> nor



City of Portland<br>Oregon<br>97204

August 27, 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. Chegwidden, Chief

# Portland Development Commisaion 235 N. Monroe Street Portland, Oregon 97227 

Re: 1114 N.E. Ainaworth Street

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, two bedroom, single-family dwalling and bailt-in garage at the above address.

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


CHF: :min
ec: $C$ Portland Dev. Come. 5630 N.E. Vnion Ave.

## Iransamervea Ittle Insurance Eo

AMENDED REPORT
orderno. 41-27095

## PRELIMINARY REPORT FOR

standard coverage policys $14,500.00$
Standard loan policys

Attn: Mona Escrow 41011

Gentlemen:

We are prepared to is sue title insurance in the form and amount shown above insuring the title to the land hereinafter described:

Lot 2, Block 13, HIGHLAND PARK, City of Portland, Multromah County, Oregon.
as of September $24.19 \quad 71$ at 5.00 p.M. vest in
JOSEPH A. KELLEY and ANNE J. KELLEY, is tenants by the entirety.
subject to the usual printed stipulations and exceptions appearing in such form policy and also the following:

1. 1971-72 taxes in the amount of $\$ 316.32$ a lien not yet payable. Account No. 38460-3180.

Note: We find no judgments or United States Internal Revenue Liens against Brady E. Turner or Lucille Turner.

TRANSAMERICA TITLE INSURANCE COMPANY
By

BJE/abp
cc. Medak Realty
cc: Portland Developnent Commission

Barbara J. Evans
Title Examiner

[^0]
## Iransamerice Iitle Insurance Eo

September 28, 1971
ORDERNO. 41-27095
Transamerica Title Insurance Company 1807 N . E. 39th Avenue
Portland, Oregon
PRELIMINARY REPORT FOR
standard coverage policys $14,500.00$
Standard loan policy s
Attn: Mona Escrow 41011

Gentlemen:

We are prepared to is sue title insurance in the form and amount shown above insuring the title to the land hereinafter described:

Lot 2, Block 13, HIGHLAND PARK, City of Portland, Multnomah County, Oregon.
as of September $24 \quad 19 \quad 71$ at $5: 00 \mathrm{p}$. M . vest in
JOSEPH A. KELLEY and ANNE J. KELLEY, as tenants by the entirety.

> subject to the usual printed stipulations and exceptions appearing in such form policy and also the following:

1. Tax data is not available at this time. Information will be forwarded upon receipt

Note: We find no judgments or United States Internal Revenue Liens against Brady E. Turner or Lucille Turner.

## RECEIVED

SEP 291971

TRANSAMERICA TITLE INSURANCE COMPANY
By

## BJE/abp

cc. Medak Realty
cc: Portland Development Commission

Barbara J. Evans Title Examiner

[^1]GEL N IS JOE SOLELYFOR THE PURPOSE ASSISTING ChEMISES AVO THE COMPANY ASSUMES NO LIABILIT ? VARIATIONS, IFANY, IN DIMENSIONS AND LOCATIONS ASCERTAINED
High iA AN F

N. AINSWORTH ST.

TRANSAMERICA TITLE
This sketch is solely for the purpose
of assisting in the location of said


SEP 29 ly/l

## LEGAL AID SERVICE <br> MULTNOMAH BAR ASSOCIATION <br> ALBINA OFFICE

jay Folberg

DInEcton

517 N. E. KILLINGSWORTH - 288.6746 . PORTLAND. OREGON 97211

## sptrancer R8/ R9D

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\text { Ste } 2.19 \%
$$

PORLG: -
Portland Development Commission
1700 S. W. Fourth
portland, Oregor.
Attn: Oliver Norville
RE: Brady Turner


Dear Mr. Norville:
On September 23 rd , I was present with Mr. Turner when he signed the deed transferring title of his present home to the Commission. I have spoken to John Medak, broker, regarding the house which Mr. Turner has agreed to purchase at 1114 N . E. Ainsworth, portland, and hereby request that all papers and documents necessary for a closing of Mr. Turner's relocation to that property be forwarded to Transamerica Title, 1807 N.E. 39th St., to the attention of Mrs. McKean, who Mr. Medak has designated as the escrow.

The Turners are anxious to move as soon as possible and I would, accordingly, appreciate anything that you might do toward this end.

Very truly yours,


HJB :mlw

## CONNIE MaCREADY

COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES


## City of Portland <br> Oregon

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division George W. Wallace, Chief

Permit Division
Albert Cleric, Chief
Housing Division S. J. Chegwidden, Chief

97204

June 11, 1971

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227
Re: $\quad 1327$ N.E. Highland Street
Attn: Mr. Crowley

Gent limen:
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; two bedroom, single-family dwelling with built-in garage at the above address.

Cur inspector reports the structure complies with City Housing regulations and Woodlawn Property Rehabilitation Standards at this time.

## Yours truly,

C. N. CHRISTI ANSEN BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden Chief Housing Inspector

CF: mfm
cc: Portland Nev. Comm. 5630 N.E. Union Ave.
Employer: Name Amer. Bldg. Main. $\$ 140.00$ Address 63 rd \&-Halsey MC1:__Caseworker $\qquad$ Social Security $\quad 125.00$ VA._Fed. $\qquad$ Mule Co.

|  |
| ---: |
| 74.00 |
| 339.00 | Pension: Name Other: Name Wife-Soc. Security

TOTAL MONTHLY INCOME
\#
H ${ }^{\mathrm{O}} \mathrm{Am}$ RELOCATION WORKER
PROJECT NO. Ore, R-20 PARCEL E-3-2


| Name | Relation | Age |
| :--- | :--- | :--- |
| Lucille | wife | -68 |
| - |  |  |
| - |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

C On :
$\qquad$ Unfurn $\qquad$ Furn $\qquad$ No. Rms $\qquad$
 Over 62 __ Disabled(Soc.Sec.def.) $\qquad$ Income below limits $\qquad$ Assets below limits $\qquad$
221 CERTIFICATE OF ELIGIBILITY: Date delivered $\qquad$ by $\qquad$ Notify in case of accident: Name
$\qquad$ Address $\qquad$ Phone $\qquad$
Information Statement given to Notice to move given to Payments: Amount \$ $\qquad$ Check No. $\square$ Date delivered by on on ? by
moved by moving company $\qquad$
PEMOVED FROM CASELOAD: (Date) REMAINING ON CASELOAD:
Refused assistance $\quad$ Address unknown, tracing
Relocated in:
Low-rent public housing
Other perm. public housing $\qquad$ Evicted, further assistance contemplated
Temporarily relocated by LPA
Standard priv. rent hag. $\qquad$ within project:
Sub-standard priv. rent
hog. with refusal of further aid Standard sales housing Substandard sales hg. Out-of-town Address unknown, abandoned Evicted, no further assistance Other (explain) $\qquad$
a
I -
$\qquad$ Moved by self $\qquad$ (explain)

FamILY REFUSED ADOITIONAL ASSISTANCE. Date $\qquad$ Worker $\qquad$

RELOCATION REFERRALS:


# 1/15/71 

1/18/71 t

2/18/71

5/17/71

5/25/71

6/3/71

7/1/71

Flyer delivered by James Crolley. Receptive. Works swing shift, off Tuesday, Saturday \& Sunday.

Came into office in response to flyer. Was in agreement that EDPA did not represent people. Has talked to main office re: fire insurance; they advised him to pay quarterly.

Survey: Will buy comparable housing. NE (Woodlawn) area, 2 bedrooms, all on one floor and basement

Talked to Mr. Turner. He has requested legal aid to sit in on his conversations with us. Explained to him what his benefits might be. Gave him info letter, had him sign for relocation services for families and individuals. Gave referrals \& signed 235 application.

Jim Barnes called Mr. Turner. Has located a house at 1327 N.E. Highland, 2 bedrooms, FHA $\$ 15,900$. Listed by Gibson \& Bowles Realty. Wants to know when it can be inspected or that it qualifies and he will sign the Sale Option.

City Inspection ordered this date from Chet Collingsworth on 1327 N . Highland. Owner: Allen Hallbrook (Mrs.) 289-7902. Checked with Gregg Watson, PDC, on possible street assessment on the above property. He checked with Mr. Joe Cereghino at City Hall (228-6141, Ext. 305) - they have estimated assessment at $\$ 138.00$.
Mr. Turner has called several times and I was out. Returned his calls but unable to contact him. Finally reached him and he has found another house and wanted it inspected. He was to come in and give me all the info. He has not come into the office as yet.
$8 / 531$
$8 / 36 / 71$
Rev. Turner Has found a house at $1114 \mathrm{~N}, \mathrm{E}$. Ainswortl for 114,500 . He called and wonted to find out When we could process - Told him Barnes war ort of town - Hewis waiting for John Medal to get Seller signature.
Recipe d Earnest Money recieft sigh by Rev. Turner
$288-6746$ and approved by owner - Need approval b $/ 70$ attorney th he's out of assigned to him Contacted Mr Sitnick of Legal Cid who agreed to revue Earnest Money with Mr. Turner. at 2:00 PM, today.
$8 / 26 / 71$ Invent with Mr. Turner to his Mega laid a foment Mr. Sitnick. Were His Earnest 11 honey was appropred and he signed his Option. I advised that PRoC, would start his processing media fly. Mr Turner a wily moved to lay and brought by the nat

 allowerey to Tran america ain son to in many for tone none To comer call and said he had a water bill

Wo closing statement.
Closing statement came in. Made a determmation on his ingiolental Closing expeneec. made out forms to submit for his incidental Closing benefits. -
Check. sent Emmanuel Office and Mr. Turner

Y/ra/n2 Mr Turner told me ho woiverylkeppy with his house and that his home wo just what heat in his bosementand But and living there he hes found a leak in his bosementand the woudaw thy in has peeled and reds point
He indicated the there was certain other thingy that he wand to repair or me ploce.

II advised him ot PDPQ, relocation inability to do much a bout his problems. We have released the money and pod the P.H.P etc, However Freferrell him to P.D,C, Rehab section.

$$
\text { RECEIPT } \quad 16,500 \cdot 195^{4} \quad 8480
$$

I hereby acknowledge receipt of a copy of the Portland Development Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.


Notice to: Portland Development Commission
I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)
(check one)
Request that you process my (our) claim for an interim relocation payment.
I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
$\square$
Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

(Return this form to PDC)

## housing resources survey

## RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)
Analyst $\qquad$ Date of survey $\qquad$ Tabulator Date tabulated Dwelling Unit No. $\qquad$ Structure No. $\qquad$ Census Block No. $\qquad$ Census Tract No. 22 A Street Address $\qquad$ ) knot t $\qquad$ Apartment No.
A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes $\qquad$ no $\qquad$
2. Why no assistance may be needed
a. $\qquad$ Vacant
b. $\qquad$ Will be vacated on the following date $\qquad$ c. $\qquad$ Other reasons
B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 

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

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

Distance
Names of jobholders Names of employers Street address where jobs are located to work

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

Names of persons in this household who have income from any source
BRADY TURNER,
$\frac{\text { S.S. S. MRS Turner }}{\text { SiS }}$
Total family or household income per month

Amount of income per month

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

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

## HOUSING RESOURCES SURVEY

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


I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit No. of units in bldg.
$\checkmark$ One-family house
Apt. in a house
Apt. in apt. bldg. or plex Apt. in comm. bldg.
Mobile home or trailer
This structure has $\perp$ : a +1 ictories (do not count basement)
II. OCCUPANCY STATUS OF DWELLING UNIT $\checkmark$ Owner occupied Renter occupied Vacant

## III. SIZE OF DWELLING UNIT

700 Sq. ft. in first floor (county figure)
1050 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
 No. of bathrooms
No. of bedrooms (rooms used mainly for sleeping)
IV. ASSESSOR'S MARKET VALUATION DATA
A. Dates or period of time 1971 Period market value data applicable $5 / 3 / 67$ Date of last appraisal
1904 Date structure was originally built
B. Market value data for one-family dwelling
Land

| Market |
| :--- |
| value |


| Improvements |
| :--- |
| Total |


| $\$ \frac{2310}{1710}$ |
| :--- |

PDC-HRS-1
Rev. 1/21/71
C. Market value data for dwelling unit in a multiple-family structure or commercial bldg. Market value Computed value for entire per sq. ft. for structure this dw. unit
Land $\$$ $\qquad$ \$
Improvements
Total
Sq. ft. of all d. u. in this structure Sq. ft . of commercial space and value of commercial space: Land \$ $\qquad$ —, improvements \$ $\qquad$ , total \$ $\qquad$ -
V. RENTAL RATE FOR THIS RENTED UNIT

| Monthly |
| :--- |
| average |


| Cash |
| :--- |
| Rent |

Electricity
Gas

Deposits required of renter Advance rent \$ $\qquad$ , other \$ $\qquad$
Rental information obtained from Tenant $\qquad$ , owner $\qquad$ , manager $\qquad$ , or estimated from assessor's data $\qquad$ -.
VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER
Listed with broker, yes $\qquad$ , no $\qquad$
Advertised by owner, yes $\qquad$ , no $\qquad$
Cash asking price \$ $\qquad$ no

Period house has been for sale, months

$$
S_{-}
$$

VII. REMARKS




[^0]:    This Report is preliminary to the issuance of a policy of tifle insurance and shall become nult and void unless a policy is is sued, and the full premium therefor paid.

[^1]:    This Report is preliminary to the is suance of a policy of title insurance and shall become null and void unless a policy is is sued, and the full premium therefor paid.

