| | DESCRIPTION . | | ROLL NO | ODOMETER |
|----------------------|---------------------------------------|---|---------|----------|
| PARCEL NO. | STOKES, SAMUEL . | | | |
| AB-3-8 | 2931 N. GANTENBEIN | | | |
| PARCEL NO. | STUART, JERRY A. JR. | | | |
| E-3-5 | 2648 N. COMMERCIAL CT. | - | | |
| | | | | |
| PARCEL NO. | TAYLOR, BIRDIE LEE | | | |
| R-8-12 | 3229 N. GANTENBEIN | | | 2.15 |
| PARCEL NO. | THOMAS, AUGUSTINE (MRS.) | | | |
| R-8-1 | 302 N. COOK | | | |
| | (DECEASED) | | | |
| PARCEL NO. | THOMAS, CHARLES | | | |
| RS-4-9 | 7 N. RUSSELL #8 | | | |
| PARCEL NO. | THOMAS, WILLIE . | | | |
| R-8-1 | 300-302 N. COOK | | | |
| | | | | |
| PARCEL NO. | THOMPSON, FRED | | | |
| E-4-3 - | 322 N. KNOTT | | | |
| PARCEL NO. | THOMPSON, HEWEY | | • | |
| A-3-6 | 242 N. COOK | | • | |
| | | • | | |
| PARCEL NO. | TURNER, REV. BRADY | | | |
| E-3-2 | 508 N. KNOTT | | | |
| PARCEL NO. | TURNER, FLORENCE | | | |
| E-2-2 | 532 N. GRAHAM | | | |
| | | | | |
| PARCEL NO. | TURNER, QUEEN E. | | | |
| A-4-4 | 260 N. IVY | | | |
| PARCEL NO. | VAN ZILE, HAZEL | | | |
| E-3-8 | 2640 N. KERBY | | | |
| | | | | |
| PARCEL NO. | VERNON, CECIL L. | | | |
| A-4-2 | 222 N. IVY | | | |
| | | | | |
| PARCEL NO. AB 3-5 | WALLIN, JACOB E. 413 N. STANTON | | | |
| AD 3-3 | 413 N. STANTON | | | |
| PARCEL NO. | WALTON, LLOYD & WILLIE MAE | | | |
| RS-4-4 | . 102-06 N. KNOTT | | | |
| DADOFI WA | WARD ARTHUR D | | | |
| PARCEL NO. E-4-1 | WARD, ARTHUR B. 2651 N. GANTENBEIN | | | |
| | 20) H. GANTENDETN | | | |
| PARCEL NO. | WARD, BILLY L. | | | |
| E-4-1 | 2651 N. GANTENBEIN | | | |
| DADOE! 110 | WARREN LEG & INA | | | |
| PARCEL NO. | WARREN, LEO & INA | | | |
| R-8-2 | 312 N. COOK | | | |

RESIDENTIAL RELOCATION RECORD

| roject Name | | Parcel | No. 6.3.2 | Advisor |
|--|---|------------------------------------|--|--|
| Client's | Name Jume | r Brody | | Phone |
| Address | 508 N.K. | nott | Ethn Black | Age 63 |
| Male . | Family | Marrie | d Renter/Occu | pant . |
| ☐ Female | ☐ Individua | 1 Single | Owner/Occup | ant |
| Fami | ly Composition | | Economic Da | |
| otal Number in | | | Employer Jandon (Amer. Ble Address | (g) \$ 140°° |
| | Age Relation | Age | | <u>crety</u> \$ 19900 |
| | | 目 | Total Monthly | ncome \$ (33960) |
| Eligible for Pub | olic Housing [| YES NO | Presently Receiv | ing Welfare YES N |
| Eligible for Wel | | YES NO | Other Assistance | |
| Eligible for (0) | | YES NO | | |
| Claimant was di tinent contract | splaced from re for Federal as | al property wit sistance and/or | hin the project area on date of HUD approval o | or after date of per- f budget for project: |
| | * ***** | | | |
| | Control of the second | X YES U | NO · | garderan, Colona for |
| Date of initial | | 5-17-71 | Date of Info pamphle | |
| The state of the s | interview | 5-17-71 | | |
| Date of initial Date Notice to CLAIMANT'S INIT | interview | 5-17-71 | Date of Info pamphle | |
| Date Notice to CLAIMANT'S INIT | interview | CUPANCY - Indicate init | Date of Info pamphle Date Effective | Expires |
| CLAIMANT'S INIT | Move given | CUPANCY - Indicate init | Date of Info pamphle Date Effective tial date of ase of property | Expires |
| CLAIMANT'S INIT | Move given | CUPANCY - Indicate init | Date of Info pamphle Date Effective tial date of ase of property | Expires |
| CLAIMANT'S INIT (a) for coccu | Move given TIAL DATE OF OCCUPANTS upancy and owner tion of negotian ition | CUPANCY - Indicate init | Date of Info pamphle Date Effective tial date of ase of property | Expires5-1946 |

DWELLING UNIT FROM WHICH RELOCATED

| Private Sales | Single Fami | ly | Age of Housing Unit 1904 |
|--------------------|---------------------|----------------------|---|
| Private Rental | Duplex | | Size of Habitable Area 1050 |
| Other | Multiple Far | mily | Furnished with claimant's furniture VES / NO |
| | | | Utilities |
| Number of Bedrooms | 2 | Monthly Housin | g Payments \$ Taxes |
| Liens \$ | (plea | se explain) | |
| Acquisition Price | \$ 5,500 | Amenities | |
| | | | |
| | | PLACEMENT DWELLING U | |
| Address | | | eferred Self Referred |
| Private Sales | Single Fami | | de city Outside state |
| Private Rental | Duplex | Age of | F Housing Unit 1938 |
| Other | · Multiple Fa | mily . Size | of Habitable Area 907 |
| | | No. o | f Rooms 5 No. of Bedrooms 2 |
| For Cla | imants Who Purch | nased | For Claimants Who Rented |
| Purchase Price of | Replacement Dwe | alling \$ 14,500 | Rent \$ |
| Taxes \$ | AND THE PART OF THE | of the second second | Utilities \$ |
| | | costs) \$ 9,000 | Total Rent Assistance \$ |
| | | | Amount of Annual Payment \$ |
| 1 4-10-16 C | | 75-442 S.F. | |
| No. of Housing Re | ferrals to: | Agency Referra | ls: |
| 6Standa | rd Sales | MCW | |
| Standa | rd Rent | Food Stam | PLegal AidOther () |
| Benefits Received | | | |
| | | Туре | Amount \$ |
| | | Туре | |
| Date | | Туре | Amount \$ |

RESIDENTIAL RELOCATION RECORD

| CLIENT'S NAME TURNER | Brady E. | | _ RE | LOCATION ADVISOR_ | CD | |
|------------------------|-----------------------|--|--------|---------------------------------|--------------|--------|
| ADDRESS 508 N. Knott | | | | | | 20 |
| SEX_M ETHN_black | VETERAN AG | E63 | PA | RCEL NO. E-3- | 2 | |
| MARITAL STATUS married | d TENURE owne | <u>r</u> | - 1 | DATE ON SITE: Ma | y 1946 | |
| DISABILITY | INDIV FAMILY | <u> </u> | - | INITIATION OF NEGOTIATIONS: May | | |
| ELIGIBLE FOR: PUBLIC | | | | DATE OF ACQUISITION: Sep | | |
| RENT SU | IPPLEMENTOTHER_ | | - | | | |
| INITIAL INTERVIEW | 5-17-71 | | _ DA | TE INFO PAMPHLET | DELIVERED | |
| NOTICE TO MOVE | DATES EFFECT | TIVE | | EXPIRATION DATE | E | |
| NOTIFY IN CASE OF EMER | RGENCY | | | | | |
| ECONOM | IC DATA (Janitor) | | | FAMILY | | |
| Employer American Bl | dg. Main. \$ | 140.0 | 0 | Name Lucille | | |
| Address 63rd & Ha | | | | Lucille | WITE | 1 |
| Social Security | | 125.0 | 0 | | | |
| Donelon | | | | | | |
| Other wife - social s | ecurity | 74.0 | 0 | | | - |
| TOTAL MONTHLY | Y INCOME \$ | 339.0 | 0 | | | 土口 |
| | DWELLING II | NIT FRO | M WHII | CH RELOCATED | | |
| , | | 5 1 | | | | |
| Subsidized Sales | Single Family | DESCRIPTION OF THE PARTY OF THE | X | Age of Structure | 1904 No. Re | ooms 5 |
| Subsidized Rental | Multiple Family | | | No. Bedrooms 2 | FurnU | nfurn |
| Public Housing | Duplex | | | Utilities \$ | | |
| Private Rental | Mobile Home | | | Monthly Payments | (Rent) \$ | - |
| Private Sales X | | | | Acquisition Price | e \$ 5,500. | 00 |
| Size of Habitable Are | a <u>1050 sq. ft.</u> | | .*. | Taxes \$ | - Equity \$_ | |
| Housin | G REFERRALS | | | AGENCY F | REFERRALS | |
| Address | | edroom | s | Name of Age | ency | Date |
| 1808 N. E. Portland | | | | Multnomah Count | | |
| 244 N. E. Buffalo | | | | Food Stamp Pro | | |
| United Homes Gresher | m. Oregon | | | Housing Author | ity | |
| 5640 N. E. 7th - 64 | | | | Legal Aid | | |
| 4403 N. Borthwick | | | | FISH Doot | | |
| 3825 N. Borthiwck | | | | Health Dept. | | |

| AGENCY ACTIO | N: | | REASONS | S: | | | |
|---------------------------------|-----------------|-------------|-----------|----------|----------------|------------|--------------|
| Appeals | | | | | | | |
| Appeals Evicted | | | | | | | |
| Refused Assistar | | | | | | | |
| Address Unknown | | | | | | | |
| Other (death, et | | + | | | | | |
| other (death, et | · | | | | | | |
| | | TEM | PORARY RE | LOCATI | <u>ON</u> | | |
| Within Proje | ct | | Dat | te Move | d In | | |
| Outside Proj | ect | | Rea | son_ | | | |
| | | REPLACI | EMENT DWI | LLING | UNIT | | |
| Client Referred_ | | | | | | | |
| CITERL KETEFFED | | | | LPA K | | | |
| Add 111/- N | - A! | | 04 | | 0-46 | Maura Sent | ember 30 1 |
| Address 1114 N. | E. AINSWOI | tn | Phone | | vate or | Move Sept | Camber Jo, 1 |
| | | | | | | | |
| WHERE RELO | CATED: | | | | | | S SS |
| Same City | XS | ubsidized ! | Sales | | Single Family | | X |
| Outside City | S | ubsidized I | Rental | | Multiple Fami | | |
| Out of State | | | | | Duplex | | |
| | P | rivate Ren | tal | | Mobile Home | | |
| | | riyate Sale | | X | | | |
| Age of Structure Name of Moving | : <u>1938</u> T | axes \$ | E | quity \$ | Dis | tance Move | ed Away |
| | | | | | | - | |
| | | | | | | | |
| | BENEFITS R | | | | | | A 1/4 E00 |
| Туре | Ck# | Date | Amou | | Purchase Price | | \$ 14,500 |
| RHP | 29 EH | 9/2/71 | \$ 9,000 | 0.00 | | | |
| TACO (Rental) | | | \$ | | Down Payment | \$ | |
| TACO (Rental) | | | \$ | | | | |
| TACO (Rental) | | | \$ | | RHP | \$ 9,000. | 00_ |
| TACO (Rental) | | | \$ | | | | |
| TACO (Sales) | | | \$ | | Total Down | | - \$ |
| Fixed Moving | 27213G & | 27212G | \$ 420 | 0.00 | | | |
| Actual Move | | | S | | Total Mortgage | | \$ |
| Storage | | | Š | | | | ' |
| Incidental | 458 EH | 7/12/72 | | 9.95 | | | |
| Interest | -30 En | 11.2/12 | 5 | | | | |
| - THEOLOGE | | · | | | | | |
| TOTAL BENE | FITS RECEIV | ED | \$ 9,46 | 9.95 | | | |
| REALTOR: | | FSC | ROW CO. | | | OFFICER | |

| Date | |
|---------|---|
| /15/71 | FLYER: delivered by James Crolley. Receptive. Works swing shift. Off Tuesday, Saturday, and Sunday. |
| /18/71 | 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. |
| 2/18/71 | SURVEY: Will buy comparable housing NE (Woodlawn) area, two bedrooms, all on one floor and basement. |
| 5/17/71 | 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. |
| 5/25 | 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. |
| 6/3 | 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 |
| 7/1/71 | 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. |
| 8/25 | 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 John Medak to get seller signature. |
| 8/26 | 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 with 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. |
| 9/30 | 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. |
| 10/8/7 | Turner called and said he had a water bill. |
| 10/10 | No closing statement. |
| 7/3/72 | Closing statement came in. Made a determination on his incidental closing expenses. |
| | |

7/14/72

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.

RELOCATION PAYMENT

| Project: Emanuel ORE R-20 Parcel: E-3-2 | |
|--|----------|
| Payable to: Brady E. Turner | Amount |
| For: RHP for Homeowners | |
| Annual amount | \$ |
| Durchage | 7 |
| Fixed Moving Payment | Y |
| Dislocation Allowance | T |
| Actual Moving Costs | Y |
| Charace Costs (if separate Claim) | 7 |
| Business: Moving Expenses | Y |
| Duriness. In Lieu Payment | 7 |
| Ductions: Storage Costs | 7 |
| Business: Loss of Property | 7 |
| Business: Searching Expenses | 3 |
| | \$ |
| Move from 508 N. Knott Total | \$ 49.95 |
| Plove ITOII | |
| Accounting: Indicate symbol & Acct. No. E1501 Relocation Payment; Project Cost *(| |

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

| NAME AND ADDRESS OF CLAIMANT: | NAME OF LOCAL AGENCY: |
|--|---|
| Brady E. Turner | Portland Development Commissi |
| 508 N. Knott | |
| | |
| INSTRUCTIONS: Complete this form to de | termine eligibility of claimant for Replacement |
| A II Netach | the completed form to the pertine |
| dot or | mination of the amount of payment |
| | duelling is made on the appropriate |
| | aich differ from Claimait 3 cheffe |
| 1. Did the claimant own the dwelling at | the time of acquisition. |
| Initial Date of Ownership: May 1, 1 | 946 Date of Acquisition: September 24, 1971 Month-Day-Year |
| a side the claimant own and occupy the | dwelling at least 180 days prior to the initia- |
| tion of negotiations? X Yes | NO NO |
| Initial Date of Ownership: May 1, | 1946 Date of Initiation of Negotiations: May 11, 1971 |
| 3. Did the claimant purchase and occup | y the replacement housing within one year from |
| the date of displacement? X Ye | s NO |
| Date of Displacement: October 1, 19 | Date of Purchase of Replacement Housing: October 8, 1971 |
| | |
| Date of Occupancy of Replacement Ho | using: October 1. 1971 |
| (If the claimant was unable to occu | py the replacement housing within the required |
| one-year period, use reverse side of | of this form to provide explanation.) |
| 4. Did the claimant have a bona fide in | nortgage on his dwelling for at least 180 days |
| prior to initiation of negotiations | Date of Discharge of |
| Issuance Date of Mortgage: | Mortgage: |
| and the state of t | |
| Date of Initiation of Negotiations | |
| Has the replacement housing been in of dwelling inspection record or, the report obtained from the claim. | if the claimant moved outside the locality, attach ant.) X Yes No |
| 6. CERTIFICATION OF LOCAL AGENCY | |
| This is to certify that the proper | ty purchased by the claimant has been inspected he claimant within one year following his displace- |
| I further cert ify that I ha | ve examined this claim and have round it to |
| and the sealisable provisi | ons of Federal Law and the regulations |
| the Department of Housing and Urba | in Development pursuant thereto. |
| claim is hereby approved and payme | ent in the amount of \$ 49.85 is authorized. |
| 7-10-72 | 1.20.1 |
| Date | Authorized Signature |
| vate | 03 |
| 7. RECORD OF PAYMENT | 1 1 1 450 Amount 6 49.95 |
| Date of Payment: 7/12/72 | Check No. 458 Amount: \$ 49.95 |
| | Dona II |
| RHP-4 | Page 4. |

September 11, 1974 Mr. and Mrs. Bredy Turner 1114 H. E. Almburth Portland; Oregon 97211 Door Mr. and Mrs. Turner: It is the desire of the Portland Development Commission to contact former residents of the Bushuel area who were displaced as a result of government action, to learn various espects of relocating to new anylronments. Provious attempts to contact you have been unsuscessful; therefore, we would appreciate the opportunity of meeting with you at a convenient time. Please contact Mrs. Setty Surns, 224-4800, for any information rela-Thank you for your congeretion. Yery truly yours, by A. Burns

COMMISSIONER
DEPARTMENT OF PUBLIC LITELITIES

Sent 1 yr: after
Relocation Housewas found to be
Standard when RH.P.
Was made.



CITY OF PORTLAND OREGON

Annual 14, 1972

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Compan

Mr. Bredy Turner 1114 WE Atherson Street Portland, Orogen 97211

Dear Mr. Tureer:

BI THE PLANTER BOOK

THE RESERVE OF THE PROPERTY OF THE PARTY OF

country the party of meeting, through the Community Only Completions
for part, interest 0 many of arrangement broated in the throaten neighboring
prole-part, proper order.

the person of this property to the office contractions of because the contraction of the contraction of because the contraction of because the contraction of because the contraction of because the contraction of the contraction of because the contraction of the contraction of because the contraction of the

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August 14, 1972 Mr. Brady Turner It will be necessary, therefore, to correct the above conditions underper paralto in compilates with City regulations. Your attention is called to Section 29.12.600 of the Portland Bose Ordinance #130672 which provides for your right to appeal to the Southe Advisory and Appeals Board. Should you have any quantions encounting this program, places fant free to call the Surece of Buildings, Brusing Sylvies, 2200 Hz 24th Arm tolophone 200-4077. Carlot And elas I

July 6, 1972

Mr. Brady E. Turner 1114 N.E. Alneworth Portland, Oregon

min its Consti

on octure of 1971, the proplets of the party of the party

The Company of the Secretary and the Secretary of the Sec

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

| NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission | PROJECT NAME (if applicable) . Emanuel Hospital Project |
|---|---|
| 1700 S.W. 4th Ave. Portland, Oregon | PROJECT NUMBER: ORE R-20 |
| INSTRUCTIONS: Complete all applicable items and sig | ant's Report of Seri Inspection |
| Replacement Dwelling to complete and submit with this PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. To Whoever, in any matter within the jurisdiction of a United States knowingly and willfully falsifies. In fraudulent statements or representations, or makes of knowing the same to contain any false, fictitious or shall be fined not more than \$10,000 or imprisoned to the statement of the stat | or makes any false, fictitious or uses any false writing or document fraudulent statement or entry, not more than five years, or both." in deed 2. DATE OF DISPLACEMENT: |
| to displacing agency or in condemnation proceeds Turner Brady E. X Family Individual | Parcel No. <u>E-3-2</u> |
| 3. INFORMATION IN SUPPORT OF CLAIM | |
| A. Differential Payment | |
| Part 1. Data on dwelling unit from which yo | u moved |
| 1. Address of dwelling unit from which yo | |
| Portland, Oregon | |
| 2. Date you first occupied this dwalling | as the owner <u>May 1, 1946</u> Month-Day-Year |
| 3. Number of bedrooms in the dwelling | 2 |
| 4. Date of initiation of negotiations for dwelling May 11, 1971 | |
| 5. Payment made by local agency for the o | dwelling \$ 9000. |
| Part II. Data on dwelling unit to which you | <u>bevom u</u> |
| 6. Address of dwelling unit to which you 1114 N. E. Ainsworth | |
| 7. Number of bedrooms in replacement dwa | |

| 9. | Com | olete <u>either</u> a. | | | | |
|----------------|--------------------------------|---|---|--|------------------------------------|----------------------------------|
| | а. | If you have po | urchased and oc | cupy the | replacement | dwelling: |
| | | Date you sign purchase agree | ed ement August 25 Month-Da | 5, 1971 ay-Year | Date of Settlement | October 8, 197 Month-Day-Year |
| | b. | If you have p dwelling: | urchased but do | | occupy the | replacement |
| | | Date you sign purchase cont | ract | | Date of settlement | Month-Day-Year |
| | | | Month-Day | y-tear | | Toner bay , our |
| | | , | o occupy | Mont h- Day | -Year | |
| 10. | the | eck method you at will be used fferential payo | choose to dete d as a basis fo ment _ Schedule | rmine the | replacement ng the amou | nt of the |
| | the di | at will be used | d as a basis fo ment | rmine the | ng the amou | nt of the |
| Inte | the different Outs | fferential payr X Payment | d as a basis fo ment _ Schedule e of mortgage (| rmine the | Compar | nt of the |
| Inte | the different Outs | Payment tanding balance which you move | d as a basis fo ment _ Schedule e of mortgage (| rmine the r computing | Compar | nt of the |
| Inte | erest Outs from Numb | Payment tanding balanc which you mover of monthly | d as a basis forment Schedule e of mortgage (| rmine the or computing | Compar n dwelling | ative |
| 1. 2. 3. | erest Outs from Numb Annu whic | Payment tanding balance which you moved the you moved. | d as a basis forment Schedule e of mortgage (ed payments remain | rmine the r computing (if any) on the dw | Compar n dwelling e mortgage | ative |

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.)

| | COSTS I | NCURRED BY CLAIM | ANT | FOR LOCAL AGENCY USE |
|----------------|---|-------------------------------|------------------------------------|---------------------------|
| ltem (a) | Charged to Claim- ant on Closing Statement (b) | Paid Directly by Claimant (c) | Amount Claimed (Col. (b) + (c) (d) | Amount Approved (e) |
| ½ Escrow Fee | \$ 32.50 | \$ 32.50 | \$ 32.50 | \$ |
| Deed | 1.50 | 1.50 | 1.50 | |
| Revenue Stamps | 15.95 | 15.95 | 15.95 | |
| | | | | |
| TOTAL | \$ 49.95 | \$ 49.95 | \$ 49.95 | \$ |

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 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.

7-7-72 Date Brady Gilusselv.
Signature of Owner-Occupant (s)

Transamerio Title Insurance Co

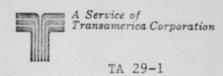
ESCHOW DEPARTMENT

41011

Escrow No.

| TURNER, Brady E and Lucille | Order No | 41-27095 |
|---|-----------------|-----------|
| 508 N. Knott Street | Date10/8 | /71 |
| Portland, Oregon 97227 | Adjustment Da | te |
| SELLERS: KELLEY, Joseph A. and Anne J. | | |
| Property: 1114 N.E. Ainsworth Portland, Oregon | n 97211 CHARGES | CREDITS |
| Purchase Price | 14,500.00 | |
| 1971-72 taxes based on 1970-71 in the amount of: Pro Rata Real Estate Taxes: 7/1/71 to 10/1/7 | \$306.25 | 76.56 |
| Pro Rata Fire Insurance: new coverage | Parket land | |
| Escrow Fee1/2 of \$65.00 | 32.50 | |
| Recording Deed | 1.50 | |
| Contract/Mortgage Balance | | |
| REvenue Stamps | 15.95 | |
| | | |
| | PAGE 1777 | |
| Earnest Money Deposit Medak Realty | | 5,145.12 |
| Deposit XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | 9,200.00 |
| PDC Held back From sole of old house | | 200.00 |
| | 14,549.95 | 14,621.68 |
| To Balance | 71.73 | |
| | 14,621.68 | 14,621.68 |
| | | |

Transamerica Title Insurance Co



41011

ESCROW DEPARTMENT

| | Escrow No. | 41011 |
|--|--------------|------------|
| KELLEY, Joseph A. and Anne J. | Order No. | 41-27095 |
| 3394 Morthbrook Drive | Date 10/8 | /71 |
| Doraville, Georgia 30340 | Adjustment | Date10/1/7 |
| PUBCHASERS: TURNER, Brady E. and Lucille | | |
| Property: 1114 N.E. Ainsworth Portland, Oregon 9 | 7211 CHARGES | CREDITS |
| Sales Price | | 14,500.00 |
| 1971-72 taxes based on 1970-71 tax of: \$306.24 ro Rata Real Estate Taxes: 7/1/71 to 10/1/71 | 76.56 | |
| ro Rata Fire Insurance: buyer abitaing obtaining | | |
| eal Estate Commission Midek Realty | 1,015.00 | |
| ater Billing Final - Account No. 2052-860 | 12.52 | |
| ecording | | |
| itle Insurance Owners | 95.00 | |
| scrow Fee 1/2 of\$\$5.00 | 32.50 | |
| ontract/Mortgage Balance | | |
| | | |
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| | | |
| | | |
| | | |
| | 1,231.58 | 14,500.00 |
| Balance NET SALES PROCEEDS | 13,268.43 | |
| 44 A A A A A A A A A A A A A A A A A A | 14,500.00 | 14,500.00 |
| The second secon | | |

July 14, 1972

Mr. Srady Co. June 1126 N. E. Allacorth

Parke varietie

All the same of the standing service the time of the property of these continues.

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

458

EH

DATE.

July 12, 1972 19 72

PAY TO Brady E. Turner

\$ 49.95

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 incidental Expenses per claim filed. Hove from 508 N. Knott (Percel E-3-2). | \$49.95 |
| | | | |
| | | | |
| | | | |

| | Supplemental Control of the Control | 100000000000000000000000000000000000000 | \$500 CONTRACTOR 100 C | 20000000000 |
|-------|---|---|---|-------------|
| Accou | | e de si | | |
| Accou | 1 1 1000 " 4 | | | |
| | | | | |

TITLE

E1501 Relocation Payments (Incidental Costs)

(EH)

AMOUNT

\$49.95



DATED this 30th day of Sept. 1971.

Bray Eduner, (firm name)

by:

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 Nº 27213 G

| VAC | TO | THE |
|-----|-----|-----|
| | | |
| OR | DER | OF |

Brady E. Turner

DATE October 4 1971

\$220.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission .

224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|----------|
| | | Fixed relocation payment per claim fided - more from 508 H Knott (Parcel E-3-2) to 1114 HE Alexanth | \$220.00 |
| | | | |
| | | | |

Account Distribution

E1 501

Relo Payment

(Fixed - own furn. - family)

EH

\$220,00

Brady & Turner, rec. 10-6-71

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

27212 Nº

October 4

PAY TO THE ORDER OF

Transamerica Title InsuranceCon

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission . 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|--------|-----------------------------|---|----------|
| No. 51 | | Depásit in escrew for Brady E. Turner - dislocation allemence per claim filed - 508 H Knott (Parcel E-3-2) | \$200.00 |
| | | | |
| | | | |
| | | | |

EH

Account Distribution

E1501

Relo Payments

(fixed - own furn. - family)

\$200.00

DATE

October 5, 1971 Transamadica Title Company 409 SW 9th Avenue Portland, Oregon 97205 Re: Escrow Account No. 41011 Brady E. Turner Gentlemen: Enclosed please find our check no. 27212 G in the amount of \$200.00 to cover closing costs for Mr. Turner. Yours very truly, Benjamin C. Webb, Chief of Relocation and Property Management BCW:ac 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. Brady E, Turners Sincerely,

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Brady E. Turner 508 N. Knott Portland, Oregon 97227

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

| | | | | TX vec | 1 100 |
|----|-----------------------------|-----------------|------------------|---------|-------|
| Α. | Does claimant meet all timi | ng requirements | for eligibility: | רין ובט | |
| | If "No," explain: | | | | |

B. 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 Housieg and Urban Davelopment pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

| ITEM | AMOUNT | AUTHORIZED SIGNATURE | DATE |
|--|--------------|------------------------------------|------------|
| 1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ | \$ 200.00 ** | Acting Sycation & | rel fil |
| b. Reimbursement for actual direct loss of property | \$ | Brack ' | |
| 2. Supplementary claim(s) for storage costs: | 1977 5800 | | |
| | | | |
| | | and the second second | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs | s | ot exceed \$200) | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs C. RECORD OF PAYMENTS MADE (Total CHECK NUMBER | | ot exceed \$200) DATE CHECK NUMBER | BER AMOUNT |

| RECORD OF I | PAYMENTS MADE (| rotal | payments in | DATE | CHECK NUMBER | AMOUNT |
|-------------|-----------------|-------|-------------|------|--------------|--------|
| DATE | CHECK NUMBER | | AMOUNT | | | 3 |
| 0/4/71 | 272126 | \$ | 200:00 | | | |
| , , , | | - | | | | |
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| | | + | | | | |

EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED D.

** Dislocation Allowance

| | M FOR RELOCATION P. (Families and Individual | AYMENT | HUD-6140.1 (4-66) |
|--|--|--|---|
| AME AND ADDRESS OF LOCAL AGENCY (Include ZIP o | ode) | PROJECT NAME (If applicable | •) |
| Portland Development Commission | | Emanuel Project | |
| 1700 S. W. Fourth Avenue | | PROJECT NUMBER ORF | |
| Portland, Oregon 97201 | | ORE | R-20 |
| NSTRUCTIONS: If this claim is for a FIXED PAYM or actual moving expenses (including storage gosts, tem does not apply, write "None" in the space. If a claim for Relocation Adjustment Payment, and attack PENALTY FOR FALSE OR FRAUDULENT STATEM orisdiction of any department or agency of the Uniterstatements or representations, or makes or uses traudulent statement or entry, shall be fined not more | Relocation Adjustment Payr h it to this form. MENT. U.S.C. Title 18, Sec. of d States knowingly and willfur | nent will also be claimed, compliant will also be claimed, compliant will provides: "Whoever, in any filly falsifies or makes any fint knowing the same to contain | weter within the alse, fictitious or fraud any false, fictitious or served any false, fictitious or |
| FULL NAME OF CLAIMANT | (f) | 2. DATE(S) OF MOVE | |
| . FULL NAME OF CLAIMANT | (1) | 10/1/71 | |
| TURNER, Brady E. | | | IE HOVED |
| 3. ADDRESS FROM WHICH YOU HAVE MOVED | E-3-2 | 4. ADDRESS TO WHICH YOU HAV e. Address (Include ZIP code) | E WOVED |
| a. Address | | 0 | |
| 508 N. Knott, Portland, Oregon 9 | 7227 | 1114 N. E. Ainsworth b. Apt., Floor, or Room No. | |
| b. Apt., Floor, or Room No | Yes No | c. Were household goods moved | |
| d. Number of rooms occupied (excluding | | Yes X No | |
| bathrooms, hallways, and closets): | | If "Yes," complete Block B | on reverse side of |
| e. Date you moved into this address: May 1, | 1946 | this form. | |
| applicable) and/or direct loss of property b. Fixed Payment (May not be made if storage cost 6. TOTAL CLAIM (If claim is for Fixed Payment, consult of actual moving expenses, direct loss of property, an | It local agency. If claim is for r | X Dislocation All | \$ 200.00 |
| and 11c below.) | MS 7 THROUGH 11 IF THIS IS A | CLAIM FOR FIXED PAYMENT | |
| 7. NAME OF MOVING COMPANY (OR PERSON) | 8. MOVER'S TELEPHONE NO. | 9. ADDRESS OF MOVING COMPA | ANY (OR PERSON) |
| | | | |
| 10. METHOD OF PAYMENT, MOVING BILL (Check ene) a. I have paid the moving charges, as evidenced to reimbursement. b. I have not paid the moving charges, and I there accordance with arrangements made in advance. | by the attached itemized receipt | emized moving bill be paid directly | |
| a. I have paid the moving charges, as evidenced by reimbursement. b. I have not paid the moving charges, and I there accordance with arrangements made in advance. 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS a. MOVING COST (Must be supported by attached received to pay mover directly.) | of the attached itemized receipt of or request that the attached ite o, and with my consent, between celpt(s) or unpaid voucher from m | emized moving bill be paid directly the local agency and the mover. | |
| a. I have paid the moving charges, as evidenced by reimbursement. b. I have not paid the moving charges, and I there accordance with arrangements made in advance. 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS a. MOVING COST (Must be supported by attached recise to pay mover directly.) b. STORAGE COST (Must be supported by attached recise to pay storage company directly.) | of the attached itemized receipt of ore request that the attached ite o, and with my consent, between celpt(s) or unpaid voucher from m receipt(s) or unpaid voucher from | emized moving bill be paid directly the local agency and the mover. sover if local agency storage company if | to the mover, in |
| a. I have paid the moving charges, as evidenced by reimbursement. b. I have not paid the moving charges, and I there accordance with arrangements made in advance. 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS a. MOVING COST (Must be supported by attached recipies to pay mover directly.) b. STORAGE COST (Must be supported by attached recipied agency is to pay storage company directly.) c. DIRECT LOSS OF PROPERTY CLAIMED (If any side of this form must be completed.) | of the attached itemized receipt of or request that the attached ite o, and with my consent, between ceipt(s) or unpaid voucher from m receipt(s) or unpaid voucher from claim is made here, the Statemen | emized moving bill be paid directly the local agency and the mover. Ever if local agency storage company if | s s |
| a. I have paid the moving charges, as evidenced by reimbursement. b. I have not paid the moving charges, and I there accordance with arrangements made in advance. 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS a. MOVING COST (Must be supported by attached recipis to pay mover directly.) b. STORAGE COST (Must be supported by attached recipied agency is to pay storage company directly.) c. DIRECT LOSS OF PROPERTY CLAIMED (If any | of the ettached itemized receipt of the request that the attached item, and with my consent, between ceipt(s) or unpaid voucher from marcelpt(s) or unpaid voucher from a claim is made here, the Statement of the | smized moving bill be paid directly the local agency and the mover. storage company if other applicable law, that this claid that I understand that, apart from the fany item in this claim or submittee ther claim for, or received, reimburse, and that any bills or receipts submittee. | s s s m and information the penalties and dherewith may remember or compensational the desired because |

TAKE SHIP TO THE

3317740



U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

TURNER, Brady E.
1114 N. E. Ainsworth
Portland, Oregon 97211

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUB-6140.2 to completed Form(s) HUD-6140.1 filed by claiment.

| Does claima If "No," ex | nt meet all time | ing requirem | hents for e | | y? [x] yes [] | |
|----------------------------------|---|-----------------|---------------|--------------|-----------------------|---------------|
| abs analiash | have examined the clude provisions of Feduant thereto. Theref | eral law and th | e Regulations | issued by th | ne Department of Hous | ing and broke |
| | ITEM | AM | TOUNT | AUTHOR | IZED SIGNATURE | DATE |
| a. Reimburseme including, | ent for moving expens | es. | 20.00 ** | tes to | Text Disto | 10-4-3 |
| b. Reimbursem of propert | ent for actual direct | loss s | | Bew | | |
| 2. Supplementary | claim(s) for storage | costs: | | | | |
| 3. Final claim, expenses cove | reimbursement for morning storage and rel | ving ated \$ | | | | |
| RECORD OF | PAYMENTS MADE (| Total paymen | nts may not | exceed \$ | 200) | |
| DATE | CHECK NUMBER | AMOUNT | | DATE | CHECK NUMBER | AMOUNT |
| 292176 | 272136 | \$ pp. | or the | | | \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| D. EXPLANATI | ON OF ANY DIFFER | ENCE BETWEE | N AMOUNTS | CLAIMED A | ND AMOUNTS APPRO | VED |
| *** | Fixed payment | | | | | |

| PROJECT NAME (applicable) Prortland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201 PROJECT NUMBER ORE R-20 PROJECT NUMBER ORE SET IN SET IN THOUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT NO. PROJECT NUMBER ORE R-20 PROJECT NUMBER ORD IT IS FOR PAYMENT OR ORE PAYMENT NO. PROJECT NUMBER ORE R-20 PROJECT NUMBER ORE AND IT IS FOR PAYMENT OR ORE PAYMENT OR | reimbursement rough 12. If an Form HUD-6141.1, ther within the fictitious or fraud- lalse, fictitious or OVED Portland, Ore grant from storage? |
|--|---|
| POTTLAND DEVELOPMENT COMMISSION 1700 S. W. Fourth Avenue Portland, Oregon 97201 PROJECT NUMBER ORE R-20 PROJECT NUMBER OR R-20 PROJECT NUMBER ORE R-20 PROJECT NUMBER OR R-20 PROJECT NUM | reimbursement rough 12. If an Form HUD-6141.1, ther within the fictitious or fraud- lalse, fictitious or OVED Portland, Ore grant from storage? |
| PROJECT NUMBER ORE R-20 STRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for actual moving expenses (including storage rosts, if applicable) and/or direct loss of property, complete Items 1 through 6 and from 12. If this claim is for actual moving expenses (including storage rosts, if applicable) and/or direct loss of property, complete Items 1 through 6 and Item 12. If this claim is for actual moving expenses (including storage rosts, if applicable) and/or direct loss of property, complete Items 1 through 6 and Item 12. If this claim is for recommendation, or makes of the storage of the United Stores knowingly and will all so be claimed, complete Items 1 through 6 and Items 2. If this claim is for move and items 2. If the special content is the store in | reimbursement rough 12. If an Form HUD-6141.1, ther within the fictitious or fraud- lalse, fictitious or OVED Portland, Ore grant from storage? |
| STRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for actual moving expenses (including storage cysts, if applicable) and/or direct loss of property, complete Items 1 through on the property of the | reimbursement rough 12. If an Form HUD-6141.1, ther within the fictitious or fraud- lalse, fictitious or OVED Portland, Ore grant from storage? |
| motion or apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, comprise in does not apply, write "None" in the space. If a Relocation Adjustment Payment, and attach it to this form: INALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any main statement or agency of the United States knowingly and willfully falsities or makes any false, is diction of any department or agency of the United States knowingly and willfully falsities or makes any false, it is discipled to the contain any fent statements or representations, or makes or uses any false writing or document knowing the same to contain any fent statements or representations, or makes or uses any false writing or document knowing the same to contain any fent statements or representations, or makes or uses any false writing or document knowing the same to contain any fent statements or representations, or makes or uses any false writing of adocument knowing the same to contain any fent statements or representations, or makes or use any false. ADDRESS FROM WHICH YOU HAVE MOVED a. Address FROM WHICH YOU HAVE MOVED b. Apt., Floor, or Room No. c. Was it furnished with your own furniture? A. ADDRESS TO WHICH YOU HAVE MOVED a. Address finclude ZIP code) 1114 N. E. Ai nSWOrth, b. Apt., Floor, or Room No. c. Were household goods moved to or yes. S. No If "Yes," complete Block B on reths form. TYPE OF PAYMENT CLAIMED Check a or b ofter consulting local agency: b. Fixed Payment (May not be made if storage costs are involved) c. Supplementary claim for reim of storage costs are involved) TOTAL CLAIM (If claim is for Fixed Payment, consult local beancy. If claim is for fainbursement of storage costs are involved and the storage costs of storage costs, enter sum of Lines 11a, 11b, DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS | Portland, Or |
| TURNER, Brady E. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 508 N. Knott, Portland, Oregon 97227 b. Apt., Floor, or Room No b. Apt., Floor, or Room No c. Was it furnished with your own furniture? | Portland, Ore |
| TURNER, Brady E. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 508 N. Knott, Portland, Oregon 97227 b. Apt., Floor, or Room No c. Was it furnished with your own furniture? | Portland, Ore |
| and Address 508 N. Knott, Portland, Oregon 97227 b. Apt., Floor, or Room No | Portland, Ore |
| 508 N. Knott, Portland, Oregon 97227 b. Apr., Floor, or Room No | r from storage? |
| b. Apt., Floor, or Room No c. Was it furnished with your own furniture? | r from storage? |
| b. Apt., Floor, or Room No. c. Was it furnished with your own furniture? d. Number of rooms occupied (excluding bothrooms, hallways, and clasets): e. Date you moved into this address: May 1, 1946 TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: a. Reimbursement for ectual moving expenses (including storage costs or applicable) and/or direct loss of property b. Fixed Payment (May not be made if storage costs are involved) 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 11a, 11b, and 11c below.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT NO. NAME OF MOVING COMPANY (OR PERSON) S. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY NO. | r from storage? |
| d. Number of rooms occupied (excluding bathrooms, hallways, and classets): Date you moved into this address: May 1, 1946 | |
| d. Number of rooms occupied (excluding bathrooms, hallways, and closets): e. Date you moved into this address: TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: a. Reimbursement for ectual moving expenses (including storage costs.) b. Fixed Payment (May not be made if storage costs are involved) c. TOTAL CLAIM (if claim is for Fixed Payment, consult local agency.) TOTAL CLAIM (if claim is for Fixed Payment, consult local agency.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT NO. D. METHOD OF PAYMENT, MOVING BILL (Check one) a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore imbursement. | reverse side of |
| bathrooms, hallways, and clasets): May 1, 1946 | |
| o. Date you moved into this address: May 1, 1970 TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: a. Reimbursement for ectual moving expenses (including storage costs. C. Supplementary claim for reim applicable) and/or direct loss of property b. Fixed Payment (May not be made if storage costs are implied) TOTAL CLAIM (If claim is for Fixed Payment, consult local mency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT NO. NAME OF MOVING COMPANY (OR PERSON) S. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY NO. | |
| TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: a. Reimbursement for actual moving expenses (Including storage costs | |
| DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED 8. MOVER'S TELEPHONE NO. 9. ADDRESS OF MOVING COMPANY NO. 10. METHOD OF PAYMENT, MOVING BILL (Check one) a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore the impursement. | 220.00 |
| 8. MOVER'S TELEPHONE V. ADDRESS OF MOVING NO. 10. METHOD OF PAYMENT, MOVING BILL (Check one) a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore impursement. | (OD DEDSON) |
| a. I have paid the moving charges, as evidenced by the attached itemized moving bill be paid directly to the reimbursement. | (OK PERSON) |
| 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS | ore request |
| e. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover it local agency | 5 |
| B. STORAGE COST (Marcelly.) | s division |
| c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on receive | |
| 12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim a submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item for submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted by provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim. | S and information |
| 10/1/71 A Bhalf E Userer Signature of claimant | penalties and erewith may re- |

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TO SHIP TO SHIP THE SHIP

Dwelling Unit Inventory

| QUANTITY | QUANTITY | |
|------------------------|----------------------|--|
| 2 Beds & Springs | Night Stand | |
| Bedroom Chair | Occasional Chair | |
| Breakfast Table | Overstuffed Chair | |
| Breakfast Table Chairs | Overstuffed Rocker | |
| Bridge Lamp & Shade | / Range | |
| Buffet | Refrigerator: Brand | |
| Chest of Drawers | 2 Rocker | |
| Coffee Table | Rug & Pad: Size | |
| Couch | Stool | |
| Davenport | Table Lamp & Shade | |
| Desk | Table, small | |
| Dining Table | Vanity & Bench | |
| Dining Chairs | Suitcases | |
| 3 Dresser | Trunks | |
| End Table | Cartons, Boxes, Etc. | |
| Floor Lamp & Shade | Clothes | |
| 10 Mirror | Bedding & Linens | |
| Miscellaneous (List | t Items) | |
| | | |
| | | |

COMMENTS:

MEMORANDUM

Date Actober 38, 1971

TO:

Sen Webb

FROM:

Emanuel Site Office

SUBJECT:

Release of RHP from Escrow

Escrow Company Pioneer Mational Title Insurante Co.

Escrow No. ______

Parcal No. ______

F=3-2 _____

Name _______

Moving Date __October 1_ 1971

Places authority the Character of the Residence transfer for the two forms of the control of the

October 4, 1971 Pioneer National Title Insurance Co. 421 S. W. Stark Street Portland, Oregon 97204 ATTENTION: Jean Egberg Escrow Officer Re: Escrow No. 386761 Parcel No. E-3-2 (Turner) Gentlemen: You have in the above-identified escrow account a \$9,000 replacement housing payment in accordance with our 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 replacement housing payment and disburse it in such manner as directed by Mr. Turner. Yours very truly, Harold D. Hand Chief, Real Estate HDH:dl Enclosure: Letter of instruction from Brady E. Turner

September 30, 1971 Pioneer National Title Insurance Co. 421 S. W. Stark Portland, Oregon 97204 Attention: Escrow Officer Re: Escrow No. TURNER, Brady E. Gentlemen: We hereby authorize you to transfer from escrow account number at Pioneer National Title Insurance Co. , to Transamerica Title Insurance Co., Hollywood Branch, escrow account number 401 , the amount of \$9,000 for Replacement Housing Payment to be used toward the purchase of standard housing at 1114 N. E. Ainsworth 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 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,

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

29 EH

September 2 DATE

PAY TO

Ploneer Mational Title Insurance Co.

\$ 9,000.00

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 account for Brady E. Turner, replacement housing payment per claim filed. Hove from 506 H. Knott (Parcel E-3-2). | \$9,000.00 | |
| | | | | |
| | 1 | | | |
| | A PER TON | | Association of the second | |

Account Distribution

TITLE

AMOUNT

E 1501

Relocation Payments (RHP)

\$9,000.00



| is less Acquisition payment received by the claimant for his single- or two | nt. or actual acement dwelling whichever | \$_14,500 |
|--|--|--|
| Acquisition payment received by the claimant for his single- or two | o-family dwelling. | |
| | o-idami, dwo iinig. | |
| Line 1 minus line 2. | | \$ 5,500 |
| | | \$ 9,000 |
| Amount of Replecement Housing Payment (If amount on Line 3 is senter \$5,000; if amount on Line 3 is less than \$5,000, enter amount | \$5,000 or more, at on Line 3.) | \$9,000 |
| *Include Relocation Adjustment Payment, * previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8). | | \$ |
| Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment. | | |
| | | |
| 7. Total (line 5 and 6) | | > |
| 8. Amount of Replacement Housing Payment. (Line 4 minus line 7) | And the second second | \$ 9,000 |
| CERTIFICATION OF THE D This is to certify that the property purchased by the claimant has been within one year fellowing his displacement. | | pied by the claimant |
| Date of Displacement: | Date Occupancy Established: | |
| The second secon | 9/30/72 | |
| Month-Day-Year | Month-Day-Year | |
| I further certify that I have examined this claim and have found it to the regulations issued by the Department of Housing and Urban Deve approved and payment of the amount shown on Line 8 above is autho | e tobuleut borgoniti meretor | ions of Federal Law his claim is hereby |
| 8-31-71 Date | Authorized Signature | 1 |
| | WARRANT | MOUNT |
| RECORD OF PAYMENT 9/2/7/ | 29 E H | 9 -00 00 |

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME OF CLAIMANT

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

| DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT | NAME OF DISPLACING AGENCY | | | | | | |
|---|--|----------------------|------|--|--|--|--|
| REPLACEMENT HOUSING PATMENT | Portland Development Commis | velopment Commission | | | | | |
| INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of I Form HUD-6141.2. | Form HUD-6153 and, if applicable, | | | | | | |
| DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries Form HUD-6153.) | s which differ from claimant's entries on | | | | | | |
| Did the claimant own the single- or two-family dwelling at the time of a | equisition? | YES | NO | | | | |
| Initial Date of Ownership: | ate of Acquisition: | X | | | | | |
| May 1, 1946 Month-Day-Year | Month-Day-Year | | | | | | |
| Month-Day-Tear | Month-Day-1ear | | | | | | |
| 2. Did the claimant own and occupy the single- or two-family dwelling at prior to the initiation of negotiations? | least one year | x | | | | | |
| Initial Date of Ownership: Date of | of Initiation of Negotiations: | | | | | | |
| militar balle of Ownership. | | | | | | | |
| May 1, 1946 Month-Day-Year | Month-Day-Year | | | | | | |
| at least 18 months prior to the date of HUD approval of the project and initiation of negotiations? Initial Date of Ownership: | Date of HUD Approval of the Project: | New Zee | | | | | |
| Month-Day-Year | Month-Day-Year | | | | | | |
| 4. Did the claimant purchase and occupy the replacement housing within | one year from the date of displacement? | | | | | | |
| Date of Displacement: Date of Purchase of Replacement Housin | g: Date of Occupancy of Replacement | Housing |): | | | | |
| Month-Day-Year Month-Day-Year | 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 the locality, attach the report obtained from the claimant (Form HUD- | outside | | | | | | |
| Date previously substandard dwelling was inspected and for | und to be standard: | | | | | | |
| Month-Day-Year | | | | | | | |
| NOTE: The claimant who purchases and occupies a substandard dwelling may be placement, he brings the substandard dwelling into conformance with the dwelling. | come eligible for the payment if, within one year fo applicable codes or purchases and occupies a sta | ollowing ndard | dis- | | | | |

| Portland Development Commission 1700 S.W. Fourth Avenue | F | Emanue I | | | | |
|---|--|---|--|--|--|--|
| Portland, Oregon 97201 | F | PROJECT NUMBER Ore. R-20 | | | | |
| NSTRUCTIONS: Complete all applicable items and sign ou need a Claimant's Report of Condition of Dwelling (Fo | certification in Block 6. Corm HUD-6141.2) to comple | onsult the displaci te and submit with | ing agency as to whether this claim. | | | |
| ENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C y department or agency of the United States knowingly and will intations, or makes or uses any false writing or document knowi fined not more than \$10,000 or imprisoned not more than five y | fully falsifies or makes a ng the same to contain any fa | ny taise, fictifious of | trangalent statements of repre | | | |
| full NAME OF OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation pr | oceeding) | 3. DATE OF DI | SPLACEMENT | | | |
| Brady E. and Lucille Turner Family XX Individual | | | 10/1/1 | | | |
| DWELLING UNIT FROM WHICH YOU MOVED E-3-2 a. Address: | b. Number of bedrooms c. Purchase price: d. If you have purchas (1) Date you signe | P Code): 1114 Portla : ed and occupied this ed purchase contract: d into this dwelling: | Month-Day-Year Month-Day-Year | | | |
| year prior to initiation of negotiations? X Yes | (1) Date you signed (2) Date of settles (3) Date you expe | | Month-Day-Year Month-Day-Year Month-Day-Year | | | |

forfeiture of the entire claim.

Aug. 27, 1971

XBrady E. Turner,
Signature of Owner-Occupant

| OFFICE | REALTORS OF PO | RTLAND BY AGREEMENT | | |
|---|--|--|---|-------------------------------------|
| n 10.10 | Po | all of | august 25 | ,,,7 |
| tocoived of Reachy 6 and 7 | well 7 | um ! | | |
| toroinafter called "purchaser," if the form of (charles) and described real estate situated in the City of | and · | as earnest money and | part payment for the purchase | Ze following |
| and State of Oregon, to-wit: 11/LI M & | amworth | | Support HOTE | |
| | | | The second section | |
| at . | 0 . 0 | 7 | | |
| regether with the following described personal property: | Grapu. Cu | new , suga | in leaving | |
| P 3.4.199 | which w | have this day sold to the said | purchaser, subject to the appro | val of the seller, |
| on the following terms, to wit: The sum, hereinabove receipte | d for of one A | undered & life | Dollars (\$ 14, 50 | 50,00 |
| on Owner's acceptance as additional earnest mone | | | Dollars (\$ | |
| Upon acceptance of title and delivery of deed or contract, the | 10mg level Hus | Instille - | Dollars (\$ /4, 55 | 0.00 |
| payable as follows: 7 hr such of | 14,350 A | well by Pai | I in Oak | |
| Joseph (| Alley-Ces | m & Keller | to BOY | , |
| This offer it subject | - to appr | wal of Ports | feel Harris | huel |
| on his about to | blain in | and ent in | Hom FD.C | . 14 |
| make up the Waffer | end between | the annual | Pail for the 1 | ben ets |
| The seller shall furnish to the purchaser in due cour company showing good and marketable title. Prior to closing title insurance company showing the condition of the title to | g the transaction, the seller, w | pon request, will furnish to that if the seller does not app | he purchaser a preliminary re- | port made by a |
| Realtor below in which to secure seller's acceptance, or if to | the Mile to the said premises lier, or if the seller, having a | pproved said sale fails to con | summate the same, the earner | t money hereis |
| receipted for shall be refunded, but the acceptance by the | purchaser of the refund doe the title to the said premises | is marketable, and the purcha | other remedies available to his ser neglects or refuses to com | m. ply with any of |
| the conditions of this sale within ten days from the furnish | hing of a preliminary title rep signed Regitor to the extent of | ort and to make payments port in his agreed upon commission, | romptly, as hereinabove set for and the residue, if any, shall | be retained by |
| the seller as liquidated damages and this contract thereupo encumbrances to date except zoning ordinances, building a | n shall be of no further bind and use restrictions, reservation | ling effect. The property is to ns in Federal patents, and | be conveyed free and clear | of all liens and |
| All light fixtures and bulbs, fluorescent lamps, Vene | etian blinds, window and doc | or screens, storm windows and | doors, linoleum, attached tele | vision antennas, |
| curtain, towel and drapery rods, shrubs and trees, and irrig | sation, plumbing and heating | equipment, except fireplace of | quipment that is not attached | in any manner |
| are to be left upon the premises as part of the property pu | archaned. | - +0 | | |
| Soller and purchaser agree to prerate the taxes for | the current fex year, rents, it | ued at purchaser's option. Purc | haver agrees to pay the seller | for fuel, if any |
| in storage tank at date of possession. Encumbrances to be shall reimburse the seller for sums held in the reserve acce | discharged by Seller may be | paid at his option out of pur | chase money at date of closin | g. The purchase |
| SELLER AND PURCHASER AGREE THAT SUBJECT SALE | will be closed in es | the cost of which shall be | e shared equally between self- | r and purchase |
| Possession of the above described premises is to be delive or as soon thereafter as existing lows and appaletions will | permit removal of tenants, i | f any. Time is of the exempe | of this compact. | |
| Realtor's Address: 44 Middle B | colle Realter | By: | Miller . | |
| 1 Own | AGREEMENT TO P | | august 25 | , 19 7 |
| I hereby the to purchase the above described preside Realter a period of | roperty in its present condition are selled acceptance hereof | | ms and conditions set forth a or shall not be subject to rev | |
| contract is to be prepared in the name of | y to and to | will 7 | www | |
| I acknowledge receipt of a copy of the foregoing | offer to buy and earnest me | oney receipt begging my signal | bre and shapped-the Realter. | |
| Address 308 1 18 18 30 | P | URCHASER: X DAGA | WILLIAM STATE | |
| Phone DD T | AGREEMENT T | udiabehi 10 de dell'Allicano. Yesse 16 | august 35 | 107 |
| I hereby approve and accept the sale of the above | described property and the n | rice and conditions as set for | th in above agreement and a | pree to furnish |
| title insurance policy continued to dits as afgresaid show for services a commission of \$ I authorize said Realtor to order title insurance and | | | | |
| of furnishing title insurance, recording fees and revenue to place in his Clients Trust Account the above det | stamps, if any, as well as any scribed earnest money deposit | until needed in the dosing | s payable by me at or perore | closing. I instru dge receipt of |
| copy of this contract bearing my signature and that of the | o purchaser named above, an | eller Colle C | Value | les |
| Phone 288-14774 | 1 | we danie | 4 Teller | 0 |
| | The state of the s | A CONTRACTOR OF THE PARTY OF TH | | |

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND OREGON

7204

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 Commission 235 N. Monroe Street Portland, Oregon 97227

Re: 1114 N.E. Ainsworth 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 dwelling and built-in garage at the above address.

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

Yours truly,

C. N. CHRISTIANSEN

BHILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

Chief Housing Inspector

CHF:mfm cc: Portland Dev. Comm. 5630 N.E. Union Ave.

Transamerica Title Insurance Co

AMENDED REPORT

October 4, 1971

ORDER NO. 41-27095

PRELIMINARY REPORT FOR

STANDARD COVERAGE POLICY \$ 14,500.00

STANDARD LOAN POLICY S

Transamerica Title Insurance Company 1807 N. E. 39th Avenue Portland, Oregon

Attn: Mona Escrow 41011

Gentlemen:

We are prepared to issue 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 19 71 at 5:00 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

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

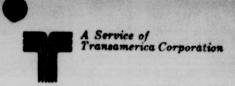
By

BJE/abp

cc: Medak Realty

Portland Development Commission cc:

Barbara J. Evans Title Examiner



Transamerica Title Insurance Co

September 28, 1971

ORDER NO. 41-27095

PRELIMINARY REPORT FOR

STANDARD COVERAGE POLICY \$ 14,500.00

STANDARD LOAN POLICY S

Transamerica Title Insurance Company 1807 N. E. 39th Avenue Portland, Oregon

Attn: Mona Escrow 41011

Gentlemen:

We are prepared to issue 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 19 71 at 5:00 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:

 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 29 1971

D ...

TRANSAMERICA TITLE INSURANCE COMPANY

BJE/abp

cc. Medak Realty

cc: Portland Development Commission

Barbara J. Evans Title Examiner

Dala of Loans

This Report is preliminary to the issuance of a policy of title insurance and shall become null and void unless a policy is issued, and the full premium therefor paid.

MULT. CO. THE SKETCH BELOW IS DE SOLELY FOR THE PURPOSE ASSISTING Y LOCATING SAID PREMISES AND THE COMPANY ASSUMES NO LIABILITY R VARIATIONS, IFANY, IN DIMENSIONS AND LOCATIONS ASCERTAINED ST. AINSWORTH N. TRANSAMERICA TITLE This sketch is solely for the purpose of assisting in the location of said no liability for variations if any, in dimensions and location ascertained by actual surv W AVE W N. E. N.E. Ü . 57. TN JARRETT

LEGAL AID SERVICE MULTNOMAH BAR ASSOCIATION ALBINA OFFICE 517 N. E. KILLINGSWORTH - 288-6746 - PORTLAND, OREGON 97211 JAY FOLBERG EX. DIR. Spotember 28/ 190 A. DIR. D. OPER. SP. ASST. SEP 20 1971 OIN PORTLAND TO THE TAKE SION - Bun capy to Portland Development Commission 1700 S. W. Fourth Portland, Oregon Attn: Oliver Norville Brady Turner Dear Mr. Norville: On September 23rd, 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, Supervising Attorney HJB:mlw

CONNIE McCREADY COMMISSIONER DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND OREGON

June 11, 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 Commission 235 N. Monroe Street Portland, Oregon 97227

Re: 1327 N.E. Highland Street Turner

Attn: Mr. Crowley

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

Chief Housing Inspector

CHF :mfm

cc: Portland Dev. Comm. 5630 N.E. Union Ave.

Rec'd 11

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|--|---|---|--|--|----------------|
| Now Morre | | RESIDENTIA | AL RELOCATION REC | | |
| n 1 1 16 | | AM . C | PROJECT NO | | |
| RELOCATI | ON WORKER | AR CD | PROJECT NO | Ure. K-20 PARCEL | - <u>F-3-2</u> |
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| DUONE 202 2 | TO INITIAL INT | EBVIEW 1/18/ | /71 SEX M W | MU R ACE | 63 |
| Lunlies | tod\ | | | | |
| U.S. CITIZEN_ | ALIEN | _VETERANS | SERVICEMAN DATE | ON SITE May | 1946 |
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| | Relation | Age | Employer: Name Amer | | 140.00 |
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Date of acquisition Sept. 24, 1971

| DATE | NOTES | CW |
|--------------|---|-----|
| 1/15/71 | Flyer delivered by James Crolley. Receptive. Works swing shift, off Tuesday, Saturday & Sunday. | |
| 1/18/71 t | 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. | |
| 2/18/71 | Survey: Will buy comparable housing. NE (Woodlawn) area, 2 bedrooms, all on one floor and basement | JC |
| 5/17/71 | 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. | JC |
| 5/25/71 | 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. | |
| 6/3/71 | 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. | SLC |
| 7/1/71 | 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. | JC |
| | | |
| | | |
| | | |

7/14/72

Mr Torner told me he was very perpy with his house and that his home was just what the world. But after and I living there he has found a leak in his bosement and the window tryin has peeled and meeds point the window tryin has peeled and meeds point the indicated that there was certain other thing that he wand to repair or replace.

That he wand to repair or replace.

It adviced him of a PDC, relocation in ability to do much a bout his problems. The inability to do much a bout his problems. We have released the money and plaid the RHP We have released the money and plaid the RHP etc - However referred him to PDC, Rehap section.

\$16,500. 1954 \$480. 51900

RECEIPT

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

Brage Tusner.

5-/3-7/

6707.

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)

| X | Request that you process my (our) claim for an in | terim relocation payment. |
|---|--|---------------------------|
| | I (we) understand that you will advise me (us) pro | omptly when and if a |
| | revised claim may be submitted for adjustments on | the basis of the new |
| | Act and in accordance with the implementing regul | ations. |

| | a claim until you are able to mal | |
|-------------------|-----------------------------------|--------------------|
| | new Act. I understand that you | |
| promptly when you | are authorized to make full payme | ents authorized by |
| such Act. | | |

Signature of Claimant

(if more than one claimant, each should sign)

(Return this form to PDC)

HOUSING RESOURCES SURVEY

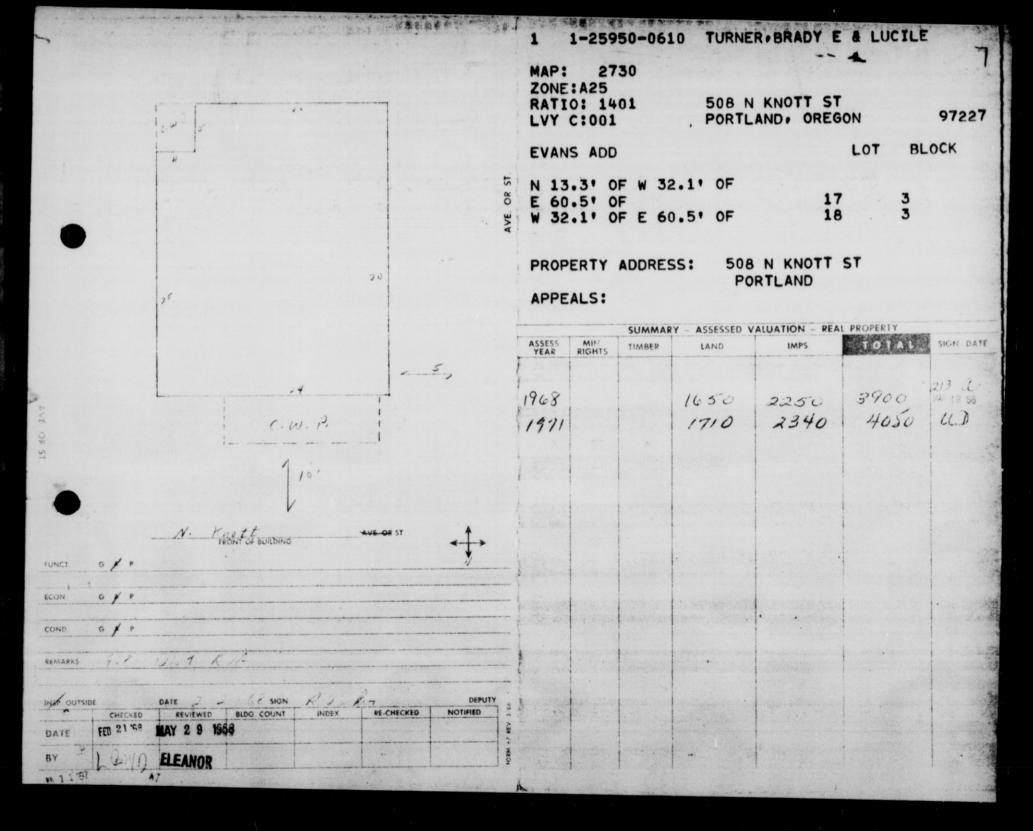
RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

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

| Owelling Unit No. 7 Structure No. 4 Census Blog | labulau | or | Date tal | bulated |
|---|--|--|--|-----------------------------|
| Swelling China Inc. | ck No. | Census | Tract No. | |
| Street Address 508 N Knott | Apa | artment N | 0 | |
| A. Status Of Relocation Assistance Needs At This Dw | | | | |
| 1. Assistance may be needed, yes, no | | | | |
| 2. Why no assistance may be needed | | | | |
| a Vacant b Will be vacated on the following date | | | | |
| c. Other reasons | | | | |
| B. Residents Of This Dwelling Unit Who May Need Re | | Assistan | e: | |
| | A | Cov | Occupation | |
| 1. Juner Stady E. (Rey Head of household | 63 | Н | JANITOR | |
| 1. Jurner Braw & Rey Head of household 2. " Lucille Wife | 68 | F | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8. 9. | | | | |
| Names of jobholders Names of employers | Stree | T OMMPAGE | | |
| BRADY TURNER AMERICAN BLOD MAIN | NT 637 | + Halse | y ' | cated to work |
| BRADY TURNER AMERICAN BEDD MAIN | W7 634 | Halse | 9 | 6 |
| 2. Monthly income from jobs and from all other s | ources r | eceived b | y persons in this h | 6 |
| 2. Monthly income from jobs and from all other s Names of persons in this household who have income from | ources r | eceived b | y persons in this he per month in an average | 6 |
| 2. Monthly income from jobs and from all other s Names of persons in this household who have income from any source | ources ramount of month | eceived b | y persons in this he per month in an average month during 1970 | - 6 |
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HOUSING RESOURCES SURVEY To be Filled in For Each Dwelling Unit in All Survey Areas

| Date | Tabulator Date |
|---|--|
| Dwelling Unit No. T Structure No. 4 Cens Street Address 508 N Knott | sus Block No Census Tract No. 22A |
| NAME OF OCCUPANT: TELEPHONE: INTERVIEWED? () Yes () No NAME & ADDRESS OF TELEPHONE: 282-3 INTERVIEWED? () Yes () No | 579 (whisted) TELEPHONE: |
| DESCRIPTION OF STRUCTURE Kind of dwelling unit No. of units in bldg. One-family house Apt. in a house Apt. in apt. bldg. or plex Apt. in comm. bldg. Mobile home or trailer This structure has Stories (do not count basement) I. OCCUPANCY STATUS OF DWELLING UNIT Owner occupied Renter occupied Vacant | 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 \$ |
| II. SIZE OF DWELLING UNIT Sq. ft. in first floor (county figure) Sq. ft. in dwelling unit (if more than 1 floor) Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms) No. of bathrooms No. of bedrooms (rooms used mainly for sleeping) | Monthly Cash average rent Rent \$ |
| A. Dates or period of time A | Deposits required of renter Advance rent \$, other \$ Rental information obtained from Tenant, owner, manager, or estimated from assessor's data |
| B. Market value data for one-family dwelling Market Value per sq. ft. Land Improvements 2340 | VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTE! Listed with broker, yes, no Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months |
| Total _4050 | VII. REMARKS |
| PDC-HRS-1 | |



| LAND APPRAISAL 1968 | * | | | | | 1 | ACCOUNT NO. | 1- 2595 | 0-0610 | - | 1 | 19 | 58 |
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