#### PROJECT RELOCATION EMANUEL BUSINESS AND INDIVIDUAL FILES (CONT.) PAGE 4 OF 6

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:

	DESCRIPTION .		ROLL NO	ODOMETER
PARCEL NO.	STOKES, SAMUEL			
AB-3-8	2931 N. GANTENBEIN		•	
PARCEL NO.	STUART, JERRY A. JR.			
-3-5	2648 N. COMMERCIAL CT.			
PARCEL NO.	TAYLOR, BIRDIE LEE			
R-8-12	3229 N. GANTENBEIN			A 15 118
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 .			1.2.2.2
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	:		E. and the
PARCEL NO.	TURNER, REV. BRADY			
E-3-2	508 N. KNOTT			
PARCEL NO.	TURNER, FLORENCE			
E-2-2	532 N. GRAHAM	A STATE OF STATE		- The .
PARCEL NO.	TURNER, QUEEN E.		Andrew and Andrew	
A-4-4	260 N. IVY			
PARCEL NO.	VAN ZILE, HAZEL	•		
E-3-8	2640 N. KERBY			
PARCEL NO.	VERNON, CECIL L.		and the second second	
A-4-2	222 N. IVY			
PARCEL NO.	WALLIN, JACOB E.			
AB 3-5	413 N. STANTON			
PARCEL NO.	WALTON, LLOYD & WILLIE MAE			
RS*4-4	.102-06 N. KNOTT			•
PARCEL NO.	WARD, ARTHUR B.			
E-4-1	2651 N. GANTENBEIN			
PARCEL NO.	WARD, BILLY L.			
E-4-1	2651 N. GANTENBEIN			
PARCEL NO.	WARREN, LEO & INA			
R-8-2	312 N. COOK			

oject Name Parcel No	Advisor CD
Client's Name Jumer, Brady	Phone
Address 508 N. Knott Ethn Black	Age <u>63</u>
	Occupant .
🛛 Female 🔲 Individual 🔲 Single 📑 Owner/O	ccupant
Family Composition Economi	
otal Number in Family 2 Employer Janne	(ob \$ 14000 ) \$ 14000
2 (wife, husband Address	7
ther: Relation Age Relation Age Other Source Social	of Income Security \$ 19900
Total Month	hly Income \$ (33960
Eligible for Public Housing YES X NO Presently Re	ceiving Welfare 🔲 YES
	ance
ligible for (Other) YES NO	He species want and
Claimant was displaced from real property within the project are tinent contract for Federal assistance and/or date of HUD approv	
laimant was displaced from real property within the project are inent contract for Federal assistance and/or date of HUD approv $\boxed{X}$ YES $$ NO bate of initial interview $\underbrace{5 - 17 - 71}$ Date of Info par	nphlet delivery
laimant was displaced from real property within the project are inent contract for Federal assistance and/or date of HUD approv	nphlet delivery
laimant was displaced from real property within the project are inent contract for Federal assistance and/or date of HUD approv X YES NO ate of initial interview <u>5-17-71</u> Date of Info part bate Notice to Move given Date Effective	nphlet delivery
laimant was displaced from real property within the project are inent contract for Federal assistance and/or date of HUD approv X YES NO ate of initial interview <u>5-17-71</u> Date of Info para ate Notice to Move given Date Effective	nphlet delivery Expires
Igible for (other)       Image:	Expires
Inighte for (other)       Image: Contract for federal assistance and/or date of HUD approvement of the formed assistance and/or date of HUD approvement of initial interview         Image: Contract for Federal assistance and/or date of HUD approvement of initial interview       Image: Contract for Federal assistance and/or date of HUD approvement of initial interview         Image: Contract for Federal assistance and/or date of HUD approvement of initial interview       Image: Contract for Federal assistance and/or date of HUD approvement of Info parts         Image: Contract for Federal assistance and/or date of Info parts       Image: Contract for Federal assistance and/or date of Info parts         Image: Contract for Federal assistance and/or date of Info parts       Image: Contract for Federal assistance and/or date of Info parts         Image: Contract for Federal assistance and/or date of Info parts       Image: Contract for Federal assistance and/or date of Info parts         Image: Contract for Federal assistance and/or date for Info parts       Image: Contract for Federal assistance and/or date of Info parts         Image: Contract for Federal assistance and/or date for Info parts       Image: Contract for Federal assistance and/or date of Info parts         Image: Contract for Federal assistance and for the parts       Image: Contract for federal assistance and/or date of Info parts         Image: Contract for Federal assistance and for the parts       Image: Contract for federal assistance and/or date of Info parts         Image: Contract for federal assistance and for the parts       Image: Contract for federal assis	nphlet delivery Expires 5-1946
Iaimant was displaced from real property within the project are inent contract for Federal assistance and/or date of HUD approv         Image: State of initial interview       Image: State of State	Expires

#### DWELLING UNIT FROM WHICH RELOCATED

Private Sales	Single Family	Age of Housing Unit 1904
	Duplex	Size of Habitable Area 1050
Private Rental	Multiple Family	
Other	Multiple Pamir	YES // NO
Total Number of Rod	oms 5	Rent Paid \$ Utilities
Number of Bedrooms	2	Monthly Housing Payments \$ Taxes
Liens \$	(please	explain)
Acquisition Price	\$ 5,500	Amenities
		CEMENT DWELLING UNIT
Address _ 1114 71	e answord	LPA Referred Self Referred
Private Sales	Single Family	Outside city D Outside state
Private Rental	Duplex	Age of Housing Unit 1938
Other	· Multiple Famil	y . Size of Habitable Area <u>907</u>
a for the second second		No. of Rooms 5 No. of Bedrooms 2
and the second second		d For Claimants Who Rented
ten suntre a larment rene un later au la composition and automotion	mants Who Purchase	a man and a second state and a second state of the second state of the second state of the second state of the
· · · · · · · · · · · · · · · · · · ·		ng \$ 14,500 Rent \$
Taxes \$		Utilities \$
RHP or TACO (inclu	iding incidental co	sts) \$ 9,000 Total Rent Assistance \$
na na dia manjara di kacamatan di Kacamatan di kacamatan di kacamat	· · · · · · · · · · · · · · · · · · ·	Amount of Annual Payment \$
		Agancy Referrals:
and the second second second second	ferrals to:	Agency Referrals: MCWHAPOTHER ()
Standar		
Standa	rd Rent	Food StampLegal AidOther ()
Benefits Received		
		Type Amount \$
	Ck #	
Date	Ck #	

#### RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME TURNER, Brady E.	_ RELOCATION ADVISORCD
ADDRESS 508 N. Knott PHONE unlisted	PROJECT NAME Emanuel ORE. R-20
SEX_M_ETHN_blackVETERANAGE63 MARITAL STATUS_marriedTENUREOWNEr DISABILITYINDIVFAMILY_X ELIGIBLE FOR: PUBLIC HOUSINGFHA 235 RENT SUPPLEMENTOTHER INITIAL INTERVIEW5-17-71	DATE ON SITE: <u>May 1946</u> INITIATION OF NEGOTIATIONS: <u>May 11, 1971</u> DATE OF ACQUISITION: <u>September 24, 1971</u>
NOTICE TO MOVE DATES EFFECTIVE NOTIFY IN CASE OF EMERGENCY	
ECONOMIC DATA (Janitor)	FAMILY COMPOSITION
Employer American Bldg. Main. \$ 140.00	Name Relation Age
Address 63rd & Halsey	Lucille wife 68
MCW	
Social Security125.00	
Pension Other_wife - social security 74.00	
TOTAL MONTHLY INCOME \$ 339.00	

#### DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area 1050 sq. ft.

#### HOUSING REFERRALS

Bedrooms
_

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 ACTIO	ı.		REASONS				
Appeals	••	TT					
Evicted							
Refused Assistant	.e						
Address Unknown							
Other (death, etc							
other (dedtin, et.							
		TEM	PORARY RE	LOCATI	ION		
Within Project	t				ed In		
			Add	ress_			
Outside Proje	ect		Reas	son			
		REPLAC	EMENT DWE	LLING	UNIT		
Client Referred				LPA R	leferred		
Address_1114 N.	E. Ainswor	rth	Phone		Date of Mo	ve Septemb	er 30, 1971
			-				
WHERE RELO						S	SS
Same City	XS	ubsidized	Sales		Single Family	X	
Outside City					Multiple Family		
Out of State		ublic Hous			Duplex		
		rivate Ren			Mobile Home		
	P	riyate Sal	es	X			
					j Dista		
Name of Moving Co	ompany			^	Name of Realtor		
	BENEFITS R						. 14 500
Туре	Ck #	Date	Amoun	t	Purchase Price		\$ 14,500
RHP	29 EH	9/2/71	\$ 9,000	.00			
TACO (Rental)			5		Down Payment \$	·	
TACO (Rental) TACO (Rental)			5		0U0 6	9,000.00	
TACO (Rental)			13		RHP \$	9,000.00	
TACO (Sales)			15		Total Down	_	•
Fixed Moving	27213G &	272126	\$ 420	00	IOCal DOwn		*
Actual Move	2/21 20 9	12/2120	10 420		Total Mortgage		\$
Storage			1 s		locul noregoge		*
Incidental	458 EH	7/12/72		.95			
Interest		1	15				
TOTAL BENEF	ITS RECEIV	ED	\$ 9,469	.95			
REALTOR:		ESC	ROW CO		OFF	ICER	
					-		
		•			•		

Date	INTERVIEW REGISTER	Relocatio
/15/71	FLYER: delivered by James Crolley. Receptive. Works swing shift. Off Tuesday, Saturday, and Sunday.	NUTRET
/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.	
5/3	City Inspection order this date from Chet Collingsworth on 1327 N. High- land. 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 in- structions 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 closi expenses.	rg



INTERVIEW REGISTER

Relocation Worker

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.

Date

7/5/72

7/14/72

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
roject: Emanuel ORE R-20 Parce1: E-3-2
ayable to: Brady E. Turner Amount
or:
Rental: Total approved \$; Annual amount
Fixed Moving Payment
Dislocation Allowance
Actual Moving Costs
Business Moving Expenses
Buriness In Lieu Payment.
Destance Storage Costs
Business: Searching Expenses
Name of Client Brady E. Turner Less - \$*
Move from 508 N. Knott Total \$ 49.95
Accounting: Indicate symbol & Acct. No. <u>ElSol</u> Relocation Payment; Project Cost *()

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

i.

		NAME OF LOCAL AGENCY:
NAME A	ND ADDRESS OF CLAIMANT:	Portland Development Commission
1340	ady E. Turner N. knott	107 Hand Decemp
		De la const
	and a list this form to det	ermine eligibility of claimant for Replacement
	- C- Usessingers Attach	the completed form to the percenter
		ination of the amount of parment to
	f - weel accoment	duelling is made on the appricable cruit in
	I and in of any ontring whi	ch differ from claimanc s cheries
1. Die	the claimant own the dwelling at	the time of acquisition.
	Manth-Dave	46 Date of Acquisition: <u>September 24, 1971</u> Year <u>Month-Day-Year</u>
2. Die tie	d the claimant own and occupy the o on of negotiations? X Yes	dwelling at least 180 days prior to the initia-
	the second secon	946 Date of Initiation of
In	itial Date of Ownership: <u>May 1, 1</u>	Negotiations: May 11, 1971
3 Di	d the claimant purchase and occupy	the replacement housing within one year from
th.	e date of displacement? X Yes	No
		Date of Purchase of Replacement
		71 Date of Purchase of Replacement Housing: October 8, 1971
Da	te of Occupancy of Replacement Hou	sing: October 1, 1971
11	if the claimant was unable to occup	by the replacement housing within the require
	ind was reverse side of	this form to provide explanation.
4 01	id the claimant have a bona fide mo	ortgage on his dwelling for at least los days
	ion to initiation of negotiations	res <u>x</u> no
15	ssuance Date of Mortgage:	Vate of Discharge of
		Mortgage:
Da	ate of Initiation of Negotiations:	
5. Ha	have been into been int	spected and found to be standard? (Attach copy f the claimant moved outside the locality, attach
6 0	ERTIFICATION OF LOCAL AGENCY	
-		y purchased by the claimant has been inspected
	· · · · · · · · · · · · · · · · · · ·	a claimant within one year forforing the start fill
100000000	I further cort ify that I hav	e examined this claim and have round it to be in (0)
	the the applicable provision	ins of regentil Law and the regulation of the
		Development bursuant thereto. Theretoic, the
	laim is hereby approved and paymen	at in the amount of \$ 49.95 is Authorized.
		1 VII D
	7-10-72	Authorized Signature
	Date	35 Authorized Signature
7. 1	RECORD OF PAYMENT	4477 . 40 or
	Date of Payment: 7/12/12	Check No. 458 Amount: \$ 49.95
1	RHP-4	Page 4.

#### September 11, 1974

Jan C

Hr. and Hrs. Brady Turner 1114 H. E. Almoworth Portland, Oregon 97211

Dear Hr. and Hrs. Turner:

It is the desire of the Portland Development Commission to contact former residents of the Bounuel area who were displaced as a result of government action, to learn various aspects of relocating to new anvironments. Providue attempts to contact you have been unsuscessful; therefore, us usual appreciate the opportunity of meeting with you at a convenient time.

Please contact Hrs. Betty Burns, 224-1800, for any information relative to the above.

Thank you for your cooperation.

Very truly yours.

Setty R. Burns

10

CONNIE MICHEADY COMMENCINER DEPARTMENT OF PUBLIC UTILITIES C.C.C.C.C. Contract Contractory Sent 1 yr: after in and the second s Relocation -Anthony Continues of State CITY OF PORTLAND House was found to be OREGON Standard when RH.P. manet 14, 1972 was made. Mr. Brady Turbert 1114 BB Atsorbeth Street Portland, Orogen 97213 BI III BUILDING TO DOGO Dear Mr. Turner : According the day of hereited, there is an one of the second seco pages d'unions GLG7 An and the second s

It will be necessary, therefore, to correct the chose conditions white proper paralte is compliance with City regulations.

185

Hr. Brady Turner

The second second

August 14, 1972

Your attention is called to Section 29.12.630 of the Portland Bracks Ordinance #130572 thick provides for your right in appeal to the Bracks Myleory and Appeals Board.

men andy.

Ball Barness

C. B. (

Should you have any quantions encounting this program, places fant from to sail the Survey of Indidings, Brusing Svision, 2000 HE 24th Are talephone 200-6077.



## •

#### CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (if applicable)
Portland Development Commission	. Emanuel Hospital Project
1700 S.W. 4th Ave.	PROJECT NUMBER: ORE R-20
Portland, Oregon	in the start he Consult
INSTRUCTIONS: Complete all applicable items and sign the displacing agency as to whether you need a Claima	nt's report of serie inspection of
builting to complete and submit with this	claim.
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. 0.5.C. IT	y department or agency of the
	or makes any raise, ricererere
a statements or representations, or makes or	uses any raise writing of coordinate
	Traudulent statement of energy
c. i at more than \$10,000 or imprisoned no	t more than ive years, or out
<ol> <li>FULL NAME OF OWNER-OCCUPANT CLAIMANT (as shown in to displacing agency or in condemnation proceeding</li> </ol>	ng) October 1, 1971
Turner, Brady E.	Parcel No. E-3-2
X Family Individual	
3. INFORMATION 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. Knott
Portland, Oregon	
2. Date you first occupied this dwalling a	s the owner <u>May 1, 1946</u> Month-Day-Year
3. Number of bedrooms in the dwelling	2
<ol> <li>Date of initiation of negotiations for dwelling <u>May 11, 1971</u></li> </ol>	local agency acquisition of
5. Payment made by local agency for the dw	welling \$_9000
Part II. Data on dwelling unit to which you	
6. Address of dwelling unit to which you m 1114 N. E. Ainsworth	noved (include ZIP Code)
7. Number of bedrooms in replacement dwell	ling
8. Purchase price of the replacement dwel	

Page 1.

RHP-1

#### 9. Complete either a. or b.:

a. If you have purchased and occupy the replacement dwelling:

Date you signed Date of purchase agreement August 25, 1971 Settlement October 8, 1971 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 settlement

Date of

Month-Day-Year

%

Date you expect to occupy \_\_\_\_\_\_\_\_ Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment

X Schedule

Comparat ive

#### 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
- 4. Annual interest rate of mortgage on the replacement dwelling
- 5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located

RHP-2

Page 2.

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)
1/2 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 Con Tusner. Signature of Owner-Occupant (s)

Page 3.

# Transamerie Title Insurance Co 🐌 🔳

ESCROW DEPARTMENT

Escrow No	41011
Order No	41-27095
Date 10/8,	
Adjustment Dat	:e
CHARGES	CREDITS
14,500.00	
	76.56
32.50	
1.50 ~	
15.95	
	5,145.12
	9.200.00
	200.00
14,549.95	14,621.68
71.73	
14,621.68	14,621.68
an here and	
	Order No. Date 10/8, Adjustment Date CHARGES 14,500.00 32.50 1.50 15.95 14,549.95 71.73

			A Service of Transamerica Corporati
Transamerica Tit	le Insurance l	Co	TA 29-1
ESI	CROW DEPARTMENT		
	The second se	Escrow No.	41011
KELLEY, Joseph A. and Anne J.		Order No	41-27095
3394 Northbrook Drive		Date 10/8	10/1/71
Doraville, Georgia 30340		Adjustment	Date10/1/71
FUECHASERS: TURNER, Bredy E. and Lucill			T
Property: 1114 N.E. Ainsworth Portle	and, Oregon 9/211	CHARGES	CREDITS
Sales Price 1971-72 taxes based on 1970-71 tax of: 5 Pro Rata Real Estate Taxes: 7/1/71 to	\$306.24	-1 -1	14,500.00
		76.56	
Pro Rata Fire Insurance: buyer children	g obtaining		
Real Estate Commission Midak Realty		1,015.00	
Water Billing Final - Account No. 2052-8	60	12.52	
Recording			
Title Insurance		95.00	
Escrow Fee 1/2 of \$5.00		32.50	
Contract/Mortgage Balance			
	and the second sec		
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	A A A A A A A A A A A A A A A A A A A		
		1,231.58	14,500.00
To Balance <b>TET SALES PROCEEDS</b>		13,268.43	
	44	14,500.00	14,500.00
A State of the sta			

h.



URBAN REI	DEVELOPMENT FUND-	PROJECT EXPENDITURES-EMANUEL	HOSPITAL, ORE. R-20		Warr	ant Number
P	ORTLAND	DEVELOPMENT 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201	COMMISSIO	N ?	458	EH
			DATE	July 12, 1	972	. 19 72
PAY TO	Brady E. Turne	• All the second stranged			\$ 49.95	
•						DOLLARS
					AUTHORIZED	SIGNATURE
c	TO THE TREASURER OF THE	N		NON-N	EGOTI	ABLE
	21					
Portland De	velopment Commission	- 224-4800		DETACH E	AUTHORIZED	
Portland De	-	· 224-4800 DESCRIPTION		DETACH E		
	ivelopment Commission	1	dental Expenses ( (Percel E-3-2).		SEFORE DEPOSITI	NG CHECK
	ivelopment Commission	DESCRIPTION Relaburgement for Incl	dentel Expenses (Percel E-3-2).		SEFORE DEPOSITI	NG CHECK
	ivelopment Commission	DESCRIPTION Relaburgement for Incl	dental Expenses ( (Percel E-3-2).		SEFORE DEPOSITI	NG CHECK

And

Acc	ount Distrib	OUTION		
NO.	TITLE			AMOUN
E1501	Relocation (Incidental	Payments	(EH)	\$49.95
	(Incidental	Costs)		

DATED this 30th day of Sept. 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at <u>508 N</u>. <u>Knot</u>, 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,

Bray Eluner, (firm name)

by:



Portland De	velopment Commission	224-4500	
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	ANOUNT
		Fixed relection payment per claim fided - move from 508 H Emott (Parcel E-3-2) to 1114 HE Alastarth	\$220.00
* 27			

#### Account Distribution

El 501 El \$220.00 EH \$220.00

Brady & Turner, rec. 10-6-71

STACH BEFORE DEPOSITING CHECK

PURILANI	DEVELOPMENT 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201	CUMMISSION	<b>N</b> ?	27212	G
		DATE	00	tabor 4	. 1971
ORDER OF Tree	namerica Title InsuranceCo			\$200.00	
The sector where the sector					DOLLARS

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

B9

Portland Dev	relopment Commission ·	224-4800 DETACH BEFO	RE DEPOSITING CHECK
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	THUOMA
		Depósit in escrew for Brady E. Turner - dislocation allemance per claim filed - 508 H Knott (Parcel E-3-5	2) \$299.00

Account Distribution TITLE E1501

\$200.00 Relo Payments (fixed - own furn. - family) EH



THUON

October 5, 1971

Transamagica Title Company 400 SW 9th Avenue Portland, Oregon 97205

0

Re: Escrow Account No. 41011 Brady E. Turner

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

Gentlemen:

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,

Brady E. Turner

copy

the second se	FOR	LOCAL AGENCY US	NAME AND ADDRESS OF CLAIMANT (I	nelude ZIP code)
	T OF HOUSING AND URBAN		Brady E. Turner 508 N. Knott Portland, Oregon 97227	
CLAIM F	OR RELOCATION P	ATMENT	NAME OF LOCAL AGENCY	
(Certificati	ion of Eligibility and Families and Indiv	Record of iduals)	Portland Development Constructions: Attach complete	d Fors HUD- 5140. 2 1
			completed Form(s) HUD-014011 )	
Does claiman Ij "No," exp	nt meet all timing plain:	requirements fo	or eligibility? [X] yes	[ ] NO
CERTIFICATION I CERTIFY that I have the the applicable	have examined the claim.	and the substantiat law and the Regulat the claim is hereby	ing documentation, and have found ions issued by the Department of H approved and payment is authorize	it to be in accord yousing and Urban ed as follows:
Development pursu	ant thereto. Therefore,	AMOUNT	AUTHORIZED SIGNATURE	DATE
including, storage and costs in th	ent for moving expenses, if applicable,	\$ 200.00 **	Acting Expertise De	Id 171 Theotor
of propert:				
2. Supplementary				
	reimbursement for movin	18		
3. Final clain,	reimbursement for movin ering storage and relate		v pot exceed \$200)	
<ol> <li>Final claim, copenses cover costs</li> <li>RECORD OF</li> </ol>	PAYMENTS MADE (TO	tal payments may		
3. Final claim, expenses cove costs C: RECORD OF DATE	PAYMENTS MADE (TO CHECK NUMBER	tal payments may		BER AMOUN S
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3. Final claim, expenses cove costs C: RECORD OF DATE	PAYMENTS MADE (TO CHECK NUMBER	tal payments may		DEN
3. Final claim, expanses cove costs C: RECORD OF DATE 10/4/71	PAYMENTS MADE (TO CHECK NUMBER 272126	tal payments may AMOUNT \$ 200,00 \$	2	\$
3. Final claim, expanses cove costs C: RECORD OF DATE 10/4/71	PAYMENTS MADE (TO CHECK NUMBER 272126	tal payments may AMOUNT \$ 200,00 \$		\$

	FOR RELOCATION	PAYMENT	HUD-6140.1 (4-66)
	Families and Individu	PROJECT NAME (If applicabl	
ME AND ADDRESS OF LOCAL AGENCY (Include ZIP code	•)		
Portland Development Commission	•	Emanuel Projec	t
1700 S. W. Fourth Avenue Portland, Oregon 97201		PROJECT NUMBER ORE	R-20
STRUCTIONS: If this claim is for a FIXED PAYMEN actual moving expenses (including storage costs, if an does not apply. write "None" in the space. If a R aim for Relocation Adjustment Payment, and attach if ENALTY FOR FALSE OR FRAUDULENT STATEMEN risdiction of any department or agency of the United S ent statements or representations, or makes or uses an	elocation Adjustment Po to this form. NT. U.S.C. Title 18, Sec tates knowingly and will be galace writing or docur	nyment will also be claimed, comp . 1001, provides: "Whoever, in an Ifully falsifies or makes any ment knowing the same to contain	lete Form HUD-6141.1 y matter within the false, fictitious or fraud any false, fictitious o
ent statements or representations, or makes or uses a audulent statement or entry, shall be fined not more th	an \$10,000 or imprisone	2. DATE(S) OF MOVE	<u>,</u>
FULL NAME OF CLAIMANT	(f)		
TURNER, Brady E.	1	10/1/71	
ADDRESS FROM WHICH YOU HAVE MOVED	E-3-2	4. ADDRESS TO WHICH YOU HAN	E MOVED
a. Address		e. Address (include 217 cour)	~
508 N. Knott, Portland, Oregon 972	27	1114 N. E. Ainsworth	
b. Apt., Floor, or Room No.		b. Apt., Floor, or Room No c. Were household goods moved	
c. Was it furnished with your own furniture? X Yes	No No	C. Were household goods moved	to or from storage.
d. Number of rooms accupied (excluding 5	and the second second	If "Yes," complete Block &	on reverse side of
e. Date you moved into this address:May 1,	946	this form.	
. TOTAL CLAIM (If claim is for Fixed Payment, consult le of actual moving expenses, direct loss of property, and/e	or storage costs, enter sum	of Lines 11a, 11b,	\$ 200.00
and lic below.)			
and 11c below.) DO NOT COMPLETE ITEMS :	THROUGH 11 IF THIS IS	A CLAIM FOR FIXED PAYMENT	ANY (OR PERSON)
and lic below.)	THROUGH 11 IF THIS IS		ANY (OR PERSON)
O NOT COMPLETE ITEMS      DO NOT COMPLETE ITEMS      NAME OF MOVING COMPANY (OR PERSON)  O. METHOD OF PAYMENT, MOVING BILL (Check ene)  o. I have paid the maving charges, as evidenced by t reimbursement.  b. I have not paid the moving charges, and I therefore accordance with arrangements made in advance, a  1. AMOUNT OF ACTUAL COSTS AND/OR LOSS	THROUGH 11 IF THIS IS 8. MOVER'S TELEPHON NO. the attached itemized receip a request that the attached and with my consent, between	A CLAIM FOR FIXED PAYMENT IE 9. ADDRESS OF MOVING COMP of or paid bill from the mover, and I th itemized moving bill be paid directly on the local agency and the mover.	erafore request
and 11c below.)         DO NOT COMPLETE ITEMS :         NAME OF MOVING COMPANY (OR PERSON)         0. METHOD OF PAYMENT, MOVING BILL (Check one)         a. 1 have paid the moving charges, as evidenced by treimbursement.         b. 1 have not paid the moving charges, and 1 therefore accordance with arrangements made in advance, at 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS         a. MOVING COST (Must be supported by attached receipting the supported by attached receipting the supported by attached receipting the support of	THROUGH 11 IF THIS IS 8. MOVER'S TELEPHON NO. the attached itemized receip a request that the attached and with my consent, between	A CLAIM FOR FIXED PAYMENT IE 9. ADDRESS OF MOVING COMP of or paid bill from the mover, and I th itemized moving bill be paid directly on the local agency and the mover.	erafore request
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and 11c below.)         DO NOT COMPLETE ITEMS 1         NAME OF MOVING COMPANY (OR PERSON)         D. METHOD OF PAYMENT, MOVING BILL (Check one)         a. 1 have paid the moving charges, as evidenced by the reimbursement.         b. 1 have not paid the moving charges, and 1 therefore accordance with arrangements made in advance, at 1. AMOUNT OF ACTUAL COSTS AND/OR LOSS         a. MOVING COST (Must be supported by attached receips is to pay mover directly.)         b. STORAGE COST (Must be supported by attached receips is to pay mover directly.)         c. DIRECT LOSS OF PROPERTY CLAIMED (If any classide of this form must be completed.)	THROUGH 11 IF THIS IS 8. MOVER'S TELEPHON NO. the attached itemized receives a request that the attached and with my consent, between ot(s) or unpaid voucher from elpt(s) or unpaid voucher from the is made here, the States	A CLAIM FOR FIXED PAYMENT IE 9. ADDRESS OF MOVING COMP of or paid bill from the mover, and I the itemized moving bill be paid directly on the local agency and the mover. I mover if local agency om storage company if ment of Claim on reverse	orefore request to the mover, in S S S S
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and 11c below.)         DO NOT COMPLETE ITEMS :         NAME OF MOVING COMPANY (OR PERSON)         0. METHOD OF PAYMENT, MOVING BILL (Check ene)         a. 1 have paid the moving charges, as evidenced by treimbursement.         b. 1 have not paid the moving charges, and 1 therefore accordance with arrangements made in advance, and         11. AMOUNT OF ACTUAL COSTS AND/OR LOSS         e. MOVING COST (Must be supported by attached receip is to pay mover directly.)         b. STORAGE COST (Must be supported by attached receip is to pay storage company directly.)         c. DIRECT LOSS OF PROPERTY CLAIMED (If any classide of this form must be completed.)         12. 1 CERTIFY under the penalties and provisions of U.S.C. submitted herewith have been examined by me and are to provisions of U.S.C. Title 18, Sec. 1001, and any other sult in forfeiture of the entire claim. 1 further certify the tion from eny other source for any item of loss or expense accurately reflect moving services ectuelly performed end	THROUGH 11 IF THIS IS 8. MOVER'S TELEPHON NO. he attached itemized receip a request that the attached ad with my consent, between ot(s) or unpaid voucher from bipt(s) or unpaid voucher from im is made here, the Stater Title 18, Sec. 1001, and a ue, correct, and complete, applicable law, falsificatio at I have not submitted eny te paid pursuant to this cla had/or storege/costs actually	A CLAIM FOR FIXED PAYMENT IE 9. ADDRESS OF MOVING COMP of or paid bill from the mover, and I the itemized moving bill be paid directly on the local agency and the mover. It mover if local agency om storage company if ment of Claim on reverse iny other applicable law, that this cla and that I understand that, apart from n of any item in this claim or submitted other claim for, or received, reimburst im, and that any bills or receipts sub- y incurred.	scafare request to the mover, in 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

<u> </u>	FOR	LOCAL AGENCY	I NAME AND ADDE	RESS OF CLAIMANT (Inc.	lude ZIP code)
U.S. DEPARTMENT OF HOU		•	TURNER, B		
CLAIM FOR REL	OCATION PA	YMENT	NAME OF LOCA		
(Certification of El Payments Famil	ligibility and I	Record of duals)	Portland	Development Comm	
			INSTRUCTIONS completed Fo	: Attach completed F rm(s) HUD-6140.1 file	ors HUD-6140.2 : d by claimant.
Does claimant meet If "No," explain:	all timing r	equirements	for eligibilit	y? [x] yzs []	N0
CERTIFICATION I CERTIFY that I have exami with the applicable provisi Development pursuant theret	ions of Federal 1	aw and the Regul	ations issued by t	he Department of Hous	ing and brown
ITEM		AMOUNT	AUTHOR	IZED SIGNATURE	DATE
direct loss of property a. Reimbursement for mov	ving expenses,		The by	Left	1 . 1 . TO
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a. Reimbursement for mov including, if applics storage and related costs in the amount of	able, of § tual direct loss	\$	** auting E.	Jest diasto	x 10-4-
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ME AND ADDRESS OF LOCAL AGENCY (Include 21) <sup>2</sup> coast)         Portland Development Commission         1700 S. W. Fourth Avenue         Portland, Oregon 97201         STRUCTIONS: If this claim is for a FIXED PAYMENT, complete items 1 through 6 and ite actual maving expenses (including storage crasts, if applicable) and/or direct loss of pro- m does not apply, write "None" in the space. If a Relocation Adjustment Payment will common for Relocation Adjustment Payment, and attach it to this form.         ENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Thile 18, Sec. 1001, provi- ent statements or representations, or makes or uses any false writing or document knowing addulent statement or gentry, shall be fined not more than \$10,000 or imprisoned not more than studient statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studient statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studient statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studient statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studient statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studients statement or entry, shall be fined not more than \$10,000 or imprisoned not more than studients statement or entry, shall be fined not more than \$10,000 or imprisoned not more studients at the statement or entry, shall be fined not more than \$10,000 or imprisoned not more studients at the statement or entry, shall be fined not more than \$10,000 or imprisoned not more studients at the statement or entry, shall be fined on the statement or entry, shall be statement entry, shall be statement entry, shall be statement en	so be claimed, complete Form fibbolistic les: "Whoever, in any matter within the s or makes any false, fictitious or frau the same to contain any false, fictitious or an five years, or both." OF MOVE ober 1, 1971 SS TO WHICH YOU HAVE MOVED ose (include ZIP code) N. E. AINSWORTH, PORTLAND, O Floor, or Room No
WE AND ADDRESS OF LOCAL AGENCY (Include 21) <sup>2</sup> coast)         Portland Development Commission         1700 S. W. Fourth Avenue         Portland, Oregon 97201         STRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and ite         actual moving expenses (including storage crasts, if applicable) and/or direct loss of prome most on apply, write "None" in the space. If a Relocation Adjustment Payment will common for Relocation Adjustment Payment, and attach it to this form.         ENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Thile 18, Sec. 1001, proving that statements or representations, or makes or uses any false writing or document knowing and willfully falsified statements or representations, or makes or uses any false writing or document knowing buddlent statement or entry, shall be fined not more than \$10,000 or imprisoned not more \$10,000 or imprisoned not more \$10,000 or i	manuel Project CT NUMBER ORE R-20 Im 12. If this claim is for reimbursement erty, complete Items 1 through 12. If an so be claimed, complete Form HUD-6141.1 les: "Whoever, in any matter within the s or makes any false, fictitious or frau- the same to contain any false, fictitious or an five years, or both." OF MOVE ober 1, 1971 SS TO WHICH YOU HAVE MOVED as (Include ZIP code) N. E. AI nSWORTH, Portland, O Floor, or Room No household goods moved to or from storage? Yes IX No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs mt
Portland Development Commission         1700 S. W. Fourth Avenue         Portland, Oregon 97201         STRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and in actual moving expenses (including storage crasts, if applicable) and/or direct loss of provident actual moving expenses (including storage crasts, if applicable) and/or direct loss of provident actual moving expenses (including storage crasts, if applicable) and/or direct loss of provident storage crasts, if applicable) and/or direct loss of provident storage crasts, if applicable) and/or direct loss of provident storage crasts, if applicable, and its form.         SNALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provident statements or representations, or makes or uses any false writing or document knowing advents statements or entry, shall be fined not more than \$10,000 or imprisoned not more that statements or representations, or makes or uses any false writing or document knowing the statement or any department or agency of the United States knowingly and willfuly falsifith         FULL NAME OF CLAIMANT       (f)         TURNER, Brady E.       0cc         Address       E-3-2         s. Address       5         508 N. Knott, Portland, Oregon 97227       III4         b. Apt., Floor, or Room No.	CT NUMBER ORE R-20 Im 12. If this claim is for reimbursement erty, complete Items 1 through 12. If an so be claimed, complete Form HUD-6141.1 les: "Whoever, in any matter within the s or makes any false, fictitious of frau- the same to contain any false, fictitious of an five years, or both." OF MOVE ober 1, 1971 SS TO WHICH YOU HAVE MOVED as (Include ZIP code) N. E. AI NSWORTH, Portland, O Floor, or Room No household goods moved to or from storage? Yes: I No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs mt
1700 S. W. Fourth Avenue       PROJI         Portland, Oregon 97201       PROJI         STRUCTIONS: If this claim is for a FIXED PAYMENT, complete items 1 through 6 and in actual maving expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats, if applicable) and/or direct loss of prosting expenses (including storage crats) and and at the units of the u	In 12. If this claim is for reimbursement erty, complete Items 1 through 12. If an so be claimed, complete Form HUD-6141.1 les: "Whoever, in any matter within the s or makes any false, fictitious or frau- the same to contain any false, fictitious or an five years, or both." OF MOVE ober 1, 1971 SS TO WHICH YOU HAVE MOVED os (Include ZIP code) N. E. AI NSWORTH, PORTLand, O Floor, or Room No household goods moved to or from storage? Yes IN No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs
Portland, Oregon 97201         STRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and if actual moving expenses (including storage roats, if applicable) and/or direct loss of pro- tim does not apply, write "None" in the space. If a Relocation Adjustment Payment will a om for Relocation Adjustment Payment, and artach it to this form.         ENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provi- siduction of any department or agency of the United States knowingly and willfully falsifi- risdiction of any department or gency of the United States knowingly and willfully falsifi- isdiction of any department or gency of the United States knowingly and willfully falsifi- risdiction of any department or gency of the United States knowingly and willfully falsifi- isdiction of any department or gency of the United States knowingly and willfully falsifi- risdiction of any department or gency of the United States knowingly and willfully falsifi- isdiction of any department or gency of the United States knowingly and willfully falsifi- risdiction of any department or gency of the United States knowingly and willfully falsifi- siddress         FULL NAME OF CLAIMANT       (f)         TURNER, Brady E.       0cci         Address       5         508 N. Knott, Portland, Oregon 97227       b. Apr.         k. Apr., Floor, or Room No.       5         motion of origons accupied descluding       5         b. Apr.       5         c. Bote you moved into this address:       May 1, 1946         . TYPE OF FAYMENT CLAIMED       6         Check or b for coasolfing local agency:<	In 12. If this claim is for reimbursement erty, complete Items 1 through 12. If an so be claimed, complete Form HUD-6141.1 les: "Whoever, in any matter within the s or makes any false, fictitious or frau- the same to contain any false, fictitious or an five years, or both." OF MOVE ober 1, 1971 SS TO WHICH YOU HAVE MOVED os (Include ZIP code) N. E. AI NSWORTH, PORTLand, O Floor, or Room No household goods moved to or from storage? Yes IN No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs
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FULL NAME OF CLAIMANT       (f)         TURNER, Brady E.       Oct         ADDRESS FROM WHICH YOU HAVE MOVED       E-3-2         a. Address       E-3-2         508 N. Knott, Portland, Oregon 97227       III14         b. Apt., Floor, or Room No	ober 1, 1971 SS TO WHICH YOU HAVE MOVED SS TO WHICH YOU HAVE MOVED SS (Include ZIP code) N. E. AINSWORTH, Portland, O Floor, or Room No household goods moved to or from storage? Yes X No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs mt
TURNER, Brady E.         ADDRESS FROM WHICH YOU HAVE MOVED       E-3-2         a. Address       E-3-2         508 N. Knott, Portland, Oregon 97227       III14         b. Apt., Floor, or Room No	SS TO WHICH YOU HAVE MOVED as (Include ZIP code) N. E. Ainsworth, Portland, O Floor, or Room No household goods moved to or from storage? Yes INO Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs mt
ADDRESS FROM WHICH YOU HAVE MOVED       E-3-2       e. Address         a. Address       E-3-2       e. Address         508 N. Knott, Portland, Oregon 97227       III14         b. Apt., Floor, or Room No.	N. E. Ainsworth, Portland, O Floor, or Room No household goods moved to or from storage? Yes X No Yes," complete Block B on reverse side of form. c if applicable: Supplementary claim for reimbursement of storage costs
508 N. Knott, Portland, Oregon 97227       1114         b. Apt., Floor, or Room No	Floor, or Room No household goods moved to or from storage? Yes (X) No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs
500 N. KNOLL, FOR THAIL, OF OGEN PARA         b. Apt., Floor, or Room No	Floor, or Room No household goods moved to or from storage? Yes (X) No Yes," complete Block B on reverse side of form. c If applicable: Supplementary claim for reimbursement of storage costs
<ul> <li>b. Apt., Floor, or Room No</li></ul>	Ploor, or Koom No. household goads moved to or from storage? Yes X No Yes," complete Block B on reverse side of form. c if applicable: Supplementary claim for reimbursement of storage costs
c. Was it furnished with your own furniture? [2] The function of rooms occupied (excluding bothrooms, hollways, and closets):	Yes X No Yes," complete Block B on reverse side of form. c if applicable: Supplementary claim for reimbursement of storage costs
<ul> <li>d. Number of rooms occupied (excluding bathrooms, hallwoys, and clasets): <u>5</u></li> <li>. Date you moved into this address: <u>May 1, 1946</u></li> <li>H*</li> <li>a. Date you moved into this address: <u>May 1, 1946</u></li> <li>TYPE OF PAYMENT CLAIMED</li> <li>Check a or b after consulting local agency:</li> <li>a. Reimbursement for actual moving expenses (including storage costs at a pplicable) and/or direct loss of property</li> <li>b. Fixed Payment (May not be mode if storage costs are invertived) <u>5 rms</u>.</li> <li>c. TOTAL CLAIM (If claim is for Fixed Payment, consult local mency. If claim is for reimbursement of actual moving expenses, direct less of property, and/or storage costs, enter sum of Lines The and Tic below.)</li> <li>DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM Ff.</li> <li>NAME OF MOVING COMPANY (OR PERSON)</li> <li>B. MOVER'S TELEPHONE 9. ADDITION (In the moving charges, as evidenced by the ettached itemized receipt or paid bill reimbursement.</li> <li>b. I have not paid the moving charges, and I therefore request that the ettached itemized moving accordance with arrangements made in advance, and with my consent, between the local is to pay mover directly.)</li> <li>b. MOVING COST (Must be supported by ettached receipt(s) or unpaid voucher from mover if local is to pay mover directly.)</li> </ul>	Yes," complete Block B on reverse side of form. c if applicable: Supplementary claim for reimbursement of storage costs nt
bathrooms, hallwoys, and clasets):	form. c if applicable: Supplementary claim for reimbursement of storage costs nt
e. Date you moved into this address:	c if applicable: Supplementary claim for reimbursement of storage costs nt
Check a or b after consulting local agency:	Supplementary claim for reimbursement of storage costs
7. NAME OF MOVING COMPANY (OR PERSON) 8. MOVER'S TELEPHONE 9. ADD  10. METHOD OF PAYMENT, MOVING BILL (Check one)  a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bil reimbursement.  b. I have not paid the moving charges, and I therefore request that the attached itemized me accordance with arrangements made in advance, and with my consent, between the local a accordance with arrangements made in advance, and with my consent, between the local a accordance of Must be supported by attached receipt(s) or unpaid voucher from mover if low is to pay mover directly.)  b. STOPAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage c	220.00
7. NAME OF MOVING COMPART (on reasonable in all of the attached itemized receipt or paid bills in a line in the moving charges, as evidenced by the attached itemized receipt or paid bill reimbursement. Is I have not paid the moving charges, and I therefore request that the attached itemized mo accordance with arrangements made in advance, and with my consent, between the local in accordance with arrangements made in advance, and with my consent, between the local in a MOUNT OF ACTUAL COSTS AND/OR LOSS Is MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if low is to pay mover directly.) Is TOPAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher from storage or compared by attached receipt(s) or unpaid voucher	ESS OF HOVING COMPANY (OR PERSON)
<ul> <li>a. I have paid the moving charges, as evidenced by the attached itemized moving charges, and I therefore request that the attached itemized mo accordance with arrangements made in advance, and with my consent, between the local of 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS</li> <li>a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if low is to pay mover directly.)</li> <li>b. STOPAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage of the storag</li></ul>	
e. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if to is to pay mover directly.)	ing bill be paid directly to the mover, in gency and the mover.
L STOPAGE COST (Must be supported by attached receipt(s) or unpoid voucher from storage c	
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Crait	
<ul> <li>local agency is to pay storage company directly.)</li> <li>c. DIRECT LOSS OF PROPERTY CLAIMED (if any claim is made here, the Statement of Claim side of this form must be completed.)</li> <li>2. I CERTIFY under the penelties and provisions of U.S.C. Title 18, Sec. 1001, and any other app submitted herewith have been examined by me and are true, correct, and complete, and that I un provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith have been examined by me and are true, correct, and complete, and that I un provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item sult in forfeiture of the entire claim. I further certify that I have not submitted any other claim tion from any other source for any item of loss or expense paid pursuant to this claim, and that to provise a storage costs actually performed and/or storage(costs actually incurred.</li> </ul>	on reverse S licable law, that this claim and information derstand that, apart from the penalties and in this claim or submitted herewith may re- for an excelved, reimbursement or compensa-
10/1/71 × Bhauft	Turner
Dote () St	Turner.
(Over)	noture of claimant

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#### Dwelling Unit Inventory

	QUANTITY	QUANTITY
2	Beds & Springs	2 Night Stand
3	_ Bedroom Chair	Occasional Chair
_/	Breakfast Table	Overstuffed Chair
4	_ Breakfast Table Chairs	Overstuffed Rocker
	Bridge Lamp & Shade	Range
_1_	Buffet	/ Refrigerator: Brand
2	_ Chest of Drawers	Rocker
2	_ Coffee Table	Rug & Pad: Size
2	Couch	Stool
	Davenport	Table Lamp & Shade
	Desk	Table, small
_/	_ Dining Table	Vanity & Bench
_5	Dining Chairs	Suitcases
3	Dresser	Trunks
4	End Table	Cartons, Boxes, Etc.
	Floor Lamp & Shade	Clothes
10	Mirror	Bedding & Linens

Miscellaneous (List Items)

2 T.V. DineHe 

COMMENTS:

MEMORANDUM

Date Actober 18. 1971

Sen Webb FROM:

Emenuel Site Office Release of RHP from Escrow

SUBJECT:

TO:

Escrow Company Pioneer Mational Title Insur

ESCROW NO.

Parcel No. E-3-2

Name TURNER, Brade R.

Noving Date October 1. 1971

The above client has relacated and door compression the preparty which they purchased at <u>1116 M.C. Alexantic</u>. The City Gareer of guildings reports that the structure comply which City must ap Regulations.

Disco entroying the test of inter of the Analysis and the test

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 <u>4|0|</u>, 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.

20

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. <u>41011</u>, 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,

3.4

URBAN RE	DEVELOPMENT FUND-	ROJECT EXPENDITURES-EMANUEL HOS	PITAL, ORE. R-20	•	Warn	rant Number
P	ORTLAND	DEVELOPMENT CO 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201	) MMISSI(	DN N?	29	EH
			DATE	September 2		19 71
OT YAY	Ploneer Natio	mal Title Insurance Co.			\$ 9,000.	00
				4		DOLLARS
		224-4800	They .	DETACH BE	AUTHORIZED	
Portland De	velopment Commission					
Portland De	INVOICE OR CONTRACT NOS.	DESCRIPTION				AMOUNT
	INVOICE OR	DESCRIPTION Deposit in escrow account replacement housing paymon from 506 H. Knott (Parcel	for Brady E. It per claim E-3-2).	Turner, filed. Nove		AMOUNT

### Account Distribution

E 1501 Relocation Payments (RHP)

TITLE

\_\_\_\_\_\_ \$9,000.00

AD

oc

121			HUD-
	OMPUTATION OF REPLACEMENT HOUS		
Average sales price for a stand (From approved Form HUD-6155)	and dwelling suitable for the claimant. Or ac purchase price of replacement of is less		14,500
Acquisition payment received b	y the claimant for his single- or two-family dwe	lling.	
			5,500
. Line 1 minus line 2.		\$.	9,000
I. Amount of Replecement Housing enter \$5,000; if amount on Line	g Payment (If amount on Line 3 is \$5,000 or mo 3 is less than \$5,000, enter amount on Line 3.	re, ) \$_	9,000
5. Amount of any Additional Rela	cation Payment,* previously paid.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
*Include Relocation Adjustment	Payment made in accordance		
with interim instructions (See (	Gircular 1310.3, paragraph 0).	\$	
6. Amount of any payment receive	d under State law of eminent domain, determine	d to	
have the same purpose and effe	ect as the Replacement Housing Payment.	\$	
		5	
<ol> <li>Total (line 5 and 6)</li> <li>Amount of Replacement Housin</li> </ol>			A CONTRACTOR
	- Dayment		
(Line 4 minus line 7)	unable to occupy the replacement housing within	A A A A A A A A A A A A A A A A A A A	9,000 se this space
(Line 4 minus line 7) REMARKS: (If the claimant was a provide explanation.)	unable to occupy the replacement housing within ) CERTIFICATION OF THE DISPLACING	n the required one year period, u AGENCY	se this space
(Line 4 minus line 7) REMARKS: (If the claimant was a provide explanation.)	unable to occupy the replacement housing within CERTIFICATION OF THE DISPLACING y purchased by the claimant has been inspected	n the required one year period, u AGENCY	se this space
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GPO 879-23
FOR DISPLACING AGENCY	USE ONLY	HUC	0-61			
and a subscription of the	NAME OF CLAIMANT					
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	Brady E. & Lucille Turner 1114 N. E. Ainsworth					
DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF DISPLACING AGENCY					
	Portland Development Commis	ssion				
NSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6141.2.	Form HUD-6153 and, if applicable,					
DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entrie Form HUD-6153.)	s which differ from claimant's entries on					
1. Did the claimant own the single- or two-family dwelling at the time of a	acquisition?	YES	NC			
Initial Date of Ownership: Date of Acquisition:						
May 1, 1946 Month-Day-Year	Month-Day-Year					
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:					
May 1, 1946						
Month-Day-Year	Month-Day-Year					
3. If the claimant moved prior to acquisition, did the claimant own and oc at least 18 months prior to the date of HUD approval of the project and initiation of negotiations?	cupy the single- or two-family dwelling I own the property on the date of					
Initial Date of Ownership:	Date of HUD Approval of the Project:					
Month-Day-Year	Month-Day-Year					
4. Did the claimant purchase and occupy the replacement housing within	one year from the date of displacement?	1000				
Date of Displacement: Date of Purchase of Replacement Housin	ng: 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		1.345				
(Attach copy of Dwelling Inspection Record or, if the claimant moved the locality, attach the report obtained from the claimant (Form HUD-	6141.2).)					
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 fe applicable codes or purchases and occupies a ster	llowing a	dis			
A Star Marine	19.5					

...

EMENT HOUSING		
EMENT HOUSING	PAYMENT	
		liaghtaí
	PROJECT NAME (If App	
	Emanuel P	roject
	PROJECT NUMBER	Ore. R-20
ification in Block 6. HUD-6141.2) to com	Consult the displacin plete and submit with t	g agency as to whether his claim.
falsifies or make	s any talse, fictifious or t	raudulent statements of rep
oding)	3. DATE OF DIS	PLACEMENT
	1	0/171
. DWELLING UNIT TO	WHICH YOU MOVED	
a. Address (Include	71P Code): 1114 1	. E. Ainsworth
	Portia	
b. Number of bedroo	oms:	2
c. Purchase price:		\$_14,500.
d. If you have purch	nased and occupied this d	welling
(1) Date you si	gned purchase contract:	Month-Day-Year
(2) Date you m	oved into this dwelling:	Month-Day-Year
e. If you have purc dwelling:	hased but not occupied thi	5
(1) Date you s	igned purchase contract:	Month-Day-Year
(2) Date of set	tlement:	Month-Day-Year
(3) Date you e	xpect to occupy:	Month-Day-Year
	HUD-6141.2) to com the 18, Sec. 1001, provin- y falsifies or make the same to contain any t, or both." eding) DWELLING UNIT TC a. Address (Include b. Number of bedrood c. Purchase price: d. If you have purch (1) Date you si (2) Date you mu e. If you have purch dwelling: (1) Date you si (2) Date of set	ification in Block 6. Consult the displacin, HUD-6141.2) to complete and submit with the relativestic or makes any false, fictitious or frauduct, or both." a. DATE OF DISH DWELLING UNIT TO WHICH YOU MOVED a. Address (Include ZIP Code):1114 M Portlan b. Number of bedrooms: c. Purchase price: d. If you have purchased and occupied this du (1) Date you signed purchase contract: (2) Date you moved into this dwelling: e. If you have purchased but not occupied this dwelling: (1) Date you signed purchase contract: (2) Date of settlement:

21 Porte AGI OFFIC 12.14 anna 25 Brack & and 7-1-1 after called "purchaser," if the form of (charter 150 y and part payment for the purchase of the follow -----real real estate situated in the City of \_\_\_\_\_\_ ate of Oregon, to-wit: \_\_\_\_\_\_\_M ret 3 a and State of Oregon, to-wit: \_\_\_\_ Dragen, Cutine, leven ruge together with the following described personal property: which we have this day sold to the said purchaser, subject to the approval of the seller, Thought fine Fourtren for the sum of \_ in the following terms, to wit: The sum, hereinabove receipted for, of One Mandred & Lifty 150,00 Dollars (5 -., 19\_\_\_\_\_ { as additional earnest money, the sum of Dollars (\$ Dollars (\$ 14, 350.00 Dollars (5\_ 14, 350 well be Pail unger of L inga 7 hr. payable as follo Cloury . ar Toren ( Alley-ann attornay m Porte The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor bolow in which to escure seller's acceptance, or if the still of the said promises is not marketable, or consummate the same, the samest money herein receipted for shall be refunded, but the scceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him. 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 the functions of a preliminary title report and the make payments promptly, as hereinaboves and this contract thereupon shall be of no further binding affect. The property is to be conveyed free and clear of all liems and ancumbrances to date except zoning ordinances, building and use restrictions, reserventes in first sequences, storm windows and doors, lineloum, attached television antennas, the same provent that is not attached in any manner This offer it habit to are All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television ant rtain, towal and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any n the structure, and all fixtures except + che are to be left upon the promises as part of the property purchased. allor and purchaser agree to prevate the taxes for the current fax year, rants, interest, and other matters as of the date of delivery of possession, un stated. Premiums for existing insurance may be prevated or a new pelicy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if a tank at date of possession. Encumbrances to be discharged by Seller may be paid at his option out of purchase money at date of closing. The purch burse the seller for sums held in the reserve account on any indebtuedness assumed in this transaction. The cost of which shall be shared equally between seller and purch be closed in esc SELLER AND PURCHASER AGREE THAT SUBJECT SALE d to t te, if any. Time is of the m the doliv to delivery of dead or can tract above m es existing la ing a 4427 1 TENT Realtor's Ad 34 w ma Realton By: \_ ..... Dom. 1 2 3 MENT TO PURCHASE tes to pur ditions set forth above, and grant erty in its present cond as the above described prop I hereby aptance hereof during which period my offer shall not be subject to revocation. Deed at days hometer to secure 5 leg acceptance have said Realtor a period of\_ contract is to be prepared in the name of offer to buy and earnest money receipt bearing my signature and the of the Realtor. PURCHASER: schnamledon receipt of scopy of the foregoing Add PURCHASER: XLUGUERTUUR NE 282-33 Phone 19 71 1 25 Date G AGREEMENT TO SELL Phone \_\_\_ PACT NOT UN THIS IS A L

ESCROW COPY

CONNIE MCCREADY COMMISSIONER DEPARTMENT OF PUBLIC UTILITIES



#### CITY OF PORTLAND OREGON 97204

August 27, 1971

## BUREAU OF BUILDINGS

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 BUILDING INSPECTIONS DIRECTOR .

ad

S. J. Chegwidden' Chief Housing Inspector

CHF:mfm cc: Portland Dev. Comm. 5630 N.E. Union Ave. TA-0 101 409 S.W. Ninth Avenue Portland, Pregon 97205 REV 65 (503) 222-9931



# Transamerica Title Insurance Co

AMENDED REPORT

October 4, 1971

ORDER NO. 41-27095

STANDARD LOAN POLICY S

PRELIMINARY REPORT FOR

STANDARD COVERAGE POLICY \$ 14,500.00

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

Atta: 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, Multhomah 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:

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 Development Commission Barbara J. Evans Title Examiner

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.

TA-0 101 REV- 65 409 S.W. Ninth Avenue Portland, Oregon 97205 (503) 222-9931 A Service of Transamerica Corporation

# Transamerica Title Insurance Co

September 28, 1971

ORDER NO. 41-27095

PRELIMINARY REPORT FOR STANDARD COVERAGE POLICY \$ 14,500.00 STANDARD LOAN POLICY \$

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

TRANSAMERICA TITLE INSURANCE COMPANY

SEP 29 1971

By

BJE/abp

cc: Medak Realty

cc: Portland Development Commission

Barbara J. Evans Title Examiner

Carlas & loand

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 N LOCATING SAID PREMISES AND THE COMPANY ASSUMES NO LIABILITY R VARIATIONS, IFANY, IN DIMENSIONS AND LOCATIONS ASCER TAINED ACTUAL SURVEY H igh -2431 K < < ST. AINSWORTH N. T TRANSAMERICA TITLE This sketch is solely for the purpose of assisting in the location of said no liability for variations if any, in 50' dimensions and location ascertained by actual surv AVE h AU 100' メン アン 2225) ト ? .8 N.E. N.E. Ŵ . :4 ST. h TN JARRETT RECEIVED SEP 29 19/1

# LEGAL AID SERVICE

ALBINA OFFICE

517 N. E. KILLINGSWORTH - 288-6746 - PORTLAND. OREGON 97211

DIRECTOR	SROTENCEE 28/ E9D	EX. DIR. A. DIR. D. OPER.
	SEP 20 1971	SP. ASST.
Portland Devel 1700 S. W. Fou Portland, Oreg		-Bhad eapy to
Attn: Oliver	Norville RE: Brady Turner	

Dear Mr. Norville:

JAY FOLBERG

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,

Holman J Barne/s Supervising Attorney

HJB :mlw

CONNIE McCREADY COMMISSIONER DEPARTMENT OF PUBLIC UTILITIES



### CITY OF PORTLAND OREGON 97204

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.

Cur 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

hear

S. J. Chegwidden Chief Housing Inspector

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

Rec'd 11

RESIDENT	
RESIDENT	TAL RELOCATION REC
HIN RELOCATION WORKER AN CD	PROJECT NO. Ore. R-20 PARCEL
1 NAME TURNER, Rev. Brady ADDRE	SS 508 N. Knott APT NO
PHONE 282-3579 INITIAL INTERVIEW 1/1	8/71 SEX M W NW B AGE
(unlisted)	
U.S. CITIZENALIENVETERAN	SERVICEMAN DATE ON SITE May 19 3
FAMILY COMPOSITION	Janitor
Name Relation Age	Employer: Name Amer. Bldg. Main. \$ 140
Lucille wife 68	Address 63rd & Halsey
	MCWCaseworker
	MCWCaseworker Social Security125 VAFedMult Co
	Pension: Name
	Other: Name Wife-Soc. Security 74
	TOTAL MONTHLY INCOME
Rent Owney, Inc. Heat Water Gas	GarElec UnfurnFurnNo. Rms
ELIGIBILITY FOR PUBLIC HOUSING: (VEST	no) <u>NO</u>
Over 62 Disabled(Soc.Sec.def.)	Income below limits Assets below limits
221 CERTIFICATE OF ELIGIBILITY: Date del	ivered by
Notify in case of accident:	
Naine Addres	s Phone
Notice to move given to	on by
Payments: Amount \$ Check No.	Date delivered Moved by self
moved by moving company	on by Date delivered Moved by self (Phone)
REMOVED FROM CASELOAD: (Date)	
Refused assistance	Address unknown, tracing
Relocated in: Low-rent public housing	Evicted, further assistance contemplated
Other perm. public housing	Temporarily relocated by LPA
Standard priv. rent hsg.	within project:
Sub-standard priv. rent	
hsg. with refusal of further aid	Address outside project:
Standard sales housing	
Sub-standard sales hsg.	Address
Out-of-town	
Address unknown,abandoned Evicted, no further	FAMILY REFUSED ADDITIONAL ASSISTANCE.
accistance	Date Worker
Other (explain)	
	-
RELOCATION REFERBALS:	
Address 1808 N.E. Ptld. Blvd 244 N.E. Buffalo	Inspection Certified By Date
United Homes Gresham, Ore5614 N.F. 14th	
5640 N.E. 7th - 6425 N.E. Grand	
4403 N. Borthwick (new) 3825 N. Borthwich	· · · · · · · · · · · · · · · · · · ·
NEW ADDRESS: JILLY NE Anowerth -	9/30
-1 - 1 - 1	Zip Phone
Date of acquisition Sept. 24, 1971	

<ul> <li>1/15/71 Fiyer delivered by James Crolley. Receptive. Works swing shift, off Tuesday, Saturday &amp; Sunday.</li> <li>1/18/71 Came into office in response to flyer. Was in agreement that EDPA did not represent people. Has talked to main office re: fire insurance; t they advised him to pay quarterly.</li> <li>2/18/71 Survey: Will buy comparable housing. NE (Woodlawn) area, 2 bedrooms, all on one floor and basement</li> <li>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 familie: and individuals. Gave referrals &amp; signed 235 application.</li> <li>5/25/71 Jim Barnes called Mr. Turner. Has located a house at 1327 N.E. Highlam 2 bedrooms, FHA \$15,900. Listed by Gibson &amp; Bowles Realty. Wants to know when it can be inspected or that it qualifies and he will sign the Sale Option.</li> <li>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 Careghino at City Hall (228-6141, Ext. 305) - they have estimated assessment at \$138.00.</li> <li>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 interpreted.</li> </ul>	C/W
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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 in	SLC
	nfo.
He has not come into the office as yet.	JC

CN DATE Rev. Turner Has found a house at 1114 N.E. Ainsworth 8/:31 for 14,500. He called and Wonted to find out When we could process - Told him Barnes was out of town - He was waiting for John Medak toget Seller signature. Recieved Earnest Money reciept sign by Rev. Turner 288-6746 8/36/71 and approved by owners - Need opproval by attorney the's out of town, will try to get another attorney ossighed to him. Contacted Mr. Sitnick of Legal Chid who agreed to revue Earnest Money with Mr. Iurner, at 2:00 P.M. today. I Went with Mr. Turner to his Legal and attorney 8/26/71 Mr. Sitnick. Were His Earnest Money was approved and he signed his Option. I advised that P.D.C. would start his processing imediatly. Mr Turner & With moved to day, and brought by the kay to 50s N Knott. Release of fund by P.D.C. Was requested to be sent to Transamerica title co. - RO,C, sent 200, Replacing allowency to Transamerica and sent instruction to P.N.T.F. allowency to Transamerica and sent instruction to P.N.T.F. 920/21 93971 Tumer call and said he hadpe water bill 10/8/71 We Closing statement. 10/10/2/ Closing statement came in : Made a determination 7/3/72 on his ineidental Closing expenses. 7/3/22 benefits. - they are being processed, Check sent Emmael Office and Mr. Turner 7/1/1/72 hotified.

Closing INTERVIEW REGISTER Mr Turner told me he war very heppy with his house and that his home was just what wanted. But after Inving there he has found a leak in his basement and Relocation Worker 7/14/72 Hewindow trying has peeled and meeds point He indicated that there was certain other thing that he wand to repair or replace. I advised him of a P.P.C. relocation inability to do much about his problems. We have veleased the money and poid the R.H.P. etc - However referred him to P.D.C. Rehab section.

RECEIPT

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

Brady E. Jusner.

\$16,500. 1954 \$470. 51900

5-13-1 date

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)

- 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.
  - \_\_\_\_\_\_\_ 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.

Brady Easo

(:f 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)

Analyst       Date of survey       Tablator       Date tablated         Dwelling Uhit No.       Structure No.       Census Block No.       Date tablated         A. Status Of Relocation Assistance Needed A:       Assistance may be needed       Assistance may be needed         A. Water       Vacant       No.       Output         b.       Will be vacated on the following date       C.       Other reasons         c.       Other reasons       Many Need Relocation Assistance:         Name       Family Prelation       Age       Sox         A. Status Of Relocation of the following date       C.       Other reasons         B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:       Name       Social Compatibility (Social Compatibility)         2.       hatch       62       F       Social Compatibility (Social Compatibility)         3.       Social Compatibility (Social Compatibility)       Social Compatibility)       Social Compatibility)         3.       Social Compatibility)       Social Compatibility)       Social Compatibility)       Social Compatibility)         4.       Social Compatibility)       Social Compatibility)       Social Compatibility)       Social Compatibility)         5.       Mather Mather Compatibility (Social Compatibility)       Social Compatibility) <td< th=""><th>Analyst M/ Dat</th><th>e of survey 2/18/21</th><th>Tabula</th><th>tor</th><th>Date tabula</th><th>ted</th></td<>	Analyst M/ Dat	e of survey 2/18/21	Tabula	tor	Date tabula	ted
Street Address       GOL N. MART	Dwelling Unit No. 7 Struct	are No. 4 Census Blo	ock No.	15 Cens	us Tract No.	
A. Status Of Relocation Assistance Needs At This Dwelling Unit:  1. Assistance may be needed  4	Street Address 508 N K	nott	Aj	partment	No	
Name       Family relation       Age       Sex       Occupation         1.       Deriver       Browner       68       H       Deriver       Deriver         2.       Huents       Wife       68       H       Deriver       Deriver         3.       Head of household       63       H       Deriver       Deriver       Deriver         3.       Head of household       68       F       Deriver       Deriver       Deriver         4.       Sex       Deriver       Berney       Deriver       Deriver       Deriver         9.       Sex       Destance       Destance       Destance       Destance         9.       Sex       Monthly income And Extent Of Travel To Locations Of Employment:       Distance         1.       Jobholders       Names of employers       Street adfress where jobs are located to work         Berny       Twenter       Attented Btbb       Mainer       Destance         2.       Monthly income from jobs and from all other sources received by persons in this household:       Mamount of income per month         Names of persons in this       Mamount of income per month       In month buring 1970       Street adfress         2.       Monthly income from jobs and from all other sources received	<ul> <li>A. Status Of Relocation Assis</li> <li>1. Assistance may be need</li> <li>2. Why no assistance may</li> <li>a Vacant</li> <li>b Will be vacated</li> <li>c. Other reasons</li> </ul>	stance Needs At This Du ded, yes, no be needed on the following date	welling U	Init: -		
Name       Name       Name       Name       Name       Name         1.       Jurnet       Wife       68       F         2.       Jurnet       Wife       68       F         3.	B. Residents Of This Dwellin	g Unit Who May Need R	lelocation	n Assista		
2.       hutch       wife       68         3.	Name	Family relation	Age	Sex		
3.	1. Jurner Brades E (Re	Head of household	63	H	JANITOR	
4.				F		
5.						
6.       7.         8.						
7						
8						
C. Family Income And Extent Of Travel To Locations Of Employment: 1. Jobholders in this household, employers and location of jobs: Names of jobholders Names of employers DRADY TWAKER AMERICAN BOD MAINT 6.5 + Halkey 6 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 9. S. 74.00 75.10 74.00						
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         BRADY       TUPNER       AMERICAN       BEDD MAINT       65 + Halley       6         2. Monthly income from jobs and from all other sources received by persons in this household:       Amount of income per month       6         Names of persons in this       Amount of income per month       In month before       In an average         any source       \$ 140.00       \$ 140.00       \$ 140.00         S. S       MAX       Turner       74.00       \$ 140.00         S. S       MAX       Turner       9       9       9         D. Characteristics Of Replacement Housing Needs Expected To Be Sought:       1. Location (indicate approximate cross streets)       NE       Wood LAWN       AREA         2. Transportation, number of autos owned /_, use bus	9					
Names of persons in this       Amount of income per month         household who have income from       In month before       In an average         any source       month during 1970         BRADY       JEMER       \$ 140.00         S. S       MAS       Turner         Total family or household income per month       \$ 339.04         D. Characteristics Of Replacement Housing Needs Expected To Be Sought:         1. Location (indicate approximate cross streets)       NE         Will rent house, apartment, expect to pay rent, including utilities, at \$ per mo.         (Furniture is owned, yes, no, stove and refrigerator owned, yes, no         4. Will buy house in price range \$, down payment of \$, monthly payment of \$         5. If now buying this house, how much are payments on contract or mortgage monthly \$	BRADY TURNER	Obs and from all other	sources	+ Halo	by persons in this house	
any source       this survey       month during 1970         BADY       J2MEK       \$ 140.00       \$ 140.00         G. S.       MAX       Turner       74.00       \$ 140.00         Total family or household income per month       334.04       \$ 140.00         D. Characteristics Of Replacement Housing Needs Expected To Be Sought:       1. Location (indicate approximate cross streets)       NE       Wood LAWN       AREA         2. Transportation, number of autos owned //, use bus, walk_       3. Will rent house, apartment, expect to pay rent, including utilities, at \$ per mo. (Furniture is owned, yes, no, stove and refrigerator owned, yes, no       4. Will buy house in price range \$, down payment of \$, monthly payment of \$         5. If now buying this house, how much are payments on contract or mortgage monthly \$	Names of persons in this		Amount	of income	e per month	
BAADY TRENER       \$ 140.00       \$ 140.00         G.S.	household who have incom					
G. S.       Image: Constraint of the state	And the second					
S. S       MAS       Turmer       74.00         Total family or household income per month \$       3.34.04       \$	BRADY JJENER.		and the second se		P	
Total family or household income per month \$ 339.04 \$         D. Characteristics Of Replacement Housing Needs Expected To Be Sought:         1. Location (indicate approximate cross streets) NE. Wood LAWN AREA         2. Transportation, number of autos owned _/_, use bus, walk         3. Will rent house, apartment, expect to pay rent, including utilities, at \$ per mo.         (Furniture is owned, yes, no, stove and refrigerator owned, yes, no, down payment of \$, monthly payment of \$	- 5. J.	and low				
<ul> <li>D. Characteristics Of Replacement Housing Needs Expected To Be Sought: <ol> <li>Location (indicate approximate cross streets) <u>NE</u>. <u>WOOD LAWN</u> <u>AREA</u></li> <li>Transportation, number of autos owned <u>I</u>, use bus <u>, walk</u></li> <li>Will rent house <u>, apartment _, expect to pay rent, including utilities, at \$ per mo. (Furniture is owned, yes, no, stove and refrigerator owned, yes, no</u></li> <li>Will buy house in price range \$, down payment of \$, monthly payment of \$, monthly payment of \$, monthly payment of \$, monthly payment of \$, down payment of \$, monthly payment of \$, it to be sought, number of bedrooms <u>2</u>, kitchen <u>I</u>, dining room <u>I</u>, number of bathrooms <u>I</u>, total sq. ft. in dwelling unit</li> </ol> </li> <li>PDC-HRS-3 date on site:</li> </ul>			330	1.00	\$	
<ul> <li>2. Transportation, number of autos owned _/, use bus, waik</li> <li>3. Will rent house, apartment, expect to pay rent, including utilities, at \$ per mo. (Furniture is owned, yes, no, stove and refrigerator owned, yes, no</li> <li>4. Will buy house in price range \$, down payment of \$, monthly payment of \$</li> <li>5. If now buying this house, how much are payments on contract or mortgage monthly \$</li> <li>6. Size of unit to be sought, number of bedrooms 2, kitchen /_, dining room _/, living room _/_, number of bathrooms _/_, total sq. ft. in dwelling unit</li> <li>7. Other characteristics W 0 B 1 M</li> <li>PDC-HRS-3</li> </ul>	D. Characteristics Of Repla 1. Location (indicate app	cement Housing Needs : roximate cross streets)	Expected NE.	Woo	DULAWN HREA	
PDC-HRS-3 date on site:	<ol> <li>2. Transportation, number</li> <li>3. Will rent house, a (Furniture is owned, y)</li> <li>4. Will buy house in price</li> <li>5. If now buying this house</li> <li>6. Size of unit to be sough living room 1, number</li> </ol>	er of autos owned _/ apartment, expect to yes, no, stove e range \$, do se, how much are paym ht, number of bedrooms ber of bathrooms_/,	, use but to pay re and refr wn paym ents on c $s_2$ , ki	nt, includ igerator ent of \$ contract of itchen_/	walk ding utilities, at \$ owned, yes, no , monthly payment or mortgage monthly \$ , dining room,	per mo.
	7. Other characteristics	WOBIM				
	1-15-71	LL ON ONE F	20010	2 4	BASENEN Y	

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

Analyst Surveyed Dwelling Unit No Structure No Cens Street Address 508 N Knott Legal Description	
NAME OF OCCUPANT: NAME & ADDRESS OF NAME & ADDRES	STA (unlisted) TELEPHONE:
I. DESCRIPTION OF STRUCTURE         Kind of dwelling unit       No. of units in bldg.         ✓       One-family house         Apt. in a house	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 <u>structure</u> this dw. unit Land \$\$ Improvements TotalSq. ft. of all d. u. in this structure
II. OCCUPANCY STATUS OF DWELLING UNIT Owner occupied Renter occupied Vacant	Sq. ft. of commercial space and value of commercial space: Land \$, improvements \$, total \$
Vacant III. <u>SIZE OF DWELLING UNIT</u> <u>1050</u> Sq. ft. in first floor (county figure) <u>1050</u> Sq. ft. in dwelling unit (if more than 1 floor) <u>5</u> Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms) <u>1</u> No. of bathrooms <u>2</u> No. of bedrooms (rooms used mainly for sleeping)	V. <u>REMTAL RATE FOR THIS RENTED UNIT</u> Monthly Cash       Utilities         Monthly Cash       Utilities         average       rent         average       rent         Bent       \$         Electricity       \$         Gas
IV. ASSESSOR'S MARKET VALUATION DATA         A. Dates or period of time         \971       Period market value data applicable         5 3 67       Date of last appraisal         1904       Date structure was originally built	Deposits required of renter Advance rent \$, other \$ Rental information obtained from Tenant, owner, manager, or estimated from assessor's data
1904 Date structure was originally built         B. Market value data for one-family dwelling         Market Computed value         value         value         value         per sq. ft.         Land       \$	VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTED Listed with broker, yes, no Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months
PDC-HRS-1	VП. <u>REMARKS</u>

Rev. 1/21/71



18 -			ACCOUNT NO /	- 25950.	- 0610'		1	958
LAND APPRAISAL	DATA			TORY 1+ ALE A		- 6 600	- A0	/
IDENTIFICATION CALE	ADJUSTMENTS	IND. VALUE	ADDRESS 508	N. Knott		BASE FACTOR	1	6 504
	1		FDN. Con. B		SMT Full	1 2 144	300	1150
		+	BSM'T C-A		Lov	Beth	,	150
			FLOORS D &	Lind. Tile	Hdw	Si Con	130	
	The same can be an effect of the second s		ROOF & H F	Alum. Comp Shg.	Shk. Tile	Built-Up		100
			EXTER. D'S	She's Siding	Blk Stuc.	Brk. P.D.		
	and a second		INTER LAND	Drywoll Trim St		ur Arts.		
			PLUMB'G Sink DW	V. Toil. W.B. Tub	Enc. Of E	wer Laun W.H.	1	
			Quantity /	1 1		1	100	-
			HEAT "HW	Pkge Pipe Floor	Oil Gas	Elect. H.A.		T
MONTHLY RENTAL S X GRM	SIM THAT AD JUST M	IND. VALUE	FIREPLACE Ins. O	SSDT 1	Sty. 2-Sty.	1		150
	AD TYPE D G		ATTAC Unf. 50	6 2BR. Byth Lo	av. J¥ 34	14		1480
the second s	POGRAPHY Z' A.G.		2ND STY 0 8		н			
			BAYS .	Dr	ORMERS			
AREA INTERVENCE THE			MISC. 4					
SIDEWACKS & CURES . OTH			MISC. V.F. 8	& H. R. & O. V.F.	Iile			
	DEPTH FACTOR		OUTSIDE 200 Com		ler Y.L.			100
sewyks	STANDARD DEPTH		FIRST FLOOR	Class C		TOTAL		9 630
OTHER	EFFECTIVE DEPTH			Туре		SUB	Name Anna Lan	5 30
COMPUT	A TILONS ADJUST, FACTORS ADJ'D		Din Area	Dim X Imps.		PL COST ADJ REP. COST	R.G.	9100
DESCRIPTION OR UNIT	S UNIT VALUE	VALUE	Form Rm	Fdn DWG	700 9	1,100	25	2275
ACKES THOSE I	deta	499		Floor GAR.				
32 x 58 20 FF 640	po	1670	1 D Bedroom	Const. MISC				
9.10- 10:0 1010		11-	Bath	Root MISC			1	
				Misc.		DEPRECIATED		2201
						EMENT COST		2275
			MISC.		ADJUSTMENT 90		-	26-
			Dim. A		ge 38,	APPR. VALUE		2250
TOTAL AREA	SUB-TOTAL	i de la companya	Fdn.	PERM. NO.	unc	19		
REMARKS	SITE ADJ	%	Const.	APPR JOLL	-13	APPR. VALUE		
	TOTAL APPR. VALUE	1650	MISC.	D.BA RM MO	con. / )	19 APPR. VALUE	-	
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