

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

ORDER OF CONTENTS - RESIDENTIAL FILES

- RELOCATION RECORD
- RECORD OF PERSONAL INTERVIEW, ETC.
- CLAIMS - HOUSING
CLAIM FORMS
- SUPPORTING DOCUMENTS FOR CLAIM
- INSPECTION LETTERS
- VERIFICATION OF INCOME, ETC.
- AUTHORIZATION LETTERS
- COPY OF WARRANT
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CLAIM FORMS
- INVENTORY
- RELEASE OF PERSONAL PROPERTY
- COPY OF WARRANT
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- MISC. CORRESPONDENCE
- ADDITIONAL INFORMATION
- TAX AND/OR TITLE PRINT OUTS, ETC.
- ORIGINAL SURVEY FORM
- LETTER OF INTENT
- RECEIPT OF INFORMATION STATEMENT OR BROCHURE

R E S U M E

DATE 10-24-72

NAME TURNER, Florence

Mrs. Turner, a woman of 75, had several operations to insert a heart pacemaker in her chest. I find her a very active and energetic person, very capable of handling her affairs. At the time, I felt that she was a bit lonely and had troubles with her in-laws and other people trying to discourage her from activities.

Seemingly, Mrs. Turner has trouble trying to live with relatives. She moved from Mr. Wicharts home and now lives in an apt. at 2743 N. Kerby. She seemed very happy with this arrangement. I am making the 2nd TACO payment.

(signed)

C. Daniels

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME TURNER, Florence RELOCATION ADVISOR CD
 ADDRESS 532 N. Graham PHONE 287-7241 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN white VETERAN _____ AGE 74 PARCEL NO. E-2-2
 MARITAL STATUS widow TENURE owner
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>May 1930</u>
INITIATION OF NEGOTIATIONS:	<u>May 20, 1971</u>
DATE OF ACQUISITION:	<u>April 18, 1972</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension Railroad Retirement 158.50
 Other _____
 TOTAL MONTHLY INCOME \$ 158.50

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>1927</u> No. Rooms <u>5</u>
Subsidized Rental		Multiple Family		X	No. Bedrooms <u>2</u> Furn. <u>Unfurn</u>
Public Housing		Duplex			Utilities \$ _____
Private Rental		Mobile Home			Monthly Payments (Rent) \$ _____
Private Sales	X				Acquisition Price \$ <u>11,000</u>
Size of Habitable Area <u>1560 sq.ft.</u>					Taxes \$ _____ Equity \$ _____
					Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms
<u>4423 NE 20th</u>	
<u>2135 E. Main Hillsboro</u>	
<u>2743 N Kirby</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 1046 EH

DATE May 21, 19 75PAY TO **Florence Turner**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for MHP for Tenants filed. Move from 532 N. Graham (Parcel E-2-2) - Total approved \$4,000.00 4TH & FINAL PAYMENT	\$1,000.00
		<i>[Handwritten signature]</i>	
		<i>5/27/75</i>	

Account Distribution

NO.

TITLE

AMOUNT

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 2743 N Kirby ~~2135 E. Main~~ ~~Hillsboro~~ Phone 281-7241 Date of Move 6/7/72

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms _____ Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 75.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TATACO (Rental)	451 EH	6/26/72	\$ 1,000.00	Down Payment	\$ _____
TATACO (Rental)			\$		
TATACO (Rental)			\$	RHP	\$ _____
TATACO (Rental)			\$		
TATACO (Sales)			\$	Total Down	- \$ _____
Fixed Moving	451EH	6/26/72	\$ 460.00	Total Mortgage	\$ _____
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL RHP: \$4,000.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

FLYER: delivered by Jim Crolley.

SURVEY: Will buy comparable housing in the N. E. area. (near 42nd and Sandy)

Called Mrs. Turner today. I explained that I was a relocation advisor for the Portland Development Commission and wanted to meet with her to discuss the various benefits available to her. She is quite upset over the fact that she will be required to move. She and her husband have lived in this area most of their married lives. Sometime back, they considered moving elsewhere but could not find a suitable house so they decided to fix up the house and stay there for their remaining years. Unfortunately, Mr. Turner died last year and Mrs. Turner now lives alone. All her memories and sentiments are in this house. Understandably, she is quite upset about her upcoming move. Great caution should be taken in dealing with Mrs. Turner. We should make every effort to be patient and understanding in our dealings with her. She has a heart condition and should not be unduly upset. She does not want to move until after winter. I told her that I would contact her again in two or three months.

Called Norm and asked him to send standard letter to Mrs. Turner offering to meet with her. Norm called and said Mrs. Turner was presented with option of \$10,500. Norm met with Mrs. Turner and granddaughter Linda Alsas.

Called Mrs. Turner and she was more talkative than I expected. She agreed to meet with me and wanted to have relative sit in. Will call when meeting is lined up.

Meet with relative and they are working out details of moving Mrs. Turner

No contract as yet. Gave relatives (names unknown at present) List of all rent supplement apartments either existing or being built.

Robert Turner
Norman Wishard 625-7736
50 S. E. Lincoln

Made arrangements for third appraisal.

Got a call from appraiser and made an appointment for him to see Mrs. Turners house at 1:30 3/14/72.

Mrs. Turner has decided to live with Mrs. Linda Alstad (her neice) She wants me to work directly with her. She wants to get moved and settled as soon as possible. She feels that even if she buys a home she wouldn't be able to keep it up.

Mrs. Turner signed her option - I explained to her the benefits.

Talked to Mr. Alstad and he said he would fix those things described by the Bureau of Buildings as sub-standard.

Took Mrs. Turner and ^{Neice} granddaughter to P.N.T.I. to sign paper transferring her home to PDC. She also signed for moving and rent assistance money.

INTERVIEW REGISTER

Date

Relocation
Worker

4/18/72

Made an appointment for Linda's house to be inspected at 1:00 today. Mrs. Turner stated that she would go to the hospital today.

Inspection ok'd after repairs were made.

5/9/72

Released from hospital 5/7/72.

5/11/72

Called Mrs. Alstad to find out if she was all right after the operation and to find out where she was living. Mrs. Alstad told me not to call her (angry about something, seemingly, and took it out on me) She did not let me explain my purpose - was not very nice - Shortly Mr. Alstad called and tried to explain Mrs. Alstad's flare-up. I explained to him that to process Mrs. Turner's claim I would have to be able to contact her and until the business of PDC getting possession of the property - In Mrs. Turners condition anything could happen. Mr. Alstad suggested in view of his wifes nerves, disposition, etc was because of having to move Mrs. Turner and her belongings. I told him we would pay all expenses and have a moving company come out and package and haul everything - he said no thanks. His phone 234-5472

5/16/72

Mrs. Turner called and asked that I contact her at her home at 532 N. Graham, on Thursday or Friday since she no longer has a phone. Mrs. Turner sounded in good spirits and seems to be taking charge of her moving.

5/19/72

Mrs. Turner and Mrs. Alstad have parted company. Mrs. Turner has moved her furniture back to her house at 532 N. Graham. Made an appointment for Monday, 5/22/72.

5/22/72

Mrs. Turner called. I talked with Mrs. Turner and she explained the problems in living with Mrs. Alstad and I suggested she try getting an apartment. I told her we would go out looking on May 26. Also explained that her assets were so high she would not qualify for HAP housing.

5/26/72

Spent afternoon driving and looking at apartment. She did not make any decisions on any.

5/31/72

Mrs. Turner called and said she has made arrangements to live with Paul and Margaret Wishart (M18-1811 or M18-1272 in Hillsboro) She seemed very happy. Called Mr. Wishart and he was aware and ready to help as best he could.

6/1/72

Called Hillsboro Building Dept. and Ray Harms 648-3522 and agreed to send letter certifying that home she was moving into met their city code.

6/19/72

Mrs. Turner was at the house at 532 N. Graham where she was getting the remainder of her things (furniture). She said there were a few items her neice wanted to get (Mrs. Alstad). She gave me the key and said "if Mrs. Alstad wanted anything she could come to PDC at 235 N. Monroe and get the key.

Mrs. Turner will live with Mrs. Wishart of Hillsboro. I believe they will get along very well. Mrs. Turner really likes it out there and intends to have fun and not worry about anyone or thing.

INTERVIEW REGISTER

Date	Relocation Worker
6-25-73	<p>Called Mrs. Turner's number several times but got no answer. I called Mr. Wishert, but he did not know what had happened. Mr. Wishert gave me Robert Turner (her son) number - 285-3302. I called him and found out that Mrs. Turner had fallen and hurt her knee. She was in Emanuel Hospital Room 446.</p>
6-26-73	<p>Hand carried Mrs. Turner's check for her 2nd TACO payment to Emanuel hospital. She was in good humor and spirits. We talked for about 20 minutes and she told me that she received her 4th heart pacer. She said she would keep her check and give it to her son who comes by after work.</p>
6-13-74	<p>Mrs. Florence Turner received her 3rd. TACO payment. Her condition was as well as could be expected after her stroke. She was stronger than last time, but she has trouble remembering or writing words or names. She tried hard to write her name but could only make a portion of her signature - others verifying her signature are nursing aid, Ethel Oliver, and administration helper Norma Collins. Mrs. Collins agreed to keep check for Mrs. Turner's son, Robert Turner in the nursing home safe. I agreed to call Robert Turner.</p>
5/13/75	<p>I visited Mrs. Turner at Jallo's Nursing Home at 5737 N.E. 37th. She still lives there and will probably live there until she dies. Her son was there, also. Mrs. Turner cannot sign her claim. She tried to make her signature but was so nervous that she only made her mark which I verified. She had a stroke and it left her unable to talk and blotted out some of her thinking process. She does not remember things like writing her name and has to copy it from her son's.</p>
5/27/75	<p>Delivered Mrs. Turner's check today. She was in good spirits and again tried to make her signature. This was the 4th and final payment.</p> <p>File closed.</p>

Relocation Worker

CD

ACD

SCD

SCD

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E 2-2

PAYABLE TO: Florence Turner

For: RHP for Homeowners	.....	\$	_____
Incidental Expenses for Homeowners or Tenants	.....	\$	_____
X RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000</u> ; Annual amount \$ <u>1000</u>	.....	\$	_____
RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
Settlement Costs (on acquisition by LPA only)	.....	\$	_____
Interest Expense	.....	\$	_____
Fixed Moving Payment	.....	\$	_____
Dislocation Allowance	.....	\$	_____
Actual Moving Costs	.....	\$	_____
Storage Costs	.....	\$	_____
Business: Moving Expenses	.....	\$	_____
Business: In Lieu Payment	.....	\$	_____
Business: Storage Costs	.....	\$	_____
Business: Loss of Property	.....	\$	_____
Business: Searching Expenses	.....	\$	_____

Name of Client Florence Turner Family Less - \$ _____ *

Move from 532 N. Graham Individual Total \$ 1000

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

0600 X 10 901

Yonkers Special

JH CW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE 5-1-75

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Florence Turner
(Displacee)

Jallo's Nursing Home, 5737 N. E. 37th
(Address)

No. 4th and Final
(annual payment)

\$ 1,000
(amount)

6-1-75
(date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: Same as above

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: This is her signature as best she can make it She is still a Jallo's Nursing Home
Seem very happy under the circumstances

SIGNED: Florence Turner
(Displacee)

SIGNED: Samuel H Daniels
(Relocation Advisor)

DATE: 5/14/75

DATE: 5/14/75

TO: Bob Douglas

DATE: 5/14/75

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Florence Turner

PROJECT: Emanuel

FOR: 4th and final Taco Payment

AMOUNT: 1000.

Handwritten initials and signature

SIGNED: Samuel H Daniels

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-2-2 Advisor CAD
 Client's Name Turner, Florence Phone 639-6996
 Address 532 N. Graham Ethn W Age 74 Son

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

Family Composition

Economic Data

Total Number in Family _____
 _____ wife, husband

Employer _____ \$ _____

Address _____

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income
Railroad retirement \$ 158.50
 _____ \$ _____
Total Monthly Income \$ (158.50)

Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

Presently Receiving Welfare YES NO
 Other Assistance _____

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

YES NO

Date of initial interview 11-22-71 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property May 1930

 Date of Acquisition 5-20-71
4-4-72
4-18-72
 Date of letter of intent _____

 Date of move 6-7-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1927

Size of Habitable Area 1560

Furnished with claimant's furniture
 YES NO

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

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 11,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 2743 N. Kirby
2135 E. Main, Simsboro LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit over 50yr

✓ Size of Habitable Area 800-1200 sq ft

✓ No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 75.00

Utilities \$ _____

Total Rent Assistance \$ 4,000

Amount of Annual Payment \$ 1,000

No. of Housing Referrals to:

1 Standard Sales

Standard Rent

Agency Referrals:

MCW HAP OTHER (_____)

Food Stamp Legal Aid Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT _____ Family Individual

TURNER, Florence W.

2. DATE(S) OF MOVE 6-17-72

3. DWELLING UNIT FROM WHICH YOU MOVED _____ PARCEL NO. E-2-2

a. Address _____
532 N. Graham, Portland, Oregon 97227

b. Apartment, Floor, or Room Number ---

c. Was it furnished with your own furniture?
 Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6

e. Date you moved into this address: May 1, 1930

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____
2135 E. Main, Hillsboro, Oregon

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?
 Yes No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 260.00

(Consult local agency)

Total \$ 460.00

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

4/21/72
Date

Florence W. Turner
Signature of Claimant

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 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, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

4/21/72
Date

Florence W. Turner
Signature of Claimant (s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
(Documentation must be provided to support any claim for incurred costs.)

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Florence^J Turner
2135 E. Main
Hillsboro, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>		<u>6-21-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>6/26/72</u>	<u>451EH</u>	<u>\$ 460.00</u>			\$

**DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS**

Name of Claimant TURNER, Florence W.

Parcel No. F-2-2

Name of Local Agency PDC

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

Tenant's initial date of rental: May 1, 1930
Month-Day-Year

Date of Acquisition: April 18, 1972
Month-Day-Year

Owner-Occupant's initial date of Ownership: May 1, 1930
Month-Day-Year

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No.

Date of Rental or Purchase: May 1, 1930
Month-Day-Year

Date of Initiation of Negotiations: May 20, 1971
Month-Day-Year

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No
Date previously substandard dwelling was inspected and found to be standard: _____
Month-Day-Year

4. **CERTIFICATION OF LOCAL AGENCY**

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$4,000.00 is authorized.

WSD

6-25-72
Date

[Signature]
Authorized Signature

5. **RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment	Check Number	Amount
_____	_____	\$ _____
<u>6/26/72</u>	<u>451 EH</u>	<u>\$ 1,000.00</u>
<u>6/18/73</u>	<u>775 EH</u>	<u>1,000.00</u>
<u>6/12/74</u>	<u>939 EH</u>	<u>1,000.00</u> <i>BJ</i>
<u>5/21/75</u>	<u>1046 EH</u>	<u>1,000.00</u>
_____	_____	\$ _____
_____	_____	\$ _____

b. Claimant moved to unit he purchased

c. Homeowner temporarily displaced

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

939 EH

DATE June 12, 1974

PAY TO **Florence Turner**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 532 N. Graham (Parcel E-22)</p> <p>Total approved \$4,000.00</p> <p>3rd annual payment \$1,000.00</p> <p>Received by Mrs. Turner</p> <p>Florence Turner</p> <p>Witness: Lethel Oliver</p> <p><i>[Signature]</i> 6/13/74</p>	

*Ex A#
639-6996*

Account Distribution

Norma Collins 288-5967

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-22

PAYABLE TO: Florence Turner

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4,000</u> ; Annual amount \$ <u>1,000</u> -	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Florence Turner Family Less - \$ _____ *

Move from 532 N Graham Individual Total \$ _____

Accounting: Indicate symbol and Accounting No.
0600 E6 901 Relocation Payment; 4,000.00 Project Cost *(_____)

BD

*OK
Jimmie*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: ? Chet Daniels DATE May 24, 1974
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Florence Turner (Emanuel) 2743 N. Kerby
(Displacee) (Address)

No. 3rd \$ 1,000.00 June, 1974
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: Jallo's Nursing Home, 5737 N.E. 37th, Portland, Oregon

Date Inspected: 6/3/74 Condition: Standard Substandard

by C. Daniels
If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs. Turner had a stroke on Oct 29, 1973 and was put in the extensive care Hospital (Emanuel) and after that was taken to Jallo's Nursing Home
Florence W. Turner

SIGNED: * 6/4/74
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: _____

DATE: 6/4/74

TO: Bob Douglas

DATE: 6/5/74

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Florence Turner

PROJECT: Emanuel - R-20

FOR: 3rd T.A.C.O. Payment

AMOUNT: \$ 1000.00

WJ

SIGNED: Samuel Daniels

May 20, 1974

Dear Sirs:

My mother, Mrs. Florence H. Turner,
formerly of 532 N. Graham St.,
(Parcel E-2-2), and living last
year at 2743 N. Kerby St. is now
at Jallo's Nursing Home, 5737 N.E. 37th.

She had a stroke Oct. 29, 1973 and
was in Emanuel Hospital + Extended Care
until Feb. 16, 1974 at which time we
moved her to Jallo's Nursing Home.

She has a communication problem,
she understands but has trouble
speaking and writing.

I am handling her business
and paying for her care.

Yours truly

Robert E. Turner
5403 N. Amherst St.
Portland, Oregon, 97203

285-13307

June 7, 1973

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

Attn: Chet Daniels

Re: 2743 N. Kerby Avenue

Gentlemen:

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

Our inspector reports that the one-bedroom unit located on the south side of the first story is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegvidden
Chief Housing Inspector

CHF:dm

cc: Mrs. Sarah Levitt
2743 N. Kerby Avenue

52-56515

0600 E60 901

OK MR

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Samuel Daniels (Relocation Advisor) DATE 6/7/73

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Florence Turner (Displacee) 2135 E. Main St., Hillsboro (Address)

No. 2 (annual payment) \$ 1,000 (amount) 6/26/73 (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 2743 M. Kirby

Date Inspected: 6/7/73 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: yes no

Comments: Mrs. Turner moved from the above address to 2743 M. Kirby.

SIGNED: Florence W. Turner (Displacee)

SIGNED: Samuel Daniels (Relocation Advisor)

DATE: June 7th 1973.

DATE: 6/9/73

TO: Bob Douglas

DATE: 6/13/73

FROM: Ahet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Mrs. Florence Turner
PROJECT: Emanuel
FOR: TACO
AMOUNT: 1,000.00

WJ 2300

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 775 EH

DATE June 18, 1973

PAY TO **Florence Turner**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 532 N. Graham (Parcel E-2-2). Total approved \$4,000.00 2nd annual payment <u>\$1,000.00</u>	
<i>Mrs. Florence W. Turner, June 26th 1973.</i>			

Account Distribution

NO.	TITLE	AMOUNT
0600	E60 901 00775 6-18-73 Turner, Florence	1,000.00
	(RHP-Rent)	

JMS

THE CITY OF
PORTLAND



OREGON

June 7, 1973

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

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

Attn: Chet Daniels

Re: 2743 N. Kerby Avenue

Gentlemen:

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

Our inspector reports that the one-bedroom unit located on the south side of the first story is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidan
Chief Housing Inspector

CHF:dm

cc: Mrs. Sarah Levitt
2743 N. Kerby Avenue

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-2-2

Payable to: Florence W. Turner

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	<u> </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>4000</u> ; Annual amount.	\$	<u>1000</u>
	or Purchase:	\$	<u> </u>
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$	<u>260</u>
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	<u>200</u>
<input type="checkbox"/>	Actual Moving Costs.	\$	<u> </u>
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	<u> </u>
<input type="checkbox"/>	Business: Moving Expenses.	\$	<u> </u>
<input type="checkbox"/>	Business: In Lieu Payment.	\$	<u> </u>
<input type="checkbox"/>	Business: Storage Costs.	\$	<u> </u>
<input type="checkbox"/>	Business: Loss of Property	\$	<u> </u>
<input type="checkbox"/>	Business: Searching Expenses	\$	<u> </u>

Name of Client Florence W. Turner

Less - \$ *

Move from 532 N. Graham

Total \$ 1,460

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment; Project Cost *()

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

Florence Turner

2. Dwelling unit from which you moved: Parcel No. E 2-2

a. Address 532 N. Graham
Portland Oregon

c. Number of bedrooms 3

d. Monthly rental \$ -0-

b. Apartment or room number _____

e. Date displaced 6/17/72

3. Dwelling unit to which you moved (RENTAL)

a. Address 243 E Main St - (for Mailing)

Number of bedrooms 1

Residence - 2135 E. Main, Hillsboro Oregon

Monthly rental \$ 75.00

b. Apartment or room number _____

e. Date moved in 6/17/72

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

b. Number of bedrooms _____

d. Incidental expenses \$ _____

e. Date of purchase _____

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

e. Require temporary housing for more than 3 months? Yes No

If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No

Tenant's initial date of rental May 1 1930

Date of acquisition 4/18/72 ~~Willoughby option 3/25/72~~

Owner-occupant's initial date of ownership _____

2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No

Date of rental or purchase May 1 1930

Date of initiation of negotiations 5/20/71

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification: ~~_____~~ Building Dept, City Hall
(Amount of this claim \$ 4000.00) Hillsboro Ore. Mr. Ray Harris

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

532 N. Graham St
Portland Oregon

COMPUTATION PREPARED BY:

Chet Daniels
Name
6/14/72
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit \$ 162.70
(cost based on: Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or ^{25% of} Adjusted 37.64
25% of adjusted monthly income, whichever is less. ^{Income} \$ ~~35.66~~
Economic Rent 82.50
3 of 1% of 811,000

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>162.70</u>	
Line 2	\$ 35.66 37.64	
	\$ 127.04 125.06	
X	<u>48</u>	6002.88 6083.42

4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ 4000.⁰⁰

5. Minus adjustments (Attach full explanation) \$ _____

6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 4000.⁰⁰

7. Annual Payment \$ 1000.⁰⁰

(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Florence Turner Project Emmanuel
 2. Date(s) of move 6-17-72 Parcel No. E2-2
 3. Dwelling unit from which you moved:
 Address 532 N. Graham No. of rooms 6
 Furnished Unfurnished Date you moved into this unit May 1 1939
 4. Dwelling unit to which you moved:
 Address 4423 NE 37th
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 260

FIXED PAYMENT: \$200 + \$260 = \$460.⁰⁰

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs

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

 D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

PORTLAND DEVELOPMENT COMMISSION

NEWS OFFICE
MANUEL HOSPITAL BUILDING
222 N. MONROE ST.
PORTLAND, OREGON 97202
PHONE 222-2100

November 23, 1971

Mrs. Florence Turner
532 N. Graham Street
Portland, Oregon

Dear Mrs. Turner:

Thank you for our recent conversation.

Quite understandably, your future move will be a very difficult one. It would be foolish on my part to say that I know exactly how you feel, because I do not. As a teenager, my family moved from a house where my father had lived since age six. It was a difficult move yet unlike yours, it was not of choice. However, the many happy experiences and memories associated with the house made it a difficult move. The unfortunate loss of your husband and the many pleasant memories known only to you make this a very difficult move. Again, I can't possibly know exactly how you feel, but I can try to understand.

Progress is an inherent aspect of our society. Those responsible for its implementation must take into consideration the feelings and emotions of those displaced. My job is to show the government's concern and assist in any way possible that will minimize the problems and frustrations involved in being displaced.

In our recent conversation you mentioned that you did not want to move during the winter months; this is quite understandable and especially so with the holidays almost upon us. However, I do think it important that at this time you be informed concerning the various relocation benefits available to you. An early awareness of the various alternatives available to you will greatly facilitate your efforts in making the best choice when the time for you to move arrives. The various benefits available to you are as follows:

1. Relocation military assistance to cover the first replacement dwelling.
2. A distance allowance of \$200, plus moving costs based upon the number of rooms of furniture to be moved.

"Furnished"
-amount and furniture-

\$60 (1rm)	\$140 (3rm)	\$220 (5rm)
\$100 (2rm)	\$180 (4rm)	\$260 (6rm)

For example:

If you have five rooms of furniture to be moved you would receive \$220, plus a \$200 distance allowance.

3. An amount to be used in the payment for a replacement property. The replacement housing payment is the amount, if any, which when added to the amount for which the Commission acquired your dwelling, equals the actual cost you are required to pay for a decent, safe, and sanitary dwelling, or the amount determined by the Commission as necessary for you to purchase a comparable dwelling, whichever is less. However, the replacement housing benefit cannot exceed \$15,000, an amount in addition to the money received from the Commission for the purchase of your property.

4. If you should decide to rent, instead of purchase, we will give you a rental assistance payment, not to exceed \$5,000. All rental replacement housing payments in excess of \$500 will be made in four equal installments on an annual basis.

For example:

If it was determined that you were eligible to receive a rental assistance payment of \$5,000, we would pay you \$1,250 in four annual installments.

The Federal Relocation Assistance and Real Property Acquisition Act of 1970, and all of the above benefits are authorized, provided that the recipient shall not be considered as eligible for the provisions of the Federal Relocation Revenue Code of 1974, or for any other Federal benefit, to the extent of eligibility of any person for such benefits under the Social Security Act or any other Federal law.

Mrs. Turner, I hope that the above information has not been too confusing. I want to mention that in Portland that you would be perfectly eligible to receive the above mentioned benefits in any possible that will maintain the minimum staying from your loss. I am not aware of inherent in your future plans. In your circumstances, I would like to see the above benefits.

DATED this 17 day of April 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 532
N. Graham, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)

by: Florence W. Turner

Check No. 87,107,529
Dated 2007

Pay to the order of *Flora...*

WASHER

bc

12225

07 9227

158 50

Re 207 924

... by ... copy

A. Pacheco
Regional Director

CITY OF HILLSBORO

205 S. SECOND AVENUE — 648-3522
HILLSBORO, OREGON 97123

HAROLD RUECK
Mayor
J. W. BARNEY
City Manager
E. S. MILLS, Rec.-Treas.
C. F. BRADLEY
City Attorney

COUNCILMEN
DR. R. V. LANCE, Ward 1
R. R. (BOB) HERB, Ward 1
MILLER DURIS, Ward 2
COL. LORIN K. JOHNSON, Ward 2
ARNIE DICKASON, Ward 3
A. T. ANTONELLI, Ward 3

15 June, 1972

Mr. Chet Daniels
Portland Development Commission
235 N. Monroe
Portland, Oregon 97200

Dear Sir:

Subject: Paul Wishart Home
2135 E. Main St. Hillsboro, Oregon

This is to advise that the Paul Wishart Home at the above address has been inspected by Ray Harms, Building Inspector for the City of Hillsboro and was found to be in good sanitary condition, a very good, clean, livable home.

Very truly yours,

CITY OF HILLSBORO

By Ray Harms
RAY HARMS
Building Inspector

RH:LV

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
255 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 255-6100

September 1, 1971

Mr. Lushie Powell
7 N. Russell
Portland, Oregon

Dear Mr. Powell,

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 9:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 255-6100. Our office is located at 255 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

June 27, 1972

Mrs. Florence W. Turner
c/o Paul Wishart
243 E. Main
Hillsboro, Oregon

Dear Mrs. Turner:

Enclosed is our warrant #451 EH in the amount of \$1,460.00, which represents reimbursement per claim for relocation payment filed for tenants and certain others in the amount of \$1,000, which represents the first payment. Also, fixed moving and dislocation allowances in the amount of \$460.00.

Please do not hesitate to call me at 288-8169 if you have any questions.

Yours very truly,
Relocation

M. E. Jones
Relocation Supervisor

2 cc's to file

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 451 EH

DATE June 26, 19 72

PAY TO **Florence W. Turner**

\$1,460.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Co. nmission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 532 N. Graham (Parcel E-2-2).	
		RHP for Tenants - Total approved \$4,000.00	
		1st annual payment	\$1,000.00
		Fixed moving payment--own furniture	260.00
		Dislocation allowance	<u>200.00</u>
			<u>\$1,460.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$1,460.00
	(RHP \$1,000.00)	
	(Fixed payment - Ind. \$ 460.00)	

*Mailed to
Mrs Florence W. Turner
c/o Paul Wishart
243 E Main
Hillsboro, Oregon
Chet
6/27/72*

JMD

Own/acc

Norman Wishart

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels

PROJECT NO. 2-20 PARCEL 842-2

NAME Jurner Florence ADDRESS 532 N Graham APT NO. _____

PHONE 287-7241 INITIAL INTERVIEW 11/22/71 SEX M W NW AGE 74

285-3302

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE May 1930

no. Robins

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security X _____
 Va. Fed. Mult Co. _____
 Pension: Name R/R retirement 158.50
 Other: Name Union Pacific _____
 TOTAL MONTHLY INCOME _____

Rent _____, Inc. Heat Water Gas Gar Elec _____ Unfurn _____ Furn _____ No. Rms 6

Pays Utilities

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident: Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hsg. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE: Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>2135 E Main Hillsboro</u>	<u>City Building Dept of Hillsboro (Ray Harms)</u>	<u>Moved 6/17/72</u>
		<u>237-5472</u>

NEW ADDRESS: 4423 NE 30th 97211 288-9298
 Mrs Linda + Donald Zip Alstad Phone

1/15/71 flyer delivered by Jim Colley

2/11/71 survey: will buy comparable prop. NE area
(near 42nd + Sandy). JC

11/22/71 - called Mrs. Turner today. I explained that I was a relocation advisor for the Portland Development Commission and wanted to meet with her to discuss the various benefits available to her. She is quite upset over the fact that she will be required to move. She and her husband have lived in this area most of their married lives. Sometime back they considered moving elsewhere but could not find a suitable house, so they decided to fix up the house and stay there for their remaining years. Unfortunately, Mr. Turner died last year and Mrs. Turner now lives alone. All her memories and sentiments are in this house. Understandably, she is quite upset about her upcoming move. Great caution should be taken in dealing with Mrs. Turner. We should make every effort to be patient and understanding in our dealings with her. She has a heart condition and should not be unduly upset. She does not want to move until after winter. I told her that I would contact her again in two or three months.

11/29/71 - called Norm and ~~we~~ asked him to send Standard letter to Mrs. Turner explaining to meet with her. Norm called Mrs. Turner

Turner was paid \$10,500.00 on 1/20/71. I am granddaughter Lucia Alsab

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

April 19, 1972

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

Attn: Chet Daniels

Re: 4423 N. E. 30 Avenue

Dear Sirs:

A reinspection was made by the Housing Division of the one-story with attic, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CHF:vm

cc: Mr. Donald Alstad
4423 N. E. 30 Avenue

INTERVIEW REGISTER

Date

Relocation
Worker

1/21/72

Called Mrs. Turner and she was more talkative than I expected. She agreed to meet with me and wanted to have relative sit in - will call when meeting is lined up. -

Feb-

Meet with relative and they are working out details of moving Mrs. Turner.

Mar

No contact as yet - Care relatives (Names unk at present) list of all rent supplement apt. either existing or being built.

Robert Turner

Norman Wishart 625-7736

Sherwood Ore
50 SE Lincoln

Mar 10

Made arrangements for third appraisal

Mar 13

Got a call from appraiser and made appointment for him to see Mrs. Turners house at 1:30 3/14/72

Mar 21

Mrs Turner Has decided to live with Mr Linda Alstad (her Niece) - She wants me to work directly with her - She wants to get moved and settled as soon as possible - She feels that even if she buys a home she wouldn't be able to keep

4/4/72

it up. Mrs. Turner signed her option - I again explained to her the

4/5/72

Talk to ^{Benefits} Mr. Alstad and he said he would fix those things discribed by Bureau of Building as sub-standard

4/17/72

Took Mrs Turner & Granddaughter to P.N.T.I. to sign Paper transferring her home to P.D.C. She also sign for Moving and Rent Assistance Money

4/18/71

Made appointment for Linda's House to be inspected at 1:00 today. Mrs. Turner stated that she would go to hospital today. Inspection O.K. after repairs were made

211

8/9/72

Released from hospital 5/7/72

5/11/72

Called Mrs. Alstad - to find out if she was all right after the operation and to find out where she was living. Mrs. Alstad told me not to call her (angry about something, seemingly and took it out on me) she did not let me explain my purpose - shortly

Mr. Alstad called and tried to explain Mrs. Alstad flare-up. I explain to him that to process Mrs. Turners claim I would have to be able to contact her and until the business of P.D. getting possession of the property - In Mrs. Turner condition anything could happen - Mr. Alstad suggestion in view of his wifes nerves, disposition temperament etc. because of having to move Mrs. Turner's belongings. I told them we would pay all expenses and have a moving Co. come out and package and haul everything - He said no thanks His phone # 784-5472

5/12/72

Mrs. Turner called and asked that I contact her at her Home at 332 N. Graham - Thus as she no longer has a phone

DATE

NOTES

C/W

5/16/72

Mrs. Turner sounded in good spirits and seem to be taking charge of her moving. — (C)

5/19/72

Mrs Turner and Mrs. Alstad have parted company — Mrs Turner has moved her furniture back to her house at 532 N. Graham
Made appointment for Monday 5/22/72

5/22/72

Mrs. Turner called. I talked with Mrs. Turner and she explain the problem in living with Mrs Alstad and I suggested she try getting a Apt.

I told her we would go out looking 5/26/72 — Also explain that her assets were so high she would not qualify for H.A.P. housing.

5/26/72

Spent afternoon driving and looking at Apt. She did not make any decision on any.

5/31/72

Mrs. Turner called and said she has made arrangements to live with Paul & Margaret Wishart (M18-1811 or M18-1242 in Hillsboro)
She seemed very happy. called Mr Wishart he was aware and ready to help as best he could.

6/1/72

Called Hillsboro Building Dept and Ray Harms 648-3522 agreed to send letter certifying that home she was moving into met there city code.

6/19/72

Mrs. Turner was at the house at 532 N. Graham where she was getting the remainder of her thing (furniture). She said there were a few items her Neice wanted to get (Mrs Alstad). She gave me the key and said, "if Mrs Alstad wanted anything she could come to R.D.C. of at 235 N. Monroe ~~to~~ get the key.

Mrs Turner will live with Mrs Wisheart of Hillsboro I believe they will get along very well. Mrs Turner really likes it out there and intends to have fun and not worry about anyone or thing

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

March 31, 1972

BUREAU OF BUILDINGS
CITY HALL

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

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

Attn: Chet Daniels

Re: 4423 N. E. 30 Avenue

Dear Sirs:

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

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Nonabsorbent kitchen counter covering is deteriorated.
2. West downspout is rusted through.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

cc: Mr. Donald Alstad
4423 N. E. 30 Avenue

PORTLAND DEVELOPMENT COMMISSION

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

May 23, 1972

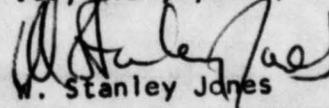
Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Florence Turner,
of 532 N. Graham, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Mrs. Turner
in his (her) efforts to obtain suitable housing.

Very truly yours,


W. Stanley Jones

WSJ:slc

*Her assets are to great for Public
Housing*

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>3</u>	Beds & Springs	<u>2</u>	Night Stand
<u>2</u>	Bedroom Chair	<u>2</u>	Occasional Chair
<u>1</u>	Breakfast Table	<u>2</u>	Overstuffed Chair
<u>3</u>	Breakfast Table Chairs	<u>1</u>	Overstuffed Rocker
<u> </u>	Bridge Lamp & Shade	<u>1</u>	Range
<u>1</u>	Buffet	<u>1</u>	Refrigerator: Brand <u> </u>
<u>3</u>	Chest of Drawers	<u>1</u>	Rocker
<u>2</u>	Coffee Table	<u>3</u>	Rug & Pad: Size <u> </u>
<u>1</u>	Couch	<u> </u>	Stool
<u>2</u>	Davenport	<u>3</u>	Table Lamp & Shade
<u> </u>	Desk	<u>2</u>	Table, small
<u>1</u>	Dining Table	<u> </u>	Vanity & Bench
<u>6</u>	Dining Chairs	<u>2</u>	Suitcases
<u>4</u>	Dresser	<u>2</u>	Trunks
<u>2</u>	End Table	<u>✓</u>	Cartons, Boxes, Etc.
<u>4</u>	Floor Lamp & Shade	<u>✓</u>	Clothes
<u>2</u>	Mirror	<u>✓</u>	Bedding & Linens

Miscellaneous (List Items)

<u>T.V.</u>	<u> </u>
<u>Washer</u>	<u> </u>
<u>Lawn Mower</u>	<u> </u>
<u>Many other Misc</u>	<u> </u>
<u>items</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

COMMENTS:

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 QC Date of survey 11/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 64 Census Tract No. 22A
 Street Address 532 N Graham Apartment No. —

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

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

	Name	Family relation	Age	Sex	Occupation
1.		Head of household			
2.	TURNER, Florence		74	F	
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

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

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

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
S.S.	\$ _____	\$ _____
RR Retirement	\$ 143.80	\$ _____
Total family or household income per month	\$ _____	\$ _____

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

1. Location (indicate approximate cross streets) NE 42 + Sandey
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 \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics (W) O B I M

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

Analyst DC Date _____ Surveyed 1/11/71 Tabulator _____ Date _____
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 64 Census Tract No. 22A
 Street Address 532 N Graham Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: <u>FLORENCE Turner</u> <u>532 N Graham</u>	NAME & ADDRESS OF OWNER <u>FLORENCE Turner</u> <u>532 N Graham</u>	NAME & ADDRESS OF PROP. MGR: _____ _____
TELEPHONE: <u>287-7241</u>	TELEPHONE: <u>287-7241</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 1/2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1040 Sq. ft. in first floor (county figure)
1560 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/5/67 Date of last appraisal
1927 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>3530</u>	\$ _____
Improvements	<u>3120</u>	_____
Total	<u>6650</u>	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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

V. RENTAL RATE FOR THIS RENTED UNIT

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

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

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

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

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

VII. REMARKS

1 1-25950-0300 TURNER, RET E & FLORENCE

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

532 N GRAHAM ST
 PORTLAND, OREGON 97227

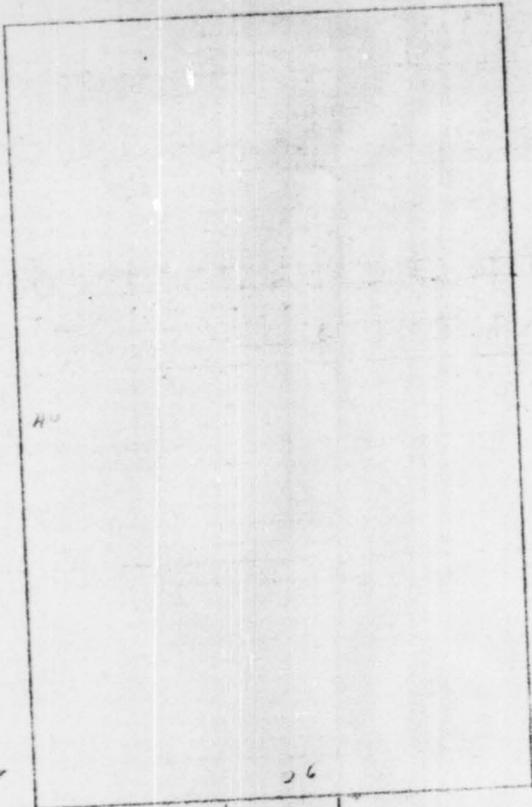
EVANS ADD

LOT BLOCK

9 2

PROPERTY ADDRESS: 532 N GRAHAM ST
 PORTLAND

APPEALS:



AVE OR ST.

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSES. YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			3400	3000	6400	UD
1971			3530	3120	6650	UD



N. Graham AVE OR ST.
 FRONT OF BUILDING

UNIT G X P
 ECON G A / Most house in Area were built 1880's to 1900's - Not best land use.
 COAD G X P
 REMARKS 1967 Dist RIA

DATE	DATE	SIGN	DEPUTY
FEB 21 69	MAY 29 1968	R. Fisher	
BY	CHECKED	REVIEWED	BLDG COUNT
h. BOYD			
CLEANOR			

JUL 22 '67

