

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL BUSINESS CONCERNS AND NON-PROFIT ORGANIZATIONS		
PARCEL NO. R-15-3	LEHL, HENRY 3000 N. COMMERCIAL	C.R. ROBBINS INN	
PARCEL NO. RS-5-4	ALBINA PIPE BENDING CO. INC. 225 N. RUSSELL OWNER: JOHN F. SMITH		
PARCEL NO. R-10-9 R-10-4	BRINK RENTAL 535 N. MONROE 3127 N. COMMERCIAL		
PARCEL NO. R-14-3	CRINER APARTMENTS 554-544 N. MONROE OWNER: LLOYD CRINER		
PARCEL NO. RS-5-6	CARLOS BODY & FENDER SHOP 2609 N. VANCOUVER OWNER: CHARLES MONTOYA		
PARCEL NO. RS-4-9	CATHAY FOOD MARKET 2619 N. WILLIAMS OWNER: RICHARD LOW		
PARCEL NO. RS-4-6	DEMME BROTHERS, INC. 35 N. RUSSELL OWNER: JOHN & ALICE BOLZELL		
PARCEL NO. A-4-7	DENSON ROOMING HOUSE 3316 N. GANTENBEIN OWNER: JEWEL BENSON		
PARCEL NO. R-9-7	FIELD-SENSI THREADER MACHINE CO. 417 N. MONROE OWNER: HERBERT FIELD		
PARCEL NO. RS-5-5	GETHSEMANE CHURCH OF GOD IN CHRIST 237 N. RUSSELL		
PARCEL NO. R-8-7	GOOD SAMARITAN CHURCH OF GOD 3204 N. COMMERCIAL		
PARCEL NO. RS-4-7	GRESS APARTMENTS 109 N. RUSSELL		
PARCEL NO. RS-2-1	INGLE SERVICE STATION 2847 N. WILLIAMS OWNER: RONALD INGLE	C.R. MANNING BROS GARAGE	
PARCEL NO. RS-4-2	JEWELL ALL STAR DAIRY 20 N. KNOTT OWNER: IRVING ERICKSON		
PARCEL NO. RS-5-6	JEWELL GLASS COMPANY 2607 N. VANCOUVER OWNER: SEYMOUR R. DANISH		
PARCEL NO. E-4-8	JOHNSON (JULIA MAE) APARTMENTS 2640 N. KERBY		
PARCEL NO. E-4-8	JOHNSON (LUCILLE) APARTMENTS 321 N. RUSSELL		

E 4-8

Date \_\_\_\_\_

Name \_\_\_\_\_ Operation 4-plex Tel \_\_\_\_\_

Address 2640 N Kerby Opr/Mgr \_\_\_\_\_ R/Tel \_\_\_\_\_

Owner Johnson, Julia Mae Address 46 NE Thompson Tel 284-2009-Home

Attorney \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Other \_\_\_\_\_ Tel 287-6918 (MRS Johnson)

Moved into project \_\_\_\_\_ Moved to above address \_\_\_\_\_

Lease \_\_\_\_\_ Sub-lease \_\_\_\_\_ Owns Equip. \_\_\_\_\_ Rental \_\_\_\_\_ Exp \_\_\_\_\_

Gas by \_\_\_\_\_ Elec by \_\_\_\_\_ Garbage by \_\_\_\_\_

Water \_\_\_\_\_ Heat by \_\_\_\_\_

No. Dwlg. Units \_\_\_\_\_ Aver. Ten. \_\_\_\_\_ Rent Range \_\_\_\_\_

Future Plans \_\_\_\_\_

Space Requirements \_\_\_\_\_ Zone \_\_\_\_\_

Date	Notes	by
1/28/71	Mrs. Julia Mae Johnson, 46 N. E. Thompson (284-2009) is the absentee owner of the apartment house at 2640-48 N. Kerby. She wanted to know when the project would begin and if she should do repairs at the apartment house, and should she buy in the N. Interstate and Hancock area or should she wait for the renewal project in the Eliot area. Has two tenants in her apartment house. Other two apartments are vacant - can't get any tenants because of project, etc.	JC
12/21/71	Mrs. Johnson came in about moving furniture & bus. benefits. Since she owns another apartment house she is not eligible for the alternate payment. Will obtain bids for moving.	WJG

February 25, 1972

Triway Finance Co.  
8056 S. E. Harold  
Portland, Oregon 97206

Gentlemen:

Enclosed is our warrant number 303 EH in the sum of \$266.50, which represents reimbursement for relocation payment for the move of Julia Mae Johnson Apartments from 2640 N. Kerby to 26 N. E. Thompson per Caravan Moving & Storage, Inc. Invoice no. 1188.

Very truly yours,

S. L. Cannucci

SLC:ms

enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

No 303 EH

DATE February 24, 19 72

PAY TO Triway Finance Company

\$ 266.50

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement for Relocation Payment for Business (Johnson Apartments) per claim filed. Move from 2640 N. Kerby (Parcel E-4-8).</p> <p>Lump sum payment</p>	\$266.50

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relocation Payment (Moving Expense) (EH)	\$266.50

*NA*

*[Signature]*

APPENDIX 23. GUIDELINES DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)

(For Local Agency Use Only)  DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)	NAME OF CONCERN	E-4-8
	Johnson Apartments	
	NAME OF LOCAL AGENCY	Portland Development Commission
	PROJECT OR PROGRAM IDENTIFICATION:	Emanuel Hospital Project R-20

INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.

A. BASIC INFORMATION

1. Claimant is (check one):  Business concern  Nonprofit organization  Farm operation

2. Date of HUD approval of project or program: 4-23-72

3. Direct cause of displacement: acquisition by PDC

4. Date move started: 1-25-72 5. Date move completed: 1-25-72

6. Date claim filed: 2-1-72 7. If applicable, date storage authorized: \_\_\_\_\_

B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES

1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired?  Yes  No

2. Can the business be relocated without substantial loss of its existing patronage?  
State basis for agency determination:  Yes  No

3. Amount of payment

a. Average annual net income:  
As reported by claimant: \$ \_\_\_\_\_ As verified by agency: \$ \_\_\_\_\_

b. State basis for agency verification: \_\_\_\_\_

c. Amount of payment: \$ \_\_\_\_\_ (If verified amount is less than \$2,500, payment shall be in the amount of \$2,500. If verified amount is more than \$10,000, payment shall be in the amount of \$10,000.)

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

Item	Amount claimed	Amount approved	Authorized Signature	Date
1. Moving expenses, including covering storage	\$ 266.50	\$ 266.50	<i>[Signature]</i>	2-23-72
2. Direct loss of property	\$	\$		
3. Searching expenses	\$	\$		
4. Total (Sum of Lines 1, 2, and 3)	\$	\$		

D. CERTIFICATION: I certify that I have examined this claim, and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of \$ 266.50.

2-23-72  
DATE

*[Signature]*  
Authorized Signature

E. RECORD OF PAYMENTS MADE

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
2/24/72	303EH	\$ 266.50			\$
		\$			\$

JS

*[Handwritten initials]*

APPENDIX 19. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)  
SCHEDULE A

SCHEDULE A. STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES		NAME OF CONCERN Johnson Apartments			
A-1. SUPPORTING DATA - MOVING EXPENSES					E-4-8
Identification of Mover, Storage Company, and/or Other Contractors					For Local Agency Use
Work and/or Service Performed	Name	Address (Zip Code)	Telephone No.	Amount Claimed	Amount Approved
Cartage	Caravan Moving & Storage	5211 N. E. Glisan Portland, Oregon 97213	234-5271	\$ 266.50	\$ 266.50
Electrical					
Mechanical					
Other (List)					
Preparation of Bids/Estimates					
Storage					
A-2. SUPPORTING DATA - STORAGE COSTS				TOTAL	\$
STORAGE PERIOD		MONTHS	3. Date property moved to storage:		DESCRIPTION OF PROPERTY STORED  List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as a moving expense, must be reduced accordingly when items are removed from storage.)
1. Total period (if this is not the final claim, enter estimate)			_____, 19__		
2. Period covered by this claim			_____, 19__		
STORAGE COSTS					
			For Local Agency Use		
		Amount	Amount Approved		
1. Monthly rate		\$	\$		
2. Total costs actually incurred (cumulative)		\$	\$		

[form continued on next page]

CLAIM FOR RELOCATION PAYMENT (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project	
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon		PROJECT NUMBER ORE R-20	
INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 12; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 11. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.			
NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Johnson Apartments		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Julia Mae Johnson 46 N. E. Thompson, Portland, Oregon	
2. LEGAL NAME OF BUSINESS Julia Mae Johnson Apts.		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED E-4-8	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN:	
Address(es)		a. Date move to this address started: 1-25-72 b. Date move to this address completed: 2-25-72	
2640 N. Kerby		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state reason for discontinuing business: Uneconomical to move business	
Dates Occupied		Does concern plan to reestablish? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
From To			
1951 1/25-72			
8. FORM OF OPERATION (check one)		9. BUSINESS CONCERN (check one)	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Owner <input type="checkbox"/> Farm Operator		FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Field Crops <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Fraternal <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Horticulture <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> Other	
10. TYPE OF CLAIM		11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES	
This claim for reimbursement is:		a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A) <input checked="" type="checkbox"/> Include storage costs	
<input type="checkbox"/> Initial		266.50	
<input type="checkbox"/> Supplementary		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input checked="" type="checkbox"/> Final		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
		Total Amount Claimed \$ 266.50	
12. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, and claim payment in the amount of \$ _____.			

Signature of Owner or Agent

13. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

2/22/72

Date

*Julia Mae Johnson* owner  
Signature of Owner or Authorized Agent Title

1371.1 CHG 1

3. Amount previously received as relocation payment	Amount	For Local Agency Use Amount Approved
	\$	\$
4. Amount claimed herewith (Line 2 minus Line 3) ENTER THIS AMOUNT IN BLOCK A-1 ON LINE MARKED "STORAGE."	\$	\$

A-3. METHOD OF PAYMENT

I have not paid the costs of the following services:

- Cartage
- Electrical
- Mechanical
- Bids/Estimates
- Storage
- Other

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one)  in advance,  at this time, and with my consent, between the local agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

J. M. J.  
Initials

I have paid the costs of the following services:

- Cartage
- Electrical
- Mechanical
- Bids/Estimates
- Storage
- Other

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

\_\_\_\_\_  
Initials

This concern has conducted a self move and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

\_\_\_\_\_  
Initials

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 13 on the "Claim for Relocation Payment (Business)" to which this Schedule A is an attachment.

Julia May Johnson  
Signature of Owner or Authorized Agent      Date



STATEMENT



MOVING & STORAGE CO.

5211 N. E. GLISAN STREET  
 PORTLAND, OREGON 97213  
 PHONE 234-5271

DATE January 25, 1972

Julia Mae Johnson  
 26 NE Thompson  
 Portland, Oregon

Attn. Mr. Crolley  
 Portland Develop Comm

TRANSPORTATION CHARGES PAYABLE WITHIN 7 DAYS, BY ORDER OF THE PUBLIC UTILITIES COMMISSIONER OF OREGON, AND THE INTERSTATE COMMERCE COMMISSION.

DATE	DESCRIPTION	CHARGES	✓	CREDITS	BALANCE
AMOUNTS FORWARDED					
1/25	Final Billing for local Move 2648 N. Kerby to 26 NE Thompson Portland, Oregon of Julia Mae Johnson 4 Men, 2 Vans @ \$53.30/ hour for 5 Hours				\$266.50
<p>PURSUANT TO THE UNIFORM COMMERCIAL CODE OF OREGON, THIS ACCOUNT HAS BEEN FACTORED TO TRIWAY FINANCE CO, 8056 S. E. HAROLD, PORTLAND, OREGON. AND IS OWNED BY THEM. PLEASE MAKE YOUR CHECK PAYABLE TO TRIWAY FINANCE CO. AND REMIT DIRECTLY TO THEM. ANY OBJECTIONS TO THIS BILL OR ITS TERMS MUST BE REPORTED TO TRIWAY FINANCE CO. WITHIN 10 DAYS AFTER RECEIPT.</p> <p style="text-align: right;"><i>Thank You</i></p>					

ON STORAGE ACCOUNTS, INTEREST OF 5/6 OF 1% PER MONTH WILL BE MADE ON CHARGES REMAINING UNPAID. (SEE CLAUSE NO. 8 OF STORAGE CONTRACT). GOODS STORED UPON WHICH CHARGES CONTINUE TO REMAIN UNPAID, SUBJECT TO SALE AT AUCTION. (SEE CLAUSE NO. 10 OF STORAGE CONTRACT)

Confirmation of shipping instructions, agreement for services, rate quotation, shipping document and or freight bill.

Document issued at:

N<sup>o</sup> 1188

# CARAVAN MOVING & STORAGE, INC.

528 N.E. GUNN STREET PORTLAND, OREGON 97233

Phone 383-234-5271

Date Serv. Req'd. 1/25/72 A.M.  
 P.M.  
 Pack Date A.M.  
 P.M.  
 Delivery Date Req'd. 1/25/72 A.M.  
 P.M.  
 ORDER BY: Bill Barnes  
 TAKEN BY:

ORDER NO.

SHIPPER IS REQUESTED TO READ THIS DOCUMENT BEFORE SIGNING AND ASK FOR AN EXPLANATION OF ANYTHING NOT CLEAR OR INCONSISTENT WITH ANY PREVIOUS REPRESENTATION. THIS WILL CONFIRM INSTRUCTIONS AND AUTHORIZE YOU TO MOVE, SHIP, PACK, STORE, AND/OR PERFORM THE SERVICES HEREON:

<b>FROM</b>	<b>Portland Development</b>	FLOOR:	<b>TO</b>		FLOOR:
	<b>2648 N. Kerby</b>	APT. NO.		<b>26 N.E. Thompson Street</b>	APT. NO.
	<b>(Apartments - 7 Units)</b>			<b>Basement</b>	
	PHONE <b>288-8169</b>			PHONE	

**DELIVERY INSTRUCTIONS** 1 Van, 2 Men = \$26.65 per hour Extra Men = \$10.25 perhour  
 Attn: Mr. Crolley

Notifying and Billing Address **Portland Development Commission, Emanuel Project, 235 N. Monroe, Portland**

Shipper is requested to Supply an Address and Contact Method. (If no address or phone is available, write "None")

### STORAGE ORDERED

The Company is hereby authorized to wrap and moth treat. A charge will be made for handling in and out of storage and for wrapping. Moth treating and accessorial services. NOTICE OF CHANGE OF ADDRESS OF DEPOSITOR MUST BE GIVEN TO COMPANY IN WRITING. STORE IN ANY DEPOSITORY IN

Name of \_\_\_\_\_  
 Also subject to order of \_\_\_\_\_  
 Spec. Stge. Instructions \_\_\_\_\_

### SHIPPING

You are hereby authorized to ship and/or act as shipping agent to forward said property over the lines of any authorized carrier, and to make all contracts in connection herewith at the rate base on the hereinafter declared value  prepaid  collect

Forward via \_\_\_\_\_

Valuation for express shipment and/or export declaration only \$ \_\_\_\_\_ (This does not apply to or affect the limit of company's liability.)

**WEIGHT OF SHIPMENT** (Weight tickets attached)

Gross Weight \_\_\_\_\_ Lbs. Weighmaster \_\_\_\_\_  
 Tare Weight \_\_\_\_\_ Lbs. Weighmaster \_\_\_\_\_  
 Actual weight of shipment \_\_\_\_\_ Lbs.

### INSURANCE:

The shipper declares the actual cash value of this shipment to be \$ \_\_\_\_\_  No insurance ordered  
 Transit Rate \$ \_\_\_\_\_ per \$100.00 Premium \$ \_\_\_\_\_  
 Storage Rate \$ \_\_\_\_\_ per \$100.00 Premium \$ \_\_\_\_\_ per mo.  
 Authorized Signature **X**

**CUSTOMER'S DECLARED VALUE AND LIMIT OF COMPANY'S LIABILITY**  
 Since rates are based on the declared value of the property, and the customer (Shipper) is required to declare in writing the released value of the property, the agreed or declared value of the property is hereby specifically stated to be not exceeding \_\_\_\_\_ cents per pound per article for transportation purposes. Or \_\_\_\_\_ cents per pound per article for regular storage purposes.

The customer (shipper) hereby declares valuations in excess of the above limits on the following articles:

**ALL CHARGES PAYABLE IN CASH, CERTIFIED CHECK OR MONEY ORDER BEFORE PROPERTY IS RELINQUISHED BY CARRIER.**

I have read this contract, understand and agree to the limit of liability as set forth above, to the provisions on both sides and received copy.

Sign Here **X** \_\_\_\_\_ Customer  
 Receipt For Goods \_\_\_\_\_ Date 1-25-72  
 Driver

INSTRUCTIONS	PACK <input type="checkbox"/>		UNPACK <input type="checkbox"/>	
	NO. USED	RATE	AMOUNT	
Dishpack (Not over 5 cu. ft.)				
(Over 5 cu. ft. not over 10 cu. ft.)				
Cartons: Less than 1 1/2 cu. ft.				
1 1/2 cu. ft.				
3 cu. ft.				
4 1/2 cu. ft.				
6 cu. ft.				
6 1/2 cu. ft.				
Mattress: Single or Double				
King or Queen Size				
Crib				
Mirror Cartons:				
Wardrobe				
Crates				
PACKING _____ @ _____				
UNPACKING _____ @ _____				
<b>TOTAL \$</b>				
APPLIANCES to be serviced if none write "NONE"				
Sales Tax				
<b>TARIFF APPLYING TO THIS SHIPMENT IS:</b>				
<b>TIME RECORD</b>				
Left Whse _____ A.M. Start _____ A.M. Finish _____ A.M.				
Travel _____ A.M. Back Whse _____ A.M. _____ P.M. _____ P.M.				
<b>TOTAL HOURS</b> _____				266 50
Transportation miles	lbs.	per cwt.		
Vans men	hrs.	per hr.		
men extra	hrs.	per hr.		
Overtime rate	hrs.	per hr.		
Cartage (in or out) miles	lbs.	per cwt.		
Warehouse handling	lbs.	per cwt.		
Storage in transit days	lbs.	per cwt.		
Storage		per mo.		
<b>INSURANCE</b>				
<b>TOTAL PACKING</b>				
<b>TOTAL \$</b>				

Goods received in good condition except as noted hereon.

Delivery Receipt **X** \_\_\_\_\_ Customer  
 Received Payment For Company \_\_\_\_\_ Date 1-25-72  
 Driver



# TRIWAY FINANCE CO.

8056 S. E. HAROLD • 774-3263 • PORTLAND, OREGON 97206

## NOTICE OF ASSIGNMENT OF ACCOUNT RECEIVABLE

January 27, 1972

Portland Development Commission  
Emanuel Project  
235 N. Monroe  
Portland, Oregon      ATTEN: Mr. Crolley

Acknowledgement and acceptance of this here-in described Acct. Receiv, and its terms will be considered acceptable by Debtor, unless objections are made to Triway Finance Co. within 10 days of listed date.

Mr. Crolley:  
This is to inform you that Caravan Moving & Stor. has negotiated with Triway Finance Co. to borrow money on its accounts receivables.

The records of Caravan Moving show that you placed with Caravan Moving & Storage or its representative an order in the amount of \$ 266.50. This order covered by your purchase order No. \_\_\_\_\_ or placed by your representative \_\_\_\_\_ and covered by invoice number 1188 of Caravan Moving & Stor. is for

See attached inv. for state of inv.. Total amount of inv. is \$266.50. inv. includes final billing for local move of 2648 N. Kerby to 26 NE Thompson.

and dated for 1/25/72 to be shipped via Caravan Moving & Storage  
on or about 1/25/72. Terms of the invoice are NET 30 days (2/25/72)

This notice is to notify you that said monies here-in due is to be sent to Triway Finance Co. at its offices located at 8056 S. E. Harold St., Portland, Oregon, 97206. If the figure here-in, or the order here-in listed is in error please notify Triway Finance Co. at once.

Please make all checks payable to Triway Finance Co.

You will find at the bottom of this notice the authorization for this assignment signed by Henry Becker, Pres. and you are hereby notified that this assignment is non-cancellable unless so stated in writing by Triway Finance Co. If you desire further information on this assignment, please phone or write Triway Finance Co.

Thank You.

Dated 1/27/72  
So authorized and agreed to by  
Caravan Moving & Storage Co.  
5211 NE Glisan  
Portland, Oregon

By Henry Becker Pres.  
cc:file

126-72

Sincerely Yours,  
TRIWAY FINANCE CO.

W. L. Grandstaff  
President

February 14, 1972

Mr. Crolley:

You were notified by mail of a factoring arrangement between Caravan Moving and Triway Finance Co. and asked to make remittance on certain invoices directly to Triway Finance Co. with a check payable to Triway Finance Co.

As of this date, we have heard nothing further, and your account is now past due.

This refers to Invoice No. 1188, in the amount of \$266.50, and refers to an order placed by you with Caravan Moving or its representative, and which order was ~~shipped~~ shipped to you on or about January 25, 1972. The order was for

Julia Mae Johnson Move from 2648 N. Kerby to 26 NE Thompson

Would you please remit the amount now owing of \$266.50 directly to Triway Finance Co., 8056 S. E. Harold; Portland, Oregon; or advise us as to when we could expect payment.

Thank You.

Sincerely yours,  
TRIWAY FINANCE CO.

W. L. Grandstaff  
President

STATEMENT



MOVING & STORAGE CO.

5211 N. E. GLISAN STREET  
 PORTLAND, OREGON 97213  
 PHONE 234-5271

DATE January 25, 1972

Portland Development Commission  
 Emanuel Project  
 235 N. Monroe  
 Portland, Oregon

Attn: Mr. Crolley

TRANSPORTATION CHARGES PAYABLE WITHIN 7 DAYS BY ORDER OF THE PUBLIC  
 UTILITIES COMMISSIONER OF OREGON, AND THE INTERSTATE COMMERCE COMMISSION.

DATE	DESCRIPTION	CHARGES	CREDITS	BALANCE
	AMOUNTS FORWARDED			
1/25	Final Billing for Local Move 2648 N. Kerby to 26 N.E. Thompson Street <b>Move of Julia Mae Johnson</b> 4 Men, 2 Vans @ \$53.30/Hour for 5 hours			266 50
	1/25/72 For: Julia Mac Johnson			

PURSUANT TO THE UNIFORM COMMERCIAL CODE OF OREGON. THIS ACCOUNT HAS BEEN FACTORED TO TRIWAY FINANCE CO; 8056 S. E. HAROLD, PORTLAND, OREGON. AND IS OWNED BY THEM. PLEASE MAKE YOUR CHECK PAYABLE TO TRIWAY FINANCE CO. AND REMIT DIRECTLY TO THEM. ANY OBJECTIONS TO THIS BILL OR ITS TERMS MUST BE REPORTED TO TRIWAY FINANCE CO. WITHIN 10 DAYS AFTER RECEIPT.

*JLH*

ON STORAGE ACCOUNTS INTEREST OF 5/6 OF 1% PER MONTH WILL BE MADE ON CHARGES REMAINING UNPAID (SEE CLAUSE NO. 8 OF STORAGE CONTRACT). GOODS STORED UPON WHICH CHARGES CONTINUE TO REMAIN UNPAID, SUBJECT TO SALE AT AUCTION (SEE CLAUSE NO. 10 OF STORAGE CONTRACT)

CARAVAN MOVING & STORAGE CO. - 5211 N. E. GLISAN ST. - PORTLAND OREGON 97213

Document issued at:

**CARAVAN MOVING & STORAGE, INC.**

5211 N. E. GLISAN STREET PORTLAND, OREGON 97213

Phone: 503 - 234-5271

Date Serv. Req'd. 1/25/72  
 Pack Date  
 Delivery Date Req'd. 1/25/72  
 Driver Bill Barnes

ORDER NO.

SHIPPER IS REQUESTED TO READ THIS DOCUMENT BEFORE SIGNING AND FOR THE EXPLANATION OF THE TERMS AND CONDITIONS OF THE SERVICE. IF YOU HAVE ANY PREVIOUS REPRESENTATION, THIS WILL SUPERSEDE ALL PREVIOUS REPRESENTATIONS AND BE SUBJECT TO THE TERMS AND CONDITIONS OF THIS SERVICE CONTRACT.

**FROM:** Portland Development  
 2648 N. Kerby  
 (Apartments - 7 Units)  
 FLOOR \_\_\_\_\_  
 APT. NO. \_\_\_\_\_  
 PHONE 288-8169

**TO:** 26 N.E. Thompson Street  
 Basement  
 FLOOR \_\_\_\_\_  
 APT. NO. \_\_\_\_\_  
 PHONE \_\_\_\_\_

**DELIVERY INSTRUCTIONS:** 1 Van, 2 Men = \$26.65 per hour Extra Men = \$10.25 per hour  
 Attn: Mr. Crolley

Notifying and Billing Address Portland Development Commission, Emanuel Project, 235 N. Monroe, Portland

Shipper is requested to Supply an Address and Contact Method. (If no address or phone is available, write "None")

**STORAGE ORDERED**  
 Full Storage  Partial Storage

The Company is hereby authorized to wrap and moth treat. A charge will be made for handling in and out of storage and for wrapping. Moth treating and accessorial services. NOTICE OF CHANGE OF ADDRESS OF DEPOSITOR MUST BE GIVEN TO COMPANY IN WRITING. STORE IN ANY DEPOSITORY IN

Name of \_\_\_\_\_  
 Also subject to order of \_\_\_\_\_  
 Spec. Stge. Instructions \_\_\_\_\_

**SHIPPING:** You are hereby authorized to ship and/or act as shipping agent to forward said property over the lines of any authorized carrier, and to make all contracts in connection herewith at the rate base on the hereinafter declared value  prepaid  collect

Forward via \_\_\_\_\_

Valuation for express shipment and/or export declaration only \$ \_\_\_\_\_ (This does not apply to or affect the limit of company's liability.)

**WEIGHT OF SHIPMENT** (Weight tickets attached)

Gross Weight \_\_\_\_\_ Lbs. Weighmaster \_\_\_\_\_  
 Tare Weight \_\_\_\_\_ Lbs. Weighmaster \_\_\_\_\_  
 Actual weight of shipment \_\_\_\_\_ Lbs.

**INSURANCE:**  
 The shipper declares the actual cash value of this shipment to be \$ \_\_\_\_\_  No insurance ordered

Transit Rate \$ \_\_\_\_\_ per \$100.00 Premium \$ \_\_\_\_\_  
 Storage Rate \$ \_\_\_\_\_ per \$100.00 Premium \$ \_\_\_\_\_ per mo.

Authorized Signature **X** \_\_\_\_\_

**CUSTOMER'S DECLARED VALUE AND LIMIT OF COMPANY'S LIABILITY**  
 Since rates are based on the declared value of the property, and the customer (Shipper) is required to declare in writing the released value of the property, the agreed or declared value of the property is hereby specifically stated to be not exceeding \_\_\_\_\_ cents per pound per article for transportation purposes. Or \_\_\_\_\_ cents per pound per article for regular storage purposes.

The customer (shipper) hereby declares valuations in excess of the above limits on the following articles:

**ALL CHARGES PAYABLE IN CASH, CERTIFIED CHECK OR MONEY ORDER BEFORE PROPERTY IS RELINQUISHED BY CARRIER.**

I have read this contract, understand and agree to the limit of liability as set forth above, to the provisions on both sides and received copy.  
 Sign Here **X** *Alvin Gordon*  
 CARAVAN MOVING & STORAGE, INC.  
 Receipt For Goods *Alvin Gordon* Date 1-25-72  
 Driver \_\_\_\_\_

INSTRUCTIONS	PACK <input type="checkbox"/>	UNPACK <input type="checkbox"/>	NO. USED	RATE	AMOUNT
Dishpack (Not over 5 cu. ft.)					
(Over 5 cu. ft. not over 10 cu. ft.)					
Cartons Less than 1 1/2 cu. ft.					
1 1/2 cu. ft.					
3 cu. ft.					
4 1/2 cu. ft.					
6 cu. ft.					
6 1/2 cu. ft.					
Mattress Single or Double					
King or Queen Size					
Crib					
Mirror Cartons:					
Wardrobe					
Crates					
Packing					
UNPACKING					
APPLIANCES to be serviced if none write "NONE"					
TARIFF APPLYING TO THIS SHIPMENT IS:					
<b>TIME RECORD</b>					
Left Whse _____ A.M. Start _____ A.M. Finish _____ A.M.					
Travel _____ P.M. Back Whse _____ P.M. Off Hrs.					
TOTAL HOURS <u>5</u> <u>.53<sup>30</sup></u> <u>266.50</u>					
Transportation miles lbs. per cwt.					
Vans men hrs. per hr.					
men extra hrs. per hr.					
Overtime rate hrs. per hr.					
Cartage (in or out) miles lbs. per cwt.					
Warehouse handling lbs. per cwt.					
Storage in transit days lbs. per cwt.					
Storage per mo.					
<b>INSURANCE</b>					
TOTAL PACKING					
TOTAL \$					

Goods received in good condition except as noted hereon.

Delivery Receipt *Alvin Gordon* 46 N.E. Thompson  
 Customer  
 Received Payment For Company *Alvin Gordon* Date 1-25-72  
 Driver

February 16, 1972

Mr. Crolley  
Portland Development Commission  
Emanuel Project  
235 N. Monroe  
Portland, Oregon

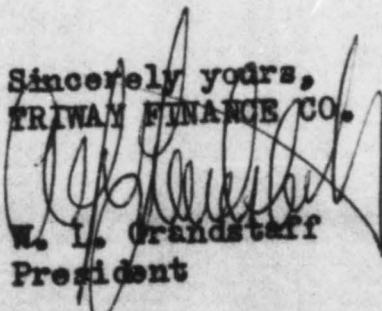
Dear Mr. Crolley:

Enclosed, please find the statement you requested from Caravan Moving and Storage, on the move of Julia Mae Johnson.

As you requested, the statement shows the billing to Julia Mae Johnson rather than Portland Development Commission.

I trust that this is in order and I will be looking forward to receiving the check from you.

Thank you.

Sincerely yours,  
TRIWAY FINANCE CO.  
  
W. L. Grandstaff  
President

WLG:sr  
cc:Caravan  
cc:file

STATEMENT



5211 N. E. GLISAN STREET  
 PORTLAND, OREGON 97213  
 PHONE 234-5271

MOVING & STORAGE CO.

DATE January 25, 1972

Portland Development Commission  
 Emanuel Project  
 235 N. Monroe  
 Portland, Oregon

Attn: Mr. Crolley

TRANSPORTATION CHARGES PAYABLE WITHIN 7 DAYS, BY ORDER OF THE PUBLIC UTILITIES COMMISSIONER OF OREGON, AND THE INTERSTATE COMMERCE COMMISSION.

DATE	DESCRIPTION	CHARGES	✓	CREDITS	BALANCE
AMOUNTS FORWARDED					
1/25	Final Billing for Local Move				
	2648 N. Kerby to 26 N.E. Thompson Street				
	4 Men, 2 Vans @ \$53.30/Hour for 5 hours				266 50
PURSUANT TO THE UNIFORM COMMERCIAL CODE OF OREGON. THIS ACCOUNT HAS BEEN FACTORED TO TRIWAY FINANCE CO; 8056 S. E. HAROLD, PORTLAND, OREGON, AND IS OWNED BY THEM. PLEASE MAKE YOUR CHECK PAYABLE TO TRIWAY FINANCE CO. AND REMIT DIRECTLY TO THEM. ANY OBJECTIONS TO THIS BILL OR ITS TERMS MUST BE REPORTED TO TRIWAY FINANCE CO. WITHIN 10 DAYS AFTER RECEIPT.					
<i>Thank You</i>					

ON STORAGE ACCOUNTS, INTEREST OF 3/8 OF 1% PER MONTH WILL BE MADE ON CHARGES REMAINING UNPAID. (SEE CLAUSE NO. 8 OF STORAGE CONTRACT). GOODS STORED UPON WHICH CHARGES CONTINUE TO REMAIN UNPAID, SUBJECT TO SALE AT AUCTION. (SEE CLAUSE NO. 10 OF STORAGE CONTRACT)



DATED this 23 day of Feb 1972.

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

Julia Mary Johnson  
(firm name)

by: \_\_\_\_\_

Acknowledgment and acceptance of this here-in described Acct. Receiv. and its terms will be considered acceptable by Debtor, unless objections are made to Timway Finance Co. within 10 days of listed date.

Acknowledgment and acceptance of this here-in described Acct. Receiv. and its terms will be considered acceptable by Debtor, unless objections are made to Timway Finance Co. within 10 days of listed date.

January 27, 1972

Portland Development Commission  
Emanuel Project  
236 N. Monroe  
Portland, Oregon      ATTEN: Mr. Crolley

Mr. Crolley:                      Caravan Moving & Stor.

Caravan Moving

266.50

Caravan Moving & Storage

1188

Caravan Moving & Stor.

See attached inv. for state of inv.. Total amount of inv. is \$266.50.  
inv. includes final billing for local move of 2648 N. Kerby to 26 NE Thompson. Move of Julie Mae Johnson

1/25/72

Caravan Moving & Storage

1/25/72

NET 30 days (2/25/72)

Henry Becker, Pres.

1/27/72

Caravan Moving & Storage Co.  
5211 NE Glisan  
Portland, Oregon

cc:file

#253.18

LOG SHEET  
Relocation Move

Claimant: Julia Mae Johnson  
Pickup Address: 2640-2648 N. Kirby  
Delivery Address: 46 N E Thompson  
Date: 1-25-72

Carrier: Caravan Moving & Storage  
Type of equipment & number of men: 2 Trucks 4 MEN

Scheduled Time: 8:30  
Arrival Time: 8:45 AM, Departure Time: 10:40 AM

Additional pickups or deliveries: \_\_\_\_\_  
Arrival Time: 10:50 AM, Departure Time: \_\_\_\_\_  
Address: 46 N.E. Thompson

Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Delivery Address: 46 N.E. Thompson  
Arrival Time: \_\_\_\_\_, Departure Time: 1:00 clock PM

(Signed) Ken Williams CARAVAN Moving & Storage  
Worker  
Alma Gordon

#253.18

LOG SHEET  
Relocation Move

Claimant: Julia Mae Johnson  
Pickup Address: 2640-2648 N. Kelly  
Delivery Address: 46 N.E. Thompson  
Date: 1-25-72

Carrier: Caravan Moving & Storage  
Type of equipment & number of men: \_\_\_\_\_

Scheduled Time: 8:30 AM  
Arrival Time: 8:45 AM, Departure Time: 10:40 AM

Additional pickups or deliveries: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Delivery Address: 46 N.E. Thompson  
Arrival Time: 10:50 AM, Departure Time: 1:00 PM

(Signed) Alma Gordon  
Worker

R E C E I P T

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

*Julia Mae Johnson*

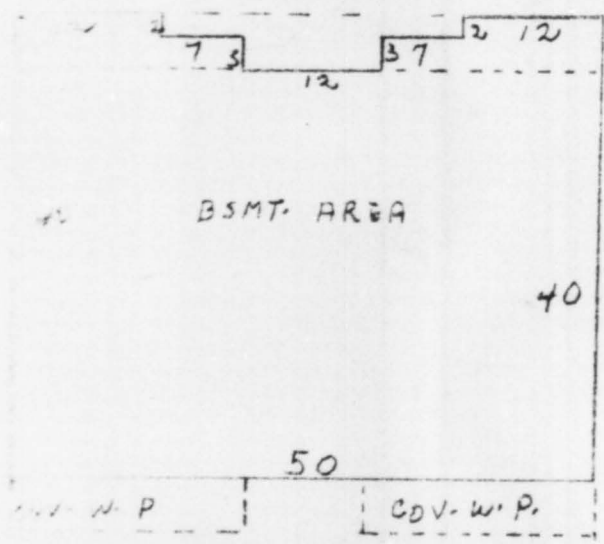
1-24-72  
date

ACC NO 1-25950-0410. FORM 60 REV 5 66  
ADD EVANS ADD LOT W-50' 1-2 BLK 3

1 1-25950-0410 NANCE, DAVID &  
JOHNSON, JULIA M  
MAP: 2730  
ZONE: A25  
RATIO: 1401  
LVY C:001  
46 NE THOMPSON ST  
PORTLAND, OREGON 97212

APARTMENT

EVANS ADD LOT BLOCK  
W 50' OF 1 & 2 3 14  
15  
16  
17



PROPERTY ADDRESS: 2640 N KERBY AVE  
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
67 1968			190 750	2400 6000	2590. 6750	2030
1968			3900	2850	6750	2350
1971			4050	2960	7010	UD

SCALE 1" = 20'

FRONT OF BUILDING: N-KERBY ST

DATE: 2-29-68

INFO BY: [Signature]

NOTIFY: [ ] OUTSIDE

ADDRESS: [ ]

DATE: 2-29-68

SIGNED: C. Williams & L. BRUSS

DATE: [ ]

BY: ELEANOR

MARKET DATA			
IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE

Address <sup>2640-2646-2648 N KEARNEY AVE</sup>  
 TYPE HOTEL COURT I STORES 2  
 HPT CON BRK FR -  
 RMAT WHOLE 35 X 50 VAULTED CON FR -  
 FIRST 1750# 1.00 LUMP SUMS 3800  
 HPT CON BRK FR L/N AT W TO W -  
 ROOF TRUSSED F G BU CON SG -  
 HPT CON BRK STL FR 45 B - SG STUC -  
 HPT L/F SR PLY BPT PTL HWID -  
 ELEC - W -  
 TUB 4 LNK TUB SHWR UR FNT 580  
 A/C HURT ELEC OR CIRC HW SUS R FAN FF 200  
 UPPER FLOORS CON 1912 2 UNIT METZ 435

MONTHLY RENTAL S X GRM = S		IND. VALUE
ZONING	SITE ADJUSTMENTS	
	ROAD TYPE D G	
	TOPOGRAPHY 1'A.B	
	VIEW	
	OTHER	
	DEPTH FACTOR	
	STANDARD DEPTH	
	EFFECTIVE DEPTH	

ADD S  
 STORES OFFICES BLT INS 5 IN KIT LOW POST 150 750  
 RAS SPR SYS VENT  
 5 APTS MARO SKYLT  
 304-RM STAIRS 2 0375 550  
 7 BATH FIRE ESC ELEV  
 TOTALS 435 4230  
 NET ADJ 435

COMPUTATIONS				
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D. UNIT VALUE
56 X 70 @ 20FF	1000	50-200	Loc 1	750
4500 4 @ .90A	4050	-150		3900

BASE FACTOR S 5.79 x % - S  
 BUILDING AREA 1912' SQ FT X S 10.14 FACTOR 19328  
 PER SQ. FT. FACTOR S 7.62  
 AREA 3894  
 GAR X AREA FACTOR  
 YARD X AREA FACTOR  
 TOTAL REPR COST 28800  
 DEPR 100 -  
 COST APPROACH DEPR COST 2868  
 INCOME APPROACH BLDG RESIDUAL  
 MARKET APPROACH BLDG RESIDUAL  
 IMPROVEMENTS VALUE CONCLUSION 2850

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ. %
	TOTAL APPR. VALUE 3900
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRAISER <u>7 A</u> DATE 5 3 67	

BUILT 1910 PERMIT  
 CONST CONST CONST  
 ROOF ROOF ROOF P A S W  
 FDN FDN FDN  
 DIST 2.54  
 YEAR  
 M. V  
 DATE  
 INITIALS  
 NET 100