

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-4-7	LEW'S MAN'S SHOP 113 N. RUSSELL OWNER: LEW GRESS		
PARCEL NO. RS-3-9	LEE TRAILER COMPANY 2716 N. VANCOUVER OWNER: HOWARD R. LEE		
PARCEL NO. A-3-19	GEORGE LEE ROOMING HOUSE 3213 N. VANCOUVER		
PARCEL NO. E-4-9	LYNN KIRBY FORD BODY SHOP 315 N. RUSSELL		
PARCEL NO. RS-2-1	MANNING BROS. GARAGE 2847 N. WILLIAMS OWNER: MARTIN MANNING	C.R. INGLE SERVICE STATION	
PARCEL NO. E-4-7	McGUIRE APARTMENTS 423 N. RUSSELL (4 PLEX) OWNER: FRANK McGUIRE		
PARCEL NO. RS-5-1	OREGON RUG & MATTRESS CO. 2651 N. VANCOUVER OWNER: RICHARD WALKER		
PARCEL NO. RS-4-8	JAMES PARKS DBA PAUL'S RESTAURANT 23 N. RUSSELL		
PARCEL NO. RS-4-8	PAUL'S COCKTAILS 19 N. RUSSELL OWNER: PAUL KNAULS		
PARCEL NO. RS-4-3	PHILBIN MFG. COMPANY 27 N. RUSSELL OWNER: GEORGE NEISZ		
PARCEL NO. R-15-3	ROBBIN'S INN (TAVERN) 3000 N. COMMERCIAL OWNER: HENRY LEHL	CR. HENRY LEHL	
PARCEL NO. A-2-4	SPRATLEN APARTMENTS 3100-3106 N. GANTENBEIN		
PARCEL NO. RS-2-3	ST. MARTIN'S DAY NURSERY 2805 N. WILLIAMS OPERATED BY: SOC. OF ST. VINCENT		
PARCEL NO. RS-4-9	THOMAS APARTMENTS 7 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. 8-9 & 10	TONY FORBES DBA BEGAN EQUIPMENT CO. (ARCO DEALER) 945 N. E. DEKUM		
PARCEL NO. RS-4-9	THOMAS SHINE PARLOR & BICYCLE SHOP 11 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. RS-3-9	WALLACE BUILDING WRECKERS 2712 N. WILLIAMS OWNER: D.E. WALLACE		
PARCEL NO. RS-4-4	WALTON APARTMENTS 102 N. KNOTT OWNER: WILLIE WALTON		

Date _____

Name THOMAS APTS. Operation Apt. Rentals Tel _____

Address 7 North Russell Opr/Mgr Charles W. Thomas R/Tel 287-0248

Owner _____ Address _____ Tel _____

Attorney _____ Address _____ Tel _____

Other _____ Tel _____

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 9 Aver. Ten. _____ Rent Range _____

Future Plans _____

Space Requirements _____ Zone _____

Date	Notes	by
6/18/71	See Thomas Shine Parlor and Bicycle Shop Business File Mr. Thomas rents building and sublets about 8 apts., besides his own. Apartments are furnished by Mr. Thomas	WSJ
10-27-71	Took Mr. Thomas to see properties at Vancouver and Beech and at Williams and Killingsworth. He may or may not be able to use either one.	ERW



ORIGINAL

THE SIMMS CO.

REALTORSINSURANCELOANSPROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT

Matthew *6/1* 1968

REC'D OF

Mr. Charles Thomas

ADDRESS

*7 N. Russell**54⁰⁰*

DOLLARS

RENT FROM

6/1 TO *30/68* *50 00*

UTILITIES

June water *4 00*NOTE OR
CONTRACTI
N
TP
R
I
NB
A
L

DEPOSIT

MISC.

CHECK

CASH

M. O.

OW ACCT.

TOTAL

*54 00*THE SIMMS CO. ® M

4769

BY

[Signature]

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 6/4 1968

REC'D OF Mrs Charles Thomas

ADDRESS 11 N. Russell

67⁰⁰ DOLLARS

RENT FROM 6/1 TO 3/1/68 65 00

UTILITIES June water 2 00

NOTE OR CONTRACT
I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 67 00

THE SIMMS CO. [®] _M

4770

BY [Signature]

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

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PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 5/3 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS	
RENT FROM	<u>5/1 TO 31/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>May water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN T	P R IN	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			TOTAL <u>67</u> <u>00</u>

THE SIMMS CO. [®] _M

4450

BY Am

ORIGINAL

THE SIMMS CO.

REALTORS

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LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 5/3 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 7 N. Russell

		DOLLARS	
RENT FROM	<u>5/1 TO 31/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>May water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN T	P R IN	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			TOTAL <u>54</u> <u>00</u>

THE SIMMS CO. [®] _M

4449

BY Am

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 11/4 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 7 N. Russell

		54 ⁰⁰		DOLLARS
RENT FROM	<u>11/1</u> TO <u>31/68</u>	<u>50</u>	<u>00</u>	
UTILITIES	<u>Nov. water</u>	<u>4</u>	<u>00</u>	
NOTE OR CONTRACT				
	P R I N	B A L		
DEPOSIT				
MISC.				
CHECK	CASH	M. O.	ON ACCT.	TOTAL
<u>11-17</u>				<u>54 00</u>

THE SIMMS CO. [®] _M

6359

BY cm

ORIGINAL

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REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 11/4 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 11 N. Russell

		67 ⁰⁰		DOLLARS
RENT FROM	<u>11/1</u> TO <u>31/68</u>	<u>65</u>	<u>00</u>	
UTILITIES	<u>Nov. water</u>	<u>2</u>	<u>00</u>	
NOTE OR CONTRACT				
	P R I N	B A L		
DEPOSIT				
MISC.				
CHECK	CASH	M. O.	ON ACCT.	TOTAL
<u>11-17</u>				<u>67 00</u>

THE SIMMS CO. [®] _M

6360

BY cm

ORIGINAL

THE SIMMS CO.

REALTORS

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LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 8/5 1968

REC'D OF Mrs Charles Thomas

ADDRESS 7 N. Russell

54.00

		DOLLARS	
RENT FROM	<u>8/1</u> TO <u>31/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>August water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>11-17</u>			
TOTAL		<u>54</u>	<u>00</u>

THE SIMMS CO. ^{PM}

5424

BY [Signature]

ORIGINAL

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 8/5 1968

REC'D OF Mrs Charles Thomas

ADDRESS 11 N. Russell

67.00

		DOLLARS	
RENT FROM	<u>8/1</u> TO <u>31/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>August water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>11-17</u>			
TOTAL		<u>67</u>	<u>00</u>

THE SIMMS CO. ^{PM}

5425

BY [Signature]

RP

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PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACC'T Matthieu 10/3 1968
REC'D OF Charles Thomas
ADDRESS 7 N Russell
54⁰⁰

		DOLLARS	
RENT FROM	<u>10/1 TO 3/1/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>October water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P	B	
T	R	A	
	IN	L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>11-11</u>			
		TOTAL	<u>54 00</u>

THE SIMMS CO.

6046

BY lm

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REALTORS

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LOANS

PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACC'T Matthieu 10/3 1968
REC'D OF Charles Thomas
ADDRESS 11 N Russell
67⁰⁰

		DOLLARS	
RENT FROM	<u>10/1 TO 3/1/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>October water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P	B	
T	R	A	
	IN	L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>11-11</u>			
		TOTAL	<u>67 00</u>

THE SIMMS CO.

6047

BY lm

ORIGINAL

THE SIMMS CO.

REALTORS

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LOANS

PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACCT Matthew 9/4 1968

REC'D OF Charles Thomas

ADDRESS 771 Russell

54.00

		DOLLARS	
RENT FROM	<u>9/1</u> TO <u>30/68</u>	<u>50</u>	-
UTILITIES	<u>Sept. Water</u>	<u>4</u>	-
NOTE OR CONTRACT			
I N T	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			<u>54.00</u>

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5713

BY CL

ORIGINAL

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PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACCT Matthew 9/4 1968

REC'D OF Charles Thomas

ADDRESS 1171 Russell

67.00

		DOLLARS	
RENT FROM	<u>9/1</u> TO <u>30/68</u>	<u>65</u>	-
UTILITIES	<u>Sept. Water</u>	<u>2</u>	-
NOTE OR CONTRACT			
I N T	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			<u>67.00</u>

THE SIMMS CO. [®]_M

5714

BY CL

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew Oct 5, 1967
 REC'D OF Charles Thomas
 ADDRESS 2. N. Russell

54.00

DOLLARS

RENT FROM	<u>10/1</u>	TO	<u>10/31/70</u>	50	00
UTILITIES	<u>pd. Oct. water</u>			4	00
NOTE OR CONTRACT					
IN	P	R	B	A	L
	T	IN	A	L	
DEPOSIT					
MISC.					
CHECK	CASH	M. O.	ON ACCT.	TOTAL	54

THE SIMMS CO.

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4073

BY

[Signature]

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew Oct 5, 1967
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

67.00

DOLLARS

RENT FROM	<u>10/1</u>	TO	<u>10/31/70</u>	65	00
UTILITIES	<u>pd. Oct. water</u>			2	00
NOTE OR CONTRACT					
IN	P	R	B	A	L
	T	IN	A	L	
DEPOSIT					
MISC.					
CHECK	CASH	M. O.	ON ACCT.	TOTAL	67

THE SIMMS CO.

PM

4074

BY

[Signature]

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PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

Matthew 11/4 1967
 ACC'T _____
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell.

					DOLLARS	
RENT FROM	11/1	TO	11/30/78	65	00	
UTILITIES	Water			2	00	
NOTE OR CONTRACT						
I N T	P R I N			B A L		
DEPOSIT						
MISC.						
CHECK	CASH	M. O.	ON ACCT.	TOTAL	67	00

THE SIMMS CO. 

4394

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

Matthew 11/4 1967
 ACC'T _____
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell.

					DOLLARS	
RENT FROM	11/1	TO	11/30	58	00	
UTILITIES	Water			4	00	
NOTE OR CONTRACT						
I N T	P R I N			B A L		
DEPOSIT						
MISC.						
CHECK	CASH	M. O.	ON ACCT.	TOTAL	54	00

THE SIMMS CO. 

4393

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ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

Matthew 11/4 1967

REC'D OF Charles Thomas

ADDRESS 1171 Russell

67.00

DOLLARS

RENT FROM 11/1 TO 11/30/74 65.00

UTILITIES Water 2.00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL

67.00

THE SIMMS CO.

PM

4394

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PHONE 228-5187

PORTLAND, OREGON 97205

Matthew 11/4 1967

REC'D OF Charles Thomas

ADDRESS 1171 Russell

54.00

DOLLARS

RENT FROM 11/1 TO 11/30 50.00

UTILITIES Water 4.00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL

54.00

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew May 5, 1967

REC'D OF Charles Thomas

ADDRESS 4 N. Russell

67.00

DOLLARS

RENT FROM 5/1 TO 5/31/70 65 00

UTILITIES pd May water 2 00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 67 00

THE SIMMS CO.

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2292

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S.R.D.

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PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew May 5, 1967

REC'D OF Charles Thomas

ADDRESS 7 N. Russell

54.00

DOLLARS

RENT FROM 5/1 TO 5/31/70 50 00

UTILITIES May water 4 00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 54 00

THE SIMMS CO.

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2291

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S.R.S.

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PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 1-4 196 71

REC'D OF Charles Thomas

ADDRESS 7 N Russell

					DOLLARS
RENT FROM	<u>1-1</u>	TO	<u>1-31-71</u>		<u>5000</u>
UTILITIES	<u>Jan. water</u>				<u>400</u>
NOTE OR CONTRACT					
IN	P	R	B		
T	IN		L		
DEPOSIT					
MISC.					
CHECK	CASH	N. O.	ON ACCT.	TOTAL	<u>5400</u>

THE SIMMS CO. [®]

5062 BY at

RECEIPT

Multnomah County Oregon

**DEPARTMENT OF PUBLIC SAFETY
ROCKY BUTTE JAIL**

PORTLAND 9-13-1970

RECEIVED OF Charles Thomas

FOR Clark, Juanita

ITEM	DOLLARS	CENTS
CASH	<u>38</u>	<u>20</u>
<input checked="" type="checkbox"/> CHECK (2) U.S. Gov't.	<u>38</u>	<u>20</u>
U.S. MONEY ORDER <u>Treasury Checks</u>		
WESTERN UNION		
MIS'C		
CASH BAIL <u>1</u>		
BAIL BOND <u>1</u>		
REFUNDED TO		

Total: 76.40

9171

BY

Lambert
DEPUTY

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew March 5 1967
 REC'D OF Charles Thomas
 ADDRESS 7. N Russell

54.00

DOLLARS

RENT FROM 3/1 TO 3/31/70 50 00

UTILITIES pd. March water 4 00

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL

54 00

THE SIMMS CO. [®]

1626 BY SRS

ORIGINAL

THE SIMMS CO.

REALTORS

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PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew March 5 1967
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

67.00

DOLLARS

RENT FROM 3/1 TO 3/31/70 65 00

UTILITIES pd. March water 2 00

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL

67 00

THE SIMMS CO. [®]

1627 BY SRS

RP

ORIGINAL

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REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew July 6, 1962

REC'D OF Charles Thomas

ADDRESS 11 N. Russell

67.00

RENT FROM 2/1 TO 2/31/70 65 00

UTILITIES pd July water 2 00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 67 00

THE SIMMS CO.

© M

3006

BY OTB

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THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Maggie July 6, 1962

REC'D OF Charles Thomas

ADDRESS 7 N. Russell

54.00

RENT FROM 2/1 TO 2/31/70 50 00

UTILITIES pd July water 4 00

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 54 00

THE SIMMS CO.

© M

3005

BY OTB

PACIFIC POWER & LIGHT COMPANY



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
OCT 16	NOV 17	32	ELEC	21		1	6188	6614	426	11.60	

FOR RATE SCHEDULES AND INFORMATION
CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227



PLEASE PAY
THIS AMOUNT
ON OR BEFORE

\$11.60

DEC 2 1970

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PLEASE PRESENT ENTIRE BILL
WHEN PAYING AT OFFICE

* CR—CREDIT
M—MINIMUM
ES—ESTIMATED

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
MAY 18	JUN 17	30	ELEC	21		1	4054	4484	430	11.69	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT **\$11.69**
ON OR BEFORE **JUL 1 1970**

--- SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Mathieu Dec 4, 1967

REC'D OF Charles Thomas

ADDRESS 7 N. Russell

54.00 DOLLARS

RENT FROM 12/1 TO 12/31/70 50 —

UTILITIES Dec. water 4 —

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 54 —

THE SIMMS CO.

4760

BY

[Signature]

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Mathieu Dec 4, 1967

REC'D OF Charles Thomas

ADDRESS 11 N. Russell

67.00 DOLLARS

RENT FROM 12/1 TO 12/31/70 65 —

UTILITIES Dec. water 2 —

NOTE OR CONTRACT

IN T P R IN B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 67 —

THE SIMMS CO.

4761

BY

[Signature]

ORIGINAL
THE SIMMS CO.
REALTORS INSURANCE
LOANS
PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACCT Matthew 1-4 19671
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS
RENT FROM	<u>1-1</u> TO <u>1-31-71</u>	
UTILITIES	<u>Jan water</u>	<u>65 00</u>
NOTE OR CONTRACT		<u>2 00</u>
DEPOSIT		
MISC.		
CHECK	<input checked="" type="checkbox"/> CASH <input type="checkbox"/> M.O. <input type="checkbox"/> ON ACCT.	
TOTAL		<u>67 00</u>

THE SIMMS CO. [®] _M

5063 BY at

ORIGINAL
THE SIMMS CO.
REALTORS INSURANCE
LOANS
PROPERTY MANAGEMENT

PLATT BUILDING PHONE 228-5187 PORTLAND, OREGON 97205

ACCT Matthew June 8, 19620
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS
RENT FROM	<u>6/1</u> TO <u>6/30/20</u>	<u>65 00</u>
UTILITIES	<u>June water</u>	<u>2 00</u>
NOTE OR CONTRACT		
DEPOSIT		
MISC.		
CHECK	<input checked="" type="checkbox"/> CASH <input type="checkbox"/> M.O. <input type="checkbox"/> ON ACCT.	
TOTAL		<u>67 00</u>

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2708 BY SAS

ORIGINAL

THE SIMMS CO.

REALTORSINSURANCELOANSPROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T

Matthew June 8, 19670

REC'D OF

Charles Thomas

ADDRESS

7 N. Russell54.00

DOLLARS

RENT FROM

6/1

TO

6/30/7050 00

UTILITIES

Pd. June water4 00NOTE OR
CONTRACTI
N
TP
R
I
NB
A
L

DEPOSIT

MISC.

CHECK

CASH

M. O.

ON ACCT.

TOTAL

54 00

THE SIMMS CO.

© M

2707

BY

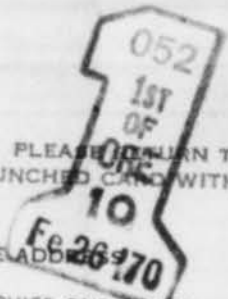
SPES

PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE	AMOUNT
	AREA	NUMBER		
112 SALEM	ORE	3644411		65
0121 WESTMINSTR	CAL	7148972032		205
0130 WESTMINSTR	CAL	7148972032		185
0201 HERMISTON	ORE	5673682		145
0203 SPARTANBG	SC	8035780420		260
0207 PARKDALE	ORE	3523354		45
0208 HERMISTON	ORE	5673682		55
0209 HERMISTON	ORE	5673682		115
TOTAL				1075



Pacific Northwest Bell

PLEASE RETURN THE ENCLOSED PUNCHED CARD WITH YOUR PAYMENT



YOUR BUSINESS OFFICE PHONE NUMBER

224-6261

PORTLAND
287 0248
131 360
50

0402

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

- SEE DIRECTORY FOR THE ADDRESS
- 630 ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- 1075 ◀ ADDITIONAL LOCAL CALLS
- 171 ◀ LONG DISTANCE (SEE ITEMIZATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL (PLEASE DEDUCT ANY AMOUNT PAID)
- 1876 ◀ TOTAL

BILL DATE	PAYMENT DUE BY
FEB 10 70	MAR 02

630
1075
171

1876

FIRST NATIONAL BANK OF OREGON
 Union Bank of Oregon
 FEB 26 1970
 24

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL SEE REVERSE FROM PLACE	AMOUNT
		AREA	NUMBER		
1221	SPARTANBG SC	803	5780420		175
1225	WESTMINSTR CAL	714	8972032		210
1225	WESTMINSTR CAL	714	8972032		110
0104	WESTMINSTR CAL	714	8972032		145
				TOTAL	640



Pacific
Northwest
Bell

PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT

YOUR BUSINESS OFFICE PHONE NUMBER

224-6261

- SEE DIRECTORY FOR THE ADDRESS

0302
PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

630

640
127

- ◀ LOCAL SERVICE—ONE MONTH IN ADVANCE FROM BILL DATE
 - ◀ ADDITIONAL LOCAL CALLS
 - ◀ LONG DISTANCE (SEE ITEMIZATION)
 - ◀ U.S. TAX ON ABOVE ITEMS
 - ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
 - ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
 - ◀ BALANCE FROM LAST BILL
- (PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
JAN 10 70	FEB 02

1397

◀ TOTAL

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
NOV 17	DEC 17	30	ELEC	21		1	6614	6976	362	10.13	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PLEASE PAY THIS AMOUNT **\$10.13**
ON OR BEFORE **JAN 4 1971**

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD FROM	SERVICE PERIOD TO	NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
JUL 17	AUG 18	32	ELEC	21		1	4939	5387	448	12.10	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT **\$12.10**
ON OR BEFORE **SEP 1 1970**

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
SEP 17	OCT 16	29	ELEC	21		1	5797	6188	391	10.79	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PLEASE PAY THIS AMOUNT **\$10.79**
ON OR BEFORE **OCT 30 1970**

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

F201 3/70

PLEASE PRESENT ENTIRE BILL WHEN PAYING AT OFFICE

* CR—CREDIT
M—MINIMUM
ES—ESTIMATED

0905239 1

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 O ST 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 506-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PRESENT READ	PREVIOUS READ	B T U	THERMS	AMOUNT	
04 30	06 01	D3	273	178	2060	103.9	20.48	
							RENTAL	1.25

RATES AVAILABLE AT ABOVE
OFFICES

052
1st
OF
ORE
6
JUN 12 '70

CHAS W THOMAS
7 N RUSSELL ST
PORTLAND

OR 97227

2106-1114-1 PAY THIS AMOUNT ▶ 21.73
ACCOUNT NUMBER ON OR BEFORE ▶ JUN 17, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650

774594 276595

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
DEC 17	JAN 19	33	ELEC	21		1	1603	2230	627	14.82	

FOR RATE SCHEDULES AND INFORMATION
CONTACT YOUR PACIFIC POWER OFFICE AT

901 S W FIFTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT **\$14.82**
ON OR BEFORE **FEB 2 1970**

--- SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	•
FROM	TO										
APR 17	MAY 18	31	ELEC	21		1	3555	4054	499	13.28	

FOR RATE SCHEDULES AND INFORMATION
CONTACT YOUR PACIFIC POWER OFFICE AT

901 S W FIFTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT ▶ \$13.28
ON OR BEFORE ▶ JUN 2 1970

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

RATE	METER READING	KWH USED	AMOUNT
32	6110	846	17.45

TOTAL

17.45

CHARLES W THOMAS

RKVA

7 N RUSSELL ST

050670

818-147940

SCH. RDG. DATE

ACCOUNT NO.

DEMAND

WIRING ANNUAL PERCENTAGE RATE

CR-CREDIT E-ESTIMATED M-MINIMUM

P-PRORATED X-METER EXCHANGE

*-INCLUDES ARREARS & WIRING IF APPLICABLE

KEEP THIS STUB

gas # > v Russell

b. ~~5~~

3705

1225

1352

1543

1463

2687

4875

4788

4011

2173

3470

3928

20

~~32~~

3520

352.20

PACIFIC POWER & LIGHT COMPANY



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
FEB 17	MAR 18	29	ELEC	21		1	2670	3096	426	11.60	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

901 S W FIFTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAID
MAR 24 1970
FIRST NATIONAL BANK OF OREGON
Union of Graham Branch
Portland Oregon 24-52

PAY THIS AMOUNT
ON OR BEFORE

\$11.60
APR 2 1970

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD FROM	SERVICE PERIOD TO	NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
AUG 18	SEP 17	30	ELEC	21		1	5387	5797	410	11.23	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122 17 1710820 6

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PLEASE PAY THIS AMOUNT ON OR BEFORE

\$11.23
OCT 1 1970

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY

I WORKED ALL THESE HOURS FOR ONLY THIS MUCH PAY!



SERVICE PERIOD FROM	SERVICE PERIOD TO	NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
JUN 17	JUL 17	30	ELEC	21		1	4484	4939	455	12.27	

FOR RATE SCHEDULES AND INFORMATION CONTACT YOUR PACIFIC POWER OFFICE AT

920 S W SIXTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT ▶ \$12.27
ON OR BEFORE ▶ AUG 3 1970

SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PLEASE PRESENT ENTIRE BILL
WHEN PAYING AT OFFICE

* CR—CREDIT
M—MINIMUM
ES—ESTIMATED

PACIFIC POWER & LIGHT COMPANY



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT	*
FROM	TO										
MAR 18	APR 17	30	ELEC	21		1	3096	3555	459	12.36	

FOR RATE SCHEDULES AND INFORMATION
CONTACT YOUR PACIFIC POWER OFFICE AT

901 S W FIFTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT **\$12.36**
ON OR BEFORE **MAY 1 1970**

--- SERVICE ADDRESS IF OTHER THAN MAILING

11 N RUSSELL

PACIFIC POWER & LIGHT COMPANY



SERVICE PERIOD		NO. OF DAYS	TYPE SERVICE	SCHEDULE	DEMAND	MULTIPLIER	PREVIOUS READ	PRESENT READ	CONSUMPTION	AMOUNT
FROM	TO									
JAN 19	FEB 17	29	ELEC	21		1	2230	2670	440	11.92

FOR RATE SCHEDULES AND INFORMATION
CONTACT YOUR PACIFIC POWER OFFICE AT

901 S W FIFTH AVE
PORTLAND OREG

122	17	1710820	6
-----	----	---------	---

Your Account Number

CHARLES W THOMAS
7 N RUSSELL
PORTLAND OREGON 97227

PAY THIS AMOUNT ▶ \$11.92
ON OR BEFORE ▶ MAR 3 1970

SERVICE ADDRESS IF OTHER THAN MAILING
11 N RUSSELL

F201 7-69

PLEASE PRESENT ENTIRE BILL
WHEN PAYING AT OFFICE

* CR—CREDIT
M—MINIMUM
ES—ESTIMATED

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthieu 12/5 1968
 REC'D OF Charles Thomas
 ADDRESS 7 N. Russell

		DOLLARS	
RENT FROM	<u>12/1</u> TO <u>3/1/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>Dec. water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN T	P R IN	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			TOTAL <u>54</u> <u>00</u>

THE SIMMS CO. [®] _M

6749

BY cm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthieu 12/5 1968
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS	
RENT FROM	<u>12/1</u> TO <u>3/1/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>Dec water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN T	P R IN	B A L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			TOTAL <u>67</u> <u>00</u>

THE SIMMS CO. [®] _M

6751

BY cm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthieu 3/5 1968
 REC'D OF Mrs Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS	
RENT FROM	<u>3/1 TO 3/1/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>March water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
			<u>67 00</u>

THE SIMMS CO. [®]

3819

BY lm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthieu 3/5 1968
 REC'D OF Mrs Charles Thomas
 ADDRESS 7 N. Russell

		DOLLARS	
RENT FROM	<u>3/1 TO 3/1/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>March water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>15-51</u>			
			<u>54 00</u>

THE SIMMS CO. [®]

3818

BY lm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 2/5 1968

REC'D OF Mrs. Charles Thomas

ADDRESS 11 N. Russell

67⁰⁰ DOLLARS

RENT FROM 2/1 TO 29/08 65⁰⁰

UTILITIES Feb. water 2⁰⁰

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M.O. ON ACCT. TOTAL 67⁰⁰

THE SIMMS CO. SM

3419

BY lm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 2/5 1968

REC'D OF Mrs. Charles Thomas

ADDRESS 7 N. Russell

54⁰⁰ DOLLARS

RENT FROM 2/1 TO 29/08 50⁰⁰

UTILITIES Feb. water 4⁰⁰

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M.O. ON ACCT. TOTAL 54⁰⁰

THE SIMMS CO. SM

3418

BY lm

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthieu 1/4 1968

REC'D OF Charles Thomas

ADDRESS 7 N. Russell

54⁰⁰

		DOLLARS	
RENT FROM	<u>1/1</u> TO <u>3/1/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>Jan water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P	B	
T	R	A	
	IN	L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
<u>15-51</u>			
TOTAL		<u>54</u>	<u>00</u>

THE SIMMS CO. SM

2990

BY Am

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthieu 1/4 1968

REC'D OF Charles Thomas

ADDRESS 11 N. Russell

67⁰⁰

		DOLLARS	
RENT FROM	<u>1/1</u> TO <u>3/1/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>Jan water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P	B	
T	R	A	
	IN	L	
DEPOSIT			
MISC.			
CHECK	CASH	M. O.	ON ACCT.
TOTAL		<u>67</u>	<u>00</u>

THE SIMMS CO. SM

2991

BY Am

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 4/4 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 7 N. Russell

		DOLLARS	
RENT FROM	<u>4/1</u> TO <u>3/31/68</u>	<u>50</u>	<u>00</u>
UTILITIES	<u>April water</u>	<u>4</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK <u>15-51</u>	CASH	N. O.	ON ACCT.
			TOTAL <u>54</u> <u>00</u>

THE SIMMS CO. © M

4161

BY Am

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 4/4 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 11 N. Russell

		DOLLARS	
RENT FROM	<u>4/1</u> TO <u>3/31/68</u>	<u>65</u>	<u>00</u>
UTILITIES	<u>April water</u>	<u>2</u>	<u>00</u>
NOTE OR CONTRACT			
IN	P R I N	B A L	
DEPOSIT			
MISC.			
CHECK <u>15-51</u>	CASH	N. O.	ON ACCT.
			TOTAL <u>67</u> <u>00</u>

THE SIMMS CO. © M

4162

BY Am

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE	AMOUNT
		AREA	NUMBER		
0510	WESTMINSTR CAL	714	8972032		155
0511	ROCKFORD WASH	509	2914787		340
0511	HERMISTON ORE		5673682		145
0512	ROCKFORD WASH	509	2914787		265
0516	HERMISTON ORE		5673682		270
0517	HERMISTON ORE		5673682		70
0529	SPARTANBG SC	803	5780420		210
TOTAL					1455



Pacific Northwest Bell

PAID
 JUL 25 1970
 FIRST NATIONAL BANK OF OREGON
 PORTLAND, OREGON
 12
 10 25 1970

PLEASE RETURN THE ENCLOSED
 PINCHED CARD WITH YOUR PAYMENT

YOUR BUSINESS OFFICE PHONE NUMBER 224-6261

0731
 PORTLAND
 287 0248
 131 360
 50

CHAS W THOMAS
 7 N RUSSELL
 PORTLAND OR 97217

- SEE DIRECTORY FOR THE ADDRESS

755
 1455
 222
 10009
 1432

- ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- ◀ ADDITIONAL LOCAL CALLS
- ◀ LONG DISTANCE (SEE ITEMIZATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL
 (PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
JUN 10 70	JUL 02

◀ TOTAL

0360479 1

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
OFFICES

Northwest natural gas company

123 N. W. FLANDERS PORTLAND, OREGON 97209 PHONE 226-4211

FROM	TO	SCH.	PRESENT READ	PREVIOUS READ	B.T.U.	THERMS	AMOUNT
01 29	03 02	D3	797	627	1.060	180.2	33.45
METER RENTAL							1.25

1611 12 1970
 FIRST NATIONAL BANK
 Union and Graham Branch
 34-52 Portland, Oregon



CHAS W THOMAS
 7 N RUSSELL ST
 PORTLAND OR 97227

2106-1114-1 PAY THIS AMOUNT
 ACCOUNT NUMBER ON OR BEFORE ▶ MAR 18, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650

0727942 1

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
OFFICES

Northwest natural gas company

123 N. W. FLANDERS PORTLAND, OREGON 97209 PHONE 226-4211

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
03 31	04 30	D3	980	175	1.062	207.1	38.03
METER RENTAL							1.25

CHAS W THOMAS
 7 N RUSSELL ST
 PORTLAND OR 97227

2106-1114-1 PAY THIS AMOUNT
 ACCOUNT NUMBER ON OR BEFORE ▶ MAY 24, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650



DATE MO. DAY	PLACE CALLED OR COLLECT CALL		TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE FROM PLACE	AMOUNT
			AREA	NUMBER		
0311	HERMISTON	ORE	567	3682		1.45
0314	HERMISTON	ORE	567	3682		1.15
0317	HERMISTON	ORE	567	3682		1.45
0322	HERMISTON	ORE	567	3682		1.45
0324	UMATILLA	ORE	922	3727		1.20
0324	HERMISTON	ORE	567	8115		1.55
TOTAL						9.25



Pacific
Northwest
Bell

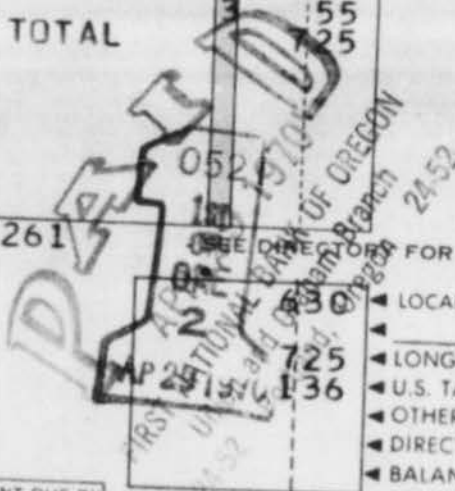
YOUR BUSINESS OFFICE PHONE NUMBER

10602

224-6261

PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217



PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT

SEE DIRECTOR FOR THE ADDRESS

- ▲ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- ▲ _____ ADDITIONAL LOCAL CALLS
- ▲ LONG DISTANCE (SEE ITEMIZATION)
- ▲ U.S. TAX ON ABOVE ITEMS
- ▲ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ▲ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ▲ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
APR 10 70	MAY 01

1491

▲ TOTAL

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE AREA	NUMBER	CLASS OF CALL SEE REVERSE	AMOUNT
				FROM PLACE	
0211	HERMISTON	ORE	5673682		2 1.60
0212	HERMISTON	ORE	5673682		3 1.15
0215	HERMISTON	ORE	5673682		3 1.60
0222	HERMISTON	ORE	5673682		3 1.00
0222	SPARTANBG	SC	803 5780420		4 2.70
0227	HERMISTON	ORE	5673682		2 .55
TOTAL					8.60



Pacific
Northwest
Bell

PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT

YOUR BUSINESS OFFICE PHONE NUMBER 224-6261

SEE DIRECTORY FOR THE ADDRESS

10501
PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

630

860

1495

245298

- ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- ◀ ADDITIONAL LOCAL CALLS
- ◀ LONG DISTANCE (SEE ITEMIZATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE

PAYMENT DUE BY

MAR 10 70

APR 02

1639

◀ TOTAL

**

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew August 4 19670
 REC'D OF Charles Thomas
 ADDRESS 7 N. Russell

54.00

DOLLARS

RENT FROM 8/1 TO 8/31/70 50 00

UTILITIES pd. August water 4 00

NOTE OR CONTRACT

I
N
T

P
R
I
N

B
A
L

DEPOSIT

MISC.

CHECK

CASH

M. O.

ON ACCT.

TOTAL

54 00

THE SIMMS CO.

©M

3331

BY

STAS

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew August 4 19670
 REC'D OF Charles Thomas
 ADDRESS 11 N. Russell

67.00

DOLLARS

RENT FROM 8/1 TO 8/31/70 65 00

UTILITIES pd. August water 2 00

NOTE OR CONTRACT

I
N
T

P
R
I
N

B
A
L

DEPOSIT

MISC.

CHECK

CASH

M. O.

ON ACCT.

TOTAL

67 00

THE SIMMS CO.

©M

3332

BY

STAS

ORIGINAL

THE SIMMS CO.

REALTORSINSURANCELOANSPROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew Sept. 8, 1967
 REC'D OF Charles Thomas
 ADDRESS 2 N. Russell

		54.00		DOLLARS
RENT FROM	<u>9/1</u>	TO	<u>9/30/70</u>	<u>50 00</u>
UTILITIES	<u>Sept. water</u>			<u>4 00</u>
NOTE OR CONTRACT				
I N T	P R I N	B A L		
DEPOSIT				
MISC.				
CHECK	CASH	N. O.	ON ACCT.	TOTAL
				<u>54 00</u>

THE SIMMS CO. ® M

3755

BY

SPAS

06 493

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

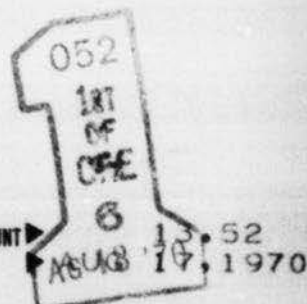
ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 295-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT	
06 30	07 30	D3	331	383	1.070	55.6	12.27	
METER RENTAL								1.25

RATES AVAILABLE AT ABOVE
OFFICES

06493
CHAS W THOMAS
7 N RUSSELL ST
PORTLAND

PAID
AUG 18 1970
FIRST NATIONAL BANK OF OREGON
Union and Growth Bank
Portland, Oregon
CURRENT AMOUNT DUE BY
24-52
SERVICE ADDRESS IF OTHER THAN MAILING



PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650

33 639

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

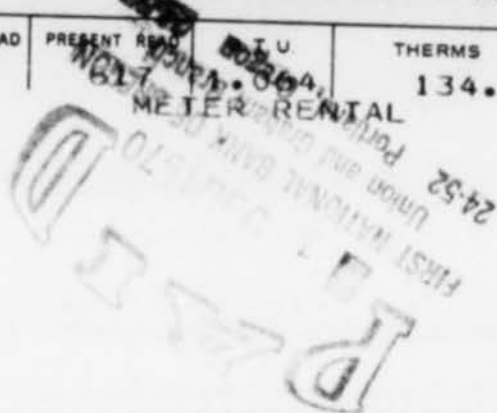
DISTRICT OFFICES

ALBANY	229 S. BROADALBIN ST.	926-4253
ASTORIA	176 W. MARINE DR.	325-1632
EUGENE	931 OAK ST.	342-3661
LINCOLN CITY	1405 S. HIWAY 101	994-2111
SALEM	3123 BROADWAY N. E.	585-6611
THE DALLES	306 EAST 4TH	296-2694
VANCOUVER	1314 MAIN ST.	693-2511

RATES AVAILABLE AT ABOVE
OFFICES



FROM	TO	SGH.	PREVIOUS READ	PRESENT READ	T. U.	THERMS	AMOUNT
09 30	02 29	03	491	617	0004	134.1	25.62
							1.25



33639
CHAS W THOMAS
7 N RUSSELL ST
PORTLAND

OR 97227

2106-1114-1 CURRENT AMOUNT ▶ 26.87
ACCOUNT NUMBER DUE BY ▶ NOV 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650

Northwest natural gas company

PORTLAND, OREGON 97209

PHONE 226-4211

53 970

DISTRICT OFFICES

ALBANY	229 S. BROADWAY	926-4253
ASTORIA	176 W. MARINE DR.	325-1632
EUGENE	931 OAK ST.	342-3661
LINCOLN CITY	1405 S. HIWAY 101	994-2111
SALEM	3123 BROADWAY N. E.	585-6611
THE DALLES	306 EAST 4TH	296-2694
VANCOUVER	1314 MAIN ST.	693-2511

RATES AVAILABLE AT ABOVE OFFICES

FROM	TO	SCH	PREVIOUS READ	PRESENT READ	DIFFERENCE	THERMS	AMOUNT
08 28	09 30	D3	428	491	1.000	66.8	14.18
						66.8	1.25

1.000 METER RENTAL

Portland and Gresham Branch
24-52

052
1st OF ORE
6
Oct 13 1970

53970
CHAS W THOMAS
7 N RUSSELL ST
PORTLAND

OR 97227

2106-1114-1
ACCOUNT NUMBER

CURRENT AMOUNT
DUE BY

15.43
OCT 15 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

0538431 1

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 O. ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 255-6611
 THE DALLES 306 EAST 4TH 236-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
 OFFICE

FROM	TO	SCH.	PRESENT READ	PREVIOUS READ	B. T. U.	THERMS	AMOUNT	
03 02	03 31	D3	799	797	1.060	194.0	35.80	
							METER RENTAL	1.25



CHAS W THOMAS
 7 N RUSSELL ST
 PORTLAND

OR 97227

24-52-1114-1 PAY THIS AMOUNT
 ACCOUNT NUMBER ON OR BEFORE ▶ 37.05
 APR 16 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 650

80 101

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
07 30	08 28	D3	383	428	1.068	48.1	11.00
METER RENTAL							1.25

RATES AVAILABLE AT ABOVE OFFICES

PAYABLE TO THE ORDER OF
 NORTHWEST NATURAL GAS COMPANY
 2106-1115 SE 44th
 PORTLAND, OREGON 97214

80101
 CHAS W THOMAS
 7 N RUSSELL ST
 PORTLAND OR 97227



2106-1115 SE 44th
 ACCOUNT NUMBER CURRENT AMOUNT ▶ 12.25
 DUE 13 ▶ SEP 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

36 696

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
06 01	06 30	D3	273	331	1,070	62.1	13.38
METER RENTAL							1.25

RATES AVAILABLE AT ABOVE
OFFICES

PAID
 JUL 16 1970
 NATIONAL BANK OF OREGON
 1st and Graham Branch
 Portland, Oregon 24-52
 OR 97227



36696
 CHAS W THOMAS
 7 N RUSSELL
 PORTLAND

2106-1114-1
 ACCOUNT NUMBER

CURRENT AMOUNT
 DUE BY

14.63
 JUL 17, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

0905252 1

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

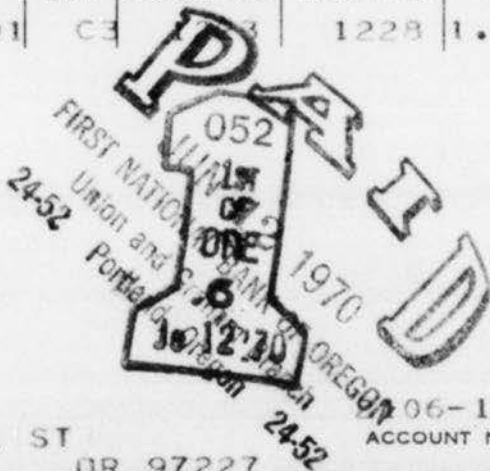
PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 587-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
 OFFICES

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
04 30	06 01	C3		1228	1,060	5.3	2.40



C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

06-1208-1 PAY THIS AMOUNT ▶ 2.40
 ACCOUNT NUMBER ON OR BEFORE ▶ JUN 17, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

PORTLAND
PERSONAL CONTACTS
735 S. W. MORRISON
PHONE 226-4211 1

NORTHWEST NATURAL GAS COMPANY
123 N. W. FLANDERS PORTLAND, OREGON 97209

2106-1208	1,056	12-30	01 20 70
ACCOUNT NUMBER	B. T. U.	DATE READ	DATE DUE

DISTRICT OFFICES

ALBANY	729 S. BROADALBIN ST.	926-4253
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ASTORIA	176 W. MARINE DRIVE	325-1632
---------	---------------------	----------

EUGENE	931 OAK ST.	342-3661
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LINCOLN CITY	1405 S. HIWAY 101	994-2111
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SALEM	3123 BROADWAY N.E.	585-6611
-------	--------------------	----------

THE DALLES	306 EAST 4TH	CY - 6-2694
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VANCOUVER	1314 MAIN ST.	693-2511
-----------	---------------	----------

SCH.	PREV. READ	PRES. READ	THERMS	AMOUNT
C3	1052	1103	53.9	11.98

13552

RATES AVAILABLE AT ABOVE OFFICES

FORM 680

PLEASE BRING ENTIRE BILL WHEN PAYING AT COMPA

0360490 1

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 42-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 580-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
OFFICES

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
01 29	03 02	C3	1169	1202	1.060	35.0	8.77

PAID
 MAR 17 1970

First National Bank of Oregon
 Drive and Main Branch
 2452 Flanders Street, S.W.

052
 1ST
 OF
 ONE
 TO

C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1208-1
 ACCOUNT NUMBER

PAY THIS AMOUNT
 ON OR BEFORE

8.77
 MAR 18, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

14 506

DISTRICT OFFICES

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
OFFICES

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	BT	THERMS	AMOUNT
10 29	11 30	C3	1255	1291	1206	43.6	10.23



FIRST NATIONAL BANK OF OREGON
 Union and Graham Branch
 Portland, Oregon 24-52
 DEC 11 1970

PAID

14506
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1206
 ACCOUNT NUMBER

CURRENT AMOUNT DUE BY ▶ 10.23
 ▶ DEC 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

53 983

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
08 28	09 30	C3	1242	1246	1.060	1.052	2.40

RATES AVAILABLE AT ABOVE
OFFICES

53983
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1208-1
 ACCOUNT NUMBER

CURRENT AMOUNT
 DUE BY

2.40

OCT 15, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.



PAID
 OCT 10 1970
 NATIONAL BANK OF OREGON
 Portland and Clatsop Branch
 Portland, Oregon 97208

124 89015 800419

36 709

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
06 01	06 30	C3	1228	1232	1.070	4.3	2.40

RATES AVAILABLE AT ABOVE
OFFICES

PAID
 JUL 10 1970
 FIRST NATIONAL BANK OF OREGON
 Union and Graham Branch
 Portland, Oregon 24-52



36709
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97252

2106-1208-1
 ACCOUNT NUMBER

CURRENT AMOUNT 2.40
 DUE BY JUL 17, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

FORM 450

0538441 1

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON

97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 O. ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 335-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PRESENT READ	PREVIOUS READ	B.T.U.	THERMS	AMOUNT
03 02	03 31	C3	11219	1202	1.060	18.0	5.16

RATES AVAILABLE AT ABOVE
OFFICES

PAID
 APR 15 1970
 FIRST NATIONAL BANK OF OREGON
 Union and Graham Branch
 24-52 Portland, Oregon 24-52



C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1208-1 PAY THIS AMOUNT ▶ 5.16
 ACCOUNT NUMBER ON OR BEFORE ▶ APR 15, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

06 497

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
06 30	07 30	C3	1232	1237	1.070	5.4	2.40

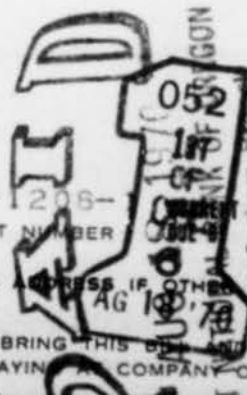
RATES AVAILABLE AT ABOVE
OFFICES

06497
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1208-
 ACCOUNT NUMBER

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.



2106-1208-11
 15 Portland Oregon 24-52
 15 Portland Oregon 24-52

AMOUNT ▶ 2.40
 ▶ AUG 17, 1970

FORM 650

1579066 61 8008 10 200111

80 105

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ■ ■ 342-3661
 LINCOLN CITY 1405 S. HWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
07 30	08 28	C3	1237	1242	1.068	5.3	2.40

RATES AVAILABLE AT ABOVE
OFFICES

80105
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2105-1208-1
 ACCOUNT NUMBER

CURRENT AMOUNT
 DUE BY ▶

2.40
 SEP 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

0182348 1

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 581-5611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
00 00	01 29	C3	1103	1169	1.060	70.0	14.72

RATES AVAILABLE AT ABOVE
OFFICES

C W THOMAS
11 N RUSSELL ST
PORTLAND OR 97227

2106-1208-1 PAY THIS AMOUNT ▶ 14.72
ACCOUNT NUMBER ON OR BEFORE ▶ FEB 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

0727954 1

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 589-5611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
OFFICES

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
03 31	04 30	C3	1219	1223	1.062	4.2	2.40

C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-4208-1
 ACCOUNT NUMBER

PAY THIS AMOUNT
 ON OR BEFORE

2.40
 MAY 18, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

33 651

Northwest natural gas company

123 N. W. FLANDERS

PORTLAND, OREGON 97209

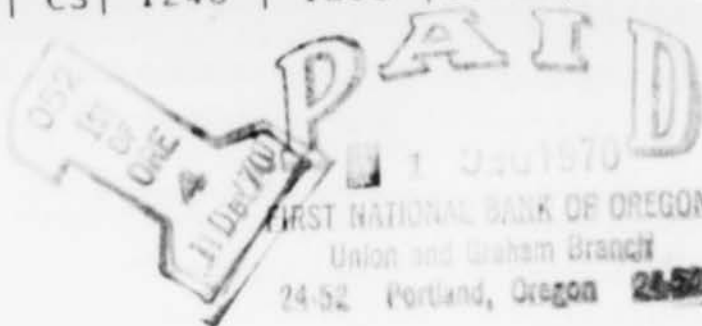
PHONE 226-4211

DISTRICT OFFICES

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 HANCOOVER 1314 MAIN ST. 693-2511

RATES AVAILABLE AT ABOVE
 OFFICES

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B.T.U.	THERMS	AMOUNT
09 30	10 29	C3	1246	1255	1,064	9.6	3.23



33651
 C W THOMAS
 11 N RUSSELL ST
 PORTLAND OR 97227

2106-1208-1
 ACCOUNT NUMBER

CURRENT AMOUNT
 DUE BY

3.23
 NOV 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION

ORIGINAL

THE SIMMS CO.

REALTORSINSURANCELOANSPROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthews 7/8 1968
 REC'D OF Mrs. Charles Thomas
 ADDRESS 7 N. Russell

54 00

DOLLARS

RENT FROM		TO	DOLLARS	
<u>7/1</u>		<u>31/68</u>	<u>50</u>	<u>00</u>
UTILITIES				
<u>July water</u>			<u>4</u>	<u>00</u>
NOTE OR CONTRACT				
I N T	P R I N	B A L		
DEPOSIT				
MISC.				
CHECK	CASH	M. O.	ON ACCT.	TOTAL
				<u>54 00</u>

THE SIMMS CO. [®]5146BY lm

RATE	METER READING	KWH USED	AMOUNT
32	5264	882	17.88

TOTAL

17.88

CHARLES W THOMAS
7 N RUSSELL ST

_____ RKVA

040770

818-147940

READ

ACCOUNT NO.

_____ DEMAND

WIRING ANNUAL PERCENTAGE RATE

CR-CREDIT E-ESTIMATED M-MINIMUM

P-PRORATED X-METER EXCHANGE

* -INCLUDES ARREARS & WIRING IF APPLICABLE

KEEP THIS STUB

ARTHUR COLE CANDY & TOBACCO CO.

CANDY - TOBACCO - CONFECTIONS - SUNDRIES

1452 N. E. Alberta St. Portland, Oregon 97211 Phone 284-2221


11284

Date April 3, 1968

Name _____

Address _____

Kenley

1	<i>Candy</i>	<i>1915</i>
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ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew Jan 7 1970
REC'D OF Charles Thomas
ADDRESS 11 N. Russell

67.00

DOLLARS

RENT FROM 1/1 TO 1/31/70 65 00

UTILITIES pd. Jan. water 2 00

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH N. O. ON ACCT. TOTAL 67 00

THE SIMMS CO.

© M

1004 BY JRS

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew Jan 7 1970
REC'D OF Charles Thomas
ADDRESS 7 N. Russell

54.00

DOLLARS

RENT FROM 1/1 TO 1/31/70 50 00

UTILITIES pd. Jan water 4 00

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH N. O. ON ACCT. TOTAL 54 00

THE SIMMS CO.

© M

1003 BY JRS

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 4/2 1970

REC'D OF Charles Thomas

ADDRESS 7 N. Russell

54.- DOLLARS

RENT FROM 4/1 TO 30/70 53-

UTILITIES April Water 4-

NOTE OR CONTRACT

DEPOSIT

MISC.

CHECK	CASH	M. O.	ON ACCT.	TOTAL	<u>54-</u>
-------	------	-------	----------	-------	------------

THE SIMMS CO. SM

1899

BY CS

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACC'T Matthew 4/2 1970

REC'D OF Charles Thomas

ADDRESS 11 N. Russell

67.- DOLLARS

RENT FROM 4/1 TO 30/70 65-

UTILITIES April Water 2-

NOTE OR CONTRACT

DEPOSIT

MISC.

CHECK	CASH	M. O.	ON ACCT.	TOTAL	<u>67-</u>
-------	------	-------	----------	-------	------------

THE SIMMS CO. SM

1900

BY CS

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 2/4 196 70

REC'D OF Charles Jones

ADDRESS J. D. Russell

54.-

RENT FROM 2/1 TO 28/70 DOLLARS 50 -

UTILITIES Feb. Water 4 -

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 54 -

THE SIMMS CO. [®]

1299

BY [Signature]

ORIGINAL

THE SIMMS CO.

REALTORS

INSURANCE

LOANS

PROPERTY MANAGEMENT

PLATT BUILDING

PHONE 228-5187

PORTLAND, OREGON 97205

ACCT Matthew 2/4 196 70

REC'D OF Charles Jones

ADDRESS J. D. Russell

67.⁵⁰

RENT FROM 2/1 TO 28/70 DOLLARS 65 -

UTILITIES Feb. Water 2 -

NOTE OR CONTRACT

I N T P R I N B A L

DEPOSIT

MISC.

CHECK CASH M. O. ON ACCT. TOTAL 67 -

THE SIMMS CO. [®]

1300

BY [Signature]

RATE	METER READING	KWH USED	AMOUNT
32	1360	776	16.61

TOTAL 16.61

CHARLES W THOMAS
7 N RUSSELL ST

110470

SCH. RDG. DATE

818-147940

ACCOUNT NO.

RKVA

DEMAND

WIRING ANNUAL PERCENTAGE RATE
 CR-CREDIT E-ESTIMATED M-MINIMUM
 P-PRORATED X-METER EXCHANGE
 *-INCLUDES ARREARS & WIRING IF APPLICABLE

CUSTOMER'S COPY

RATE	METER READING	KWH USED	AMOUNT
32	8958	958	18.80

RATE	METER READING	KWH USED	AMOUNT
32	3360	986	19.13

TOTAL 18.80

TOTAL 19.13

CHARLES W THOMAS
7 N RUSSELL ST
080970 818-147940
SCH. RDG. DATE ACCOUNT NO. DEMAND

CHARLES W THOMAS
7 N RUSSELL ST
030970 818-147940
READ ACCOUNT NO. DEMAND

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

KEEP THIS STUB

KEEP THIS STUB

RATE	METER READING	KWH USED	AMOUNT
32	4382	1022	19.56

RATE	METER READING	KWH USED	AMOUNT
32	8000	1026	19.61

RATE	METER READING	KWH USED	AMOUNT
32	2374	968	18.92

TOTAL 19.56

TOTAL 19.61

TOTAL 18.92

CHARLES W THOMAS
7 N RUSSELL ST
030970 818-147940
READ ACCOUNT NO. DEMAND

CHARLES W THOMAS
7 N RUSSELL ST
070770 818-147940
SCH. RDG. DATE ACCOUNT NO. DEMAND

CHARLES W THOMAS
7 N RUSSELL ST
010770 818-147940
READ ACCOUNT NO. DEMAND

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

KEEP THIS STUB

KEEP THIS STUB

KEEP THIS STUB

RATE	METER READING	KWH USED	AMOUNT
32	6974	864	17.67

RATE	METER READING	KWH USED	AMOUNT
32	9736	778	16.64

RATE	METER READING	KWH USED	AMOUNT
32	584	848	17.48

TOTAL 17.67

TOTAL 16.64

TOTAL 17.48

CHARLES W THOMAS
7 N RUSSELL ST
060570 818-147940
SCH. RDG. DATE ACCOUNT NO. DEMAND

CHARLES W THOMAS
7 N RUSSELL ST
090370 818-147940
SCH. RDG. DATE ACCOUNT NO. DEMAND

CHARLES W THOMAS
7 N RUSSELL ST
100670 818-147940
SCH. RDG. DATE ACCOUNT NO. DEMAND

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

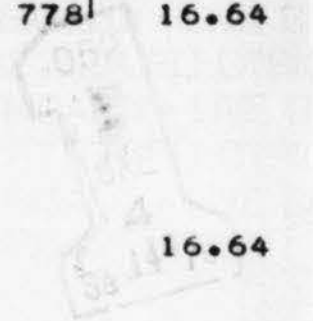
WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

WIRING ANNUAL PERCENTAGE RATE
CR-CREDIT E-ESTIMATED M-MINIMUM
P-PRORATED X-METER EXCHANGE
*-INCLUDES ARREARS & WIRING IF APPLICABLE

KEEP THIS STUB

KEEP THIS STUB

CUSTOMER'S COPY



DATE MO. DAY	PLACE CALLED OR COLLECT CALL		TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE FROM PLACE	AMOUNT
			AREA	NUMBER		
0811	HERMISTON	ORE		5673682		1 70
0811	HERMISTON	ORE		5676382		1 70
0812	HERMISTON	ORE		5673682		3 220
0812	HERMISTON	ORE		5673682		2 70
0814	HERMISTON	ORE		5673682		2 100
0817	HERMISTON	ORE		5673682		3 55
0820	SALEM	ORE		3784534		1 120
0822	WESTMINSTR	CAL	714	8972032		4 170
0825	HERMISTON	ORE		5673682		3 85
0903	HERMISTON	ORE		5673682		3 55
TOTAL						1015



Pacific
Northwest
Bell

PAID
SEP 24 1970

FIRST NATIONAL BANK OF OREGON
PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT
Union and Grand Streets
Portland, Oregon

2057
OF
ORE
2

YOUR BUSINESS OFFICE PHONE NUMBER

224-6261

- SEE DIRECTORY FOR THE ADDRESS

1102
PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

755
1015
178

- ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- ◀ ADDITIONAL LOCAL CALL
- ◀ LONG DISTANCE (SEE ITEMIZATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
SEP 10 70	OCT 02

1948

◀ **TOTAL**

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE	AMOUNT
		AREA	NUMBER		
1115	WESTMINSTR CAL	714	8972032		4 275
1116	HERMISTON ORE		5673682		3 100
1117	SALEM ORE		3786934		1 50
1124	SPARTANBG SC	803	5780420		2 135
1206	WESTMINSTR CAL	714	8972032		4 215
TOTAL					775



Pacific
Northwest
Bell

Please return the enclosed
punched card with your payment

YOUR BUSINESS OFFICE PHONE NUMBER

224-6261

SEE DIRECTORY FOR THE ADDRESS

PORTLAND
287 0248
131 360
50

0202

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

755

775
154

- ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
- ◀ _____ ADDITIONAL LOCAL CALLS
- ◀ LONG DISTANCE (SEE ITEMIZATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE

PAYMENT DUE BY

DEC 10 70

DEC 31

1684

◀ TOTAL

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE	AMOUNT
		AREA	NUMBER		
0712	MOSES LAKE	WASH	509 765 5773		335
0712	MOSES LAKE	WASH	509 765 5773		80
0712	HERMISTON	ORE	567 3682		130
0731	MOSES LAKE	WASH	509 765 5773		130
0806	HERMISTON	ORE	567 3682		150
0807	HERMISTON	ORE	567 3682		70
0807	HERMISTON	ORE	567 3682		150
0807	HERMISTON	ORE	567 3682		130
0808	HERMISTON	ORE	567 3682		55
0809	HERMISTON	ORE	567 3682		85
TOTAL					1315



Pacific
Northwest
Bell

PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT

YOUR BUSINESS OFFICE PHONE NUMBER

1002
PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 972 17

244-6261

SEE DIRECTORY FOR THE ADDRESS

755

1315

208

- ▲ LOCAL SERVICE—ONE MONTH IN ADVANCE FROM BILL DATE
- ▲ _____ ADDITIONAL LOCAL CALLS
- ▲ LONG DISTANCE (SEE ITEMIZATION)
- ▲ U.S. TAX ON ABOVE ITEMS
- ▲ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ▲ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ▲ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
AUG 10 70	SEP 01

2278

▲ TOTAL

FIRST NATIONAL BANK OF OREGON
 Oregon and Washington Branch
 24-52 Portland, Oregon 97203

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL SEE REVERSE	AMOUNT
		AREA	NUMBER		
1011	PARKDALE	ORE	3523354		3 40
1017	WESTMINSTR	CAL	714 8972032		4 95
1019	HERMISTON	ORE	5673682		3 100
1021	WESTMINSTR	CAL	714 8972032		2 325
1104	SALEM	ORE	3782348		2 50
1107	SPARTANBG	SC	803 5780920		4 370
1109	SALEM	ORE	3783131		1 40
TOTAL					1020



Pacific
Northwest
Bell

PLEASE RETURN THE ENCLOSED
PUNCHED CARD WITH YOUR PAYMENT



YOUR BUSINESS OFFICE PHONE NUMBER

1231
PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

BILL DATE	PAYMENT DUE BY
NOV 10 70	DEC 02

SEE DIRECTORY FOR THE ADDRESS

755
1020
178

- ◀ LOCAL SERVICE—ONE MONTH IN ADVANCE FROM BILL DATE
- ◀ ADD LOCAL CALLS
- ◀ LONG DISTANCE (SEE EXPLANATION)
- ◀ U.S. TAX ON ABOVE ITEMS
- ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ◀ BALANCE FROM LAST BILL
(PLEASE DEDUCT ANY AMOUNT PAID)

1953 ◀ TOTAL

DATE MO. DAY	PLACE CALLED OR COLLECT CALL		TO OR FROM TELEPHONE		CLASS OF CALL SEE REVERSE	AMOUNT
			AREA	NUMBER		
0914	SALEM	DRE		3784935		1 80
0918	SALEM	DRE		3784935		1 50
0920	WESTMINSTR	CAL	714	8972032		2 265
0920	HERMISTON	DRE		5673682		3 130
0923	SALEM	DRE		3784935		1 40
0923	SALEM	DRE		3784935		1 40
0923	SALEM	DRE		3784934		1 40
0923	SALEM	DRE		3784934		1 60
0925	PARKDALE	DRE		3522762		3 40
0925	PARKDALE	DRE		3523354		3 40
0925	SALEM	DRE		3784934		1 90
0927	SPARTANBG	SC	803	5780420		4 130
0930	SALEM	DRE		3784934		1 90

YOUR BUSINESS OFFICE PHONE NUMBER 224-6261

1202
 PORTLAND
 287 0248
 131 360
 50

CHAS W THOMAS
 7 N RUSSELL
 PORTLAND OR 97217

SEE DIRECTORY FOR THE ADDRESS

755
 1460
 222

- ▲ LOCAL SERVICE ONE MONTH IN ADVANCE FROM BILL DATE
- ▲ ADDITIONAL CHARGES ON COLLECT CALLS
- ▲ LONG DISTANCE (SEE EXPLANATION)
- ▲ U.S. TAX ON ABOVE
- ▲ OTHER CHARGES & CREDITS (SEE EXPLANATION)
- ▲ DIRECTORY SERVICE ONE MONTH IN ADVANCE
- ▲ BALANCE FROM LAST BILL
 (PLEASE DEDUCT ANY AMOUNT PAID)

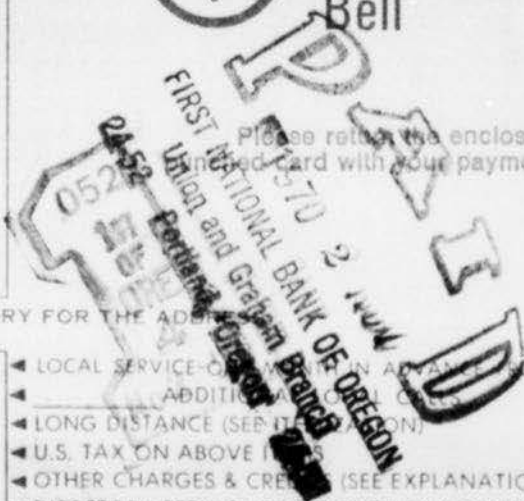
BILL DATE	PAYMENT DUE BY
OCT 10 70	NOV 02

2437 ← TOTAL



Pacific Northwest Bell

PLEASE RETURN THE ENCLOSED
 UNION CARD WITH YOUR PAYMENT



DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL - SEE REVERSE	AMOUNT
		AREA	NUMBER		
0610	WESTMINSTR CAL	714	8972032	FROM PLACE	2 425
0614	UMATILLA ORE		9223727		3 100
0619	UMATILLA ORE		9223727		1 70
0627	SPARTANBG SC	803	5780420		4 350
0706	UMATILLA ORE		9223727		1 70
TOTAL					1015



Pacific
Northwest
Bell

YOUR BUSINESS OFFICE PHONE NUMBER

0901

224-6261

PORTLAND
287 0248
131 360
50

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217

SEE DIRECTORY FOR THE



THE ENCLOSED
IS YOUR PAYMENT

- 755
 - 1015
 - 178
- ◀ LOCAL SERVICE ONE MONTH IN ADVANCE FROM BILL DATE
 - ◀ ADDITIONAL LOCAL CALLS
 - ◀ LONG DISTANCE (SEE ITEMIZATION)
 - ◀ U.S. TAX ON ABOVE ITEMS
 - ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
 - ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
 - ◀ BALANCE FROM LAST BILL
- (PLEASE DEDUCT ANY AMOUNT PAID)

BILL DATE	PAYMENT DUE BY
JUL 10 70	JUL 31

1948 ◀ TOTAL

0182336 1

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS

PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 581-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH.	PREVIOUS READ	PRESENT READ	B. T. U.	THERMS	AMOUNT
00 00	01 29	03	427	627	1.060	212.0	38.86
METER RENTAL							1.25

RATES AVAILABLE AT ABOVE
OFFICES

CHAS W THOMAS
7 N RUSSELL ST
PORTLAND

OR 97227

2106-1114-1 PAY THIS AMOUNT ▶ 40.11
ACCOUNT NUMBER ON OR BEFORE ▶ FEB 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
WHEN PAYING AT COMPANY OFFICE OR PAY STATION.

DATE MO. DAY	PLACE CALLED OR COLLECT CALL	TO OR FROM TELEPHONE		CLASS OF CALL-SEE REVERSE	AMOUNT
		AREA	NUMBER		
0411	HERMISTON ORE		5673682		175
0411	QUEENS NYC NY	212	6588229		130
0421	HERMISTON ORE		5673682		115
0430	WESTMINSTR CAL	714	8972032		145
0430	HERMISTON ORE		5673682		90
0430	HERMISTON ORE		5673682		100
TOTAL					755
OTHER CHARGES AND CREDITS					
CHARGE FOR INCREASE IN LOCAL SERVICE					
FROM 4-20-70 TO 5-10-70					
AT \$ 1.25 PER MONTH					79

YOUR BUSINESS OFFICE PHONE NUMBER

224-6261

PORTLAND
287 0248
131 360
50

0702

CHAS W THOMAS
7 N RUSSELL
PORTLAND OR 97217


BILL DATE	PAYMENT DUE BY
MAY 10 70	JUN 02

SEE DIRECTORY FOR THE ADDRESS

755
755
152
2087

3749

- ◀ LOCAL SERVICE-ONE MONTH IN ADVANCE FROM BILL DATE
 - ◀ _____ ADDITIONAL LOCAL CALLS
 - ◀ LONG DISTANCE (SEE ITEMIZATION)
 - ◀ U.S. TAX ON ABOVE ITEMS
 - ◀ OTHER CHARGES & CREDITS (SEE EXPLANATION)
 - ◀ DIRECTORY SERVICE ONE MONTH IN ADVANCE
 - ◀ BALANCE FROM LAST BILL
- (PLEASE DEDUCT ANY AMOUNT PAID)



Pacific Northwest Bell

PAID

PLEASE RETURN TO THE CLOSING OFFICE WITH YOUR PAYMENT

JUN 5 1970

052

1ST OF JUNE

ORE

ORE

UNION NATIONAL BANK OF OREGON 2

Union and Graham Branch

Portland Oregon 243

JUN 5 1970

14494

Northwest natural gas company

DISTRICT OFFICES

123 N. W. FLANDERS PORTLAND, OREGON 97209

PHONE 226-4211

ALBANY 229 S. BROADALBIN ST. 926-4253
 ASTORIA 176 W. MARINE DR. 325-1632
 EUGENE 931 OAK ST. 342-3661
 LINCOLN CITY 1405 S. HIWAY 101 994-2111
 SALEM 3123 BROADWAY N. E. 585-6611
 THE DALLES 306 EAST 4TH 296-2694
 VANCOUVER 1314 MAIN ST. 693-2511

FROM	TO	SCH	PREVIOUS READ	PRESENT READ	B T U	THERMS	AMOUNT
10 29	11 3	12-52	117	104	1.064	252.8	47.50
METER RENTAL							1.25

RATES AVAILABLE AT ABOVE OFFICES

|||

FIRST UNION DEC 17 1970
 Union and Graham Branch
 Portland, Oregon 2457
 052
 DEPT OF
 6
 De

14494
 CHAS W THOMAS
 7 N RUSSELL ST
 PORTLAND

OR 97227

2106-1114-1
 ACCOUNT NUMBER

CURRENT AMOUNT
 DUE BY

48.75
 DEC 16, 1970

SERVICE ADDRESS IF OTHER THAN MAILING

PLEASE BRING THIS BILL AND THE PAYMENT CARD
 WHEN PAYING AT COMPANY OFFICE OR PAY STATION

PORTLAND
PERSONAL CONTACTS
735 S. W. MORRISON
PHONE 226-4211

1

NORTHWEST NATURAL GAS COMPANY
123 N. W. FLANDERS PORTLAND, OREGON 97209

2106-1114 | 1.056 | 12-30 | 01 20 70
ACCOUNT NUMBER | B. T. U. | DATE READ | DATE DUE

DISTRICT OFFICES

ALBANY	229 S. BROADALBIN ST.	926-4253
ASTORIA	176 W. MARINE DRIVE	325-1632
EUGENE	931 OAK ST.	342-3661
LINCOLN CITY	1405 S. HWY 101	994-2111
SALEM	3123 BROADWAY N.E.	585-6611
THE DALLES	306 EAST 4TH	CY - 6-2694
VANCOUVER	1314 MAIN ST.	693-2511

SCH.	PREV. READ	PRES. READ	THERMS	AMOUNT
D3	183	427	257.7	46.63
15				1.25

TOTAL DUE \$47.88

13540

RATES AVAILABLE AT ABOVE OFFICES

FORM 650

PLEASE BRING ENTIRE BILL WHEN PAYING AT COMP

RATE	METER READING	KWH USED	AMOUNT
32	2214	854	17.55

TOTAL

17.55

CHARLES W THOMAS

REVA

7 N RUSSELL ST

120770

10818-47940

SCH. RDG. DATE

ACCOUNT NO.

DEMAND

WIRING ANNUAL PERCENTAGE RATE

CR-CREDIT E-ESTIMATED M-MINIMUM

P-PRORATED X-METER EXCHANGE

*-INCLUDES ARREARS & WIRING IF APPLICABLE

CUSTOMER'S COPY

TWO SEPARATE BUSINESSES

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: RS-4-9

Payable to: Charles W. Thomas

	<u>Amount</u>
For: <input type="checkbox"/> RHP for Homeowners	\$ _____
<input type="checkbox"/> Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ _____; Annual amount.	\$ _____
or Purchase:	\$ _____
<input type="checkbox"/> Fixed Moving Payment	\$ _____
<input type="checkbox"/> Dislocation Allowance.	\$ _____
<input type="checkbox"/> Actual Moving Costs.	\$ _____
<input type="checkbox"/> Storage Costs (if separate claim).	\$ _____
<input type="checkbox"/> Business: Moving Expenses.	\$ _____
<input checked="" type="checkbox"/> Business: In Lieu Payment.	\$ <u>5,000</u>
<input type="checkbox"/> Business: Storage Costs.	\$ _____
<input type="checkbox"/> Business: Loss of Property	\$ _____
<input type="checkbox"/> Business: Searching Expenses	\$ _____
<u>Thomas Shine Parlor & Bicycle Shop</u>	
Name of Client <u>Thomas Apartments</u>	Less - \$ _____*
<u>11 N. Russell</u>	
Move from <u>7 N. Russell</u>	Total \$ <u>5,000</u>

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; _____ Project Cost *(_____)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No. **445 EH**

DATE June 21, 1972

PAY TO **Charles W. Thomas**

\$ 5,000.00

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 In Lieu Business Payment. Move from 7 and 11 N. Russell (Parcel RS-4-9).	\$5,000.00

Account Distribution

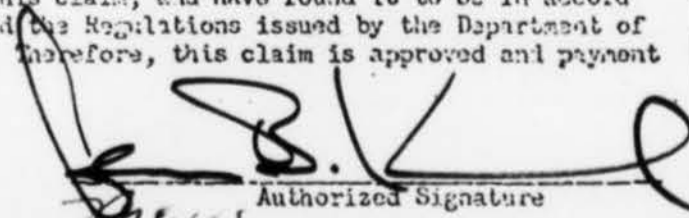
NO.	TITLE	AMOUNT
E 1501	Relocation Payment (Business - In Lieu) (EH)	\$5,000.00

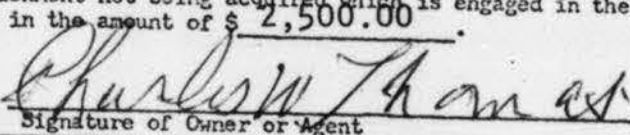
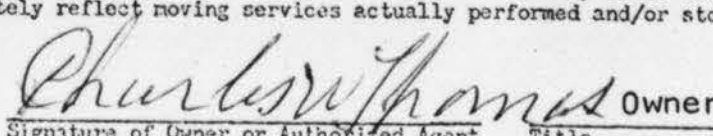
6/22/72

Charles W Thomas

JMS

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

<p>(For Local Agency Use Only)</p> <p style="text-align: center;"><u>DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)</u></p>	<p>NAME OF CONCERN THOMAS SHINE PARLOR & BICYCLE SHOP</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p> <p>PROJECT OR PROGRAM IDENTIFICATION: ORE R-20</p> <p>Emanuel Hospital Project</p>																									
<p>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.</p>																										
<p>A. BASIC INFORMATION</p> <p>1. Claimant is (check one): <input checked="" type="checkbox"/> Business concern <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Farm operation</p> <p>2. Date of HUD approval of project or program: <u>April 23, 1971</u></p> <p>3. Direct cause of displacement: <u>Acquisition by PDC</u></p> <p>4. Date move started: <u>Jan. 15, 1972</u> 5. Date move completed: <u>June 15, 1972</u></p> <p>6. Date claim filed: <u>June 15, 1972</u> 7. If applicable, date storage authorized: _____</p>																										
<p>B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES</p> <p>1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Can the business be relocated without substantial loss of its existing patronage? State basis for agency determination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>see atatement Schedule D, item 6</u></p> <p>3. Amount of payment</p> <p>a. Average annual net income: As reported by claimant: <u>\$700 Est.</u> As verified by agency: <u>\$ 700 Est.</u></p> <p>b. State basis for agency verification: <u>see attached analysis</u></p> <p>c. Amount of payment: <u>\$ 2,500.00</u> (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.)</p>																										
<p>C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Item</th> <th style="width:15%;">Amount claimed</th> <th style="width:15%;">Amount approved</th> <th style="width:25%;">Authorized Signature</th> <th style="width:10%;">Date</th> </tr> </thead> <tbody> <tr> <td>1. Moving expenses, including covering storage</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>2. Direct loss of property</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>3. Searching expenses</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>4. Total (Sum of Lines 1, 2, and 3)</td> <td>\$</td> <td>\$</td> <td style="text-align: center;">//////</td> <td style="text-align: center;">//////</td> </tr> </tbody> </table>		Item	Amount claimed	Amount approved	Authorized Signature	Date	1. Moving expenses, including covering storage	\$	\$			2. Direct loss of property	\$	\$			3. Searching expenses	\$	\$			4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////	//////
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2. Direct loss of property	\$	\$																								
3. Searching expenses	\$	\$																								
4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////	//////																						
<p>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 <u>\$ 2,500.00</u>.</p> <p style="text-align: center;"><u>6-16-72</u> DATE</p> <p style="text-align: center;"> Authorized Signature</p>																										
<p>E. RECORD OF PAYMENTS MADE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td><u>6/21/72</u></td> <td><u>445BN</u></td> <td><u>\$2500.00</u></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT	<u>6/21/72</u>	<u>445BN</u>	<u>\$2500.00</u>			\$			\$										
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		\$																								

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 97201		PROJECT NUMBER ORE R-20	
<p>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.</p> <p>NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.</p>			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Thomas Shine Parlor and Bicycle Shop		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Charles Thomas 6643 SE Woodstock, Portland	
2. LEGAL NAME OF BUSINESS n/a		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED RS-4-9	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN: n/a	
Address(es)		Dates Occupied	
11 N. Russell		From To	
		1962 June 1972	
		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state reason for discontinuing business: New comparable location not available. Does concern plan to reestablish? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		BUSINESS CONCERN <input type="checkbox"/> Manufacturing <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Commercial <input type="checkbox"/> Wholesale <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/> Services <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Outdoor <input type="checkbox"/> Advertising <input type="checkbox"/> Other FARM OPERATION <input type="checkbox"/> Field Crops <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Horticulture <input type="checkbox"/> Other NONPROFIT ORGAN. <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fraternal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Religious <input type="checkbox"/> Professional <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 type="checkbox"/> Include storage costs	
<input type="checkbox"/> Initial		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input type="checkbox"/> Supplementary		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
<input checked="" type="checkbox"/> Final		Total Amount Claimed \$	
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 \$ 2,500.00			
 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.			
6-15-72 Date		 Signature of Owner or Authorized Agent Title Owner	

APPENDIX 22. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)

SCHEDULE D

SCHEDULE D STATEMENT OF CLAIM FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES		NAME OF CONCERN
		Thomas Shine Parlor and Bicycle Shop
INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.		
1a. Business name used on income tax return none filed	2. Principal business activity(ies) reported on income tax return none filed	
1b. Business name as presented to public THOMAS SHINE PARLOR & BICYCLE SHOP		
3. Employer identification number shown on income tax return n/a	4. Tax return filed with District Director of Internal Revenue in n/a _____(City)_____, _____(State)_____	
5a. Does concern operate a similar establishment outside the project or program area? () Yes (X) No If "Yes," complete the following:		
NAME OF OTHER ESTABLISHMENT(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5b. Is concern affiliated with any other concern? () Yes () No If "Yes," complete the following:		
NAME OF AFFILIATED CONCERN(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5c. Describe the nature of the affiliation:		
6. Will displacement cause substantial loss of existing patronage? (X) Yes () No Almost all Mr. Thomas' customers were from the immediate area of the project. Since a comparable new location was not available, Mr. Thomas has decided to discontinue business and will therefore lose all his customers.		
7. Signature constitutes certification (a) 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 D is an attachment), and (b) that any Federal income tax reports attached hereto accurately duplicate the income tax reports filed with the Internal Revenue Service office in the city listed under Item 4 above. Date <u>6-15-72</u> <i>Charles W. Thomas</i> Signature of Owner or Authorized Agent		
[form continued next page]		

8. Complete one of the three following tables, as appropriate (see first page of claim form, Item 4). If data do not cover a full year, indicate number of months covered.

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)			PARTNERSHIP (Relates to IRS Form 1065)			
	19__	19__		19__	19__	
1. Gross receipts or gross sales, less returns or allowances	\$	\$	1. Gross receipts or gross sales, less returns or allowances	\$	\$	
2. Gross profit			2. Total income			
3. Net profit (or loss) ^{1/}	\$	\$	3. Ordinary income (or loss)	\$	\$	
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*			4. Compensation of principal ^{2/} partners*			
			5. Salaries and wages paid to members of principal partners' families who are members of principal partners' immediate household*			
SEE ATTACHED ANALYSIS						
NET EARNINGS (Sum of Lines 3 and 4)			NET EARNINGS (Sum of Lines 3, 4, and 5)			
\$			\$			
CORPORATION (Relates to IRS Forms 1120 and 1120-S)			Use this space for additional listings for Lines 4 or 5 if necessary:			
	19__	19__	Line No.	NAME	19__	19__
1. Gross receipts or gross sales, less returns or allowances	\$	\$				
2. Total income						
3. Taxable income	\$	\$				
4. Compensation of principal ^{2/} stockholders*						
5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholder's immediate household*						
NET EARNINGS (Sum of Lines 3, 4, and 5)						
\$						

*List name and amount of payment to each
^{1/} No deductions should be made for any "compensation" paid to owner.
^{2/} A principal stockholder is one who owns 15% or more of the capital stock of the corporation.
^{3/} A principal partner is one with a proprietary interest of 15% or more in the concern.

MEMO TO FILE - CHARLES THOMAS

Estimated tax returns for the last years available as prepared by P. Haywood indicate that Mr. Thomas had an average annual net income from his two businesses of \$2,500 over the years 1967, 1968, and 1969. Reports are not available for any subsequent years, but there is no reason to believe that the business income has experienced any significant change. Mr. and Mrs. Thomas' social security income has increased to \$1,525 per year, however, this does not increase their business income.

The estimated average income in the two years previous to displacement would appear to be about \$4,000 per year.

We have determined that the average income from the apartments was about \$1,800 per year. The social security income at the time of the move was about \$1,500 per year which leaves about \$700 as net income from the Thomas Shine Parlor and Bicycle Shop.

Total estimated average net income	\$ 4,000.00
less: Social Security income	- 1,500.00
Sub-total	<u>\$ 2,500.00</u>
less: Apartment rental income	- 1,800.00
Income attributable to Shine Parlor and Bicycle Shop	<u>\$ 700.00</u>

It would seem that the \$700 per year represents a material contribution to the Thomas' total income and that their business meets this requirement for eligibility for an "in lieu" payment.

WSJ:slc

MEMORANDUM

Date June 7, 1972

TO: Ben Webb
FROM: Stan Jones
SUBJECT: Business Relocation Seminar Sponsored by HUD
Boise, Idaho - May 25 and 26, 1972

HUD employees present:

Kay Walker
Mark Pavolka
Helen Benjamin
Richard Moffit - Expert in Business Relocation,
Boston Area Office

Each Agency submitted questions which were answered case by case, with considerable time given to discussion as needed to clarify HUD's position.

Some questions and answers follow:

1. Can planning time and advisory time that a business spends with LPA in connection with his move be compensated?

No. Compensable expenses may only include time that the business owner or his employees actually spent in physically participating in the move. Time of a bookkeeper who keeps track of time during the move may be compensated, however.

Payments to engineers and architects for drawing up plans for new location are likewise non-compensable.

2. What constitutes material income for purposes of in lieu payment?

Highway Department says 30%, but HUD has issued no guidelines and no one knows what it means. The LPA must just use its best judgement and document reasons.

Additionally, no one knows what substantial loss of existing patronage means. The hope by everyone in HUD is that this requirement will be dropped from law. Until then we must just live with it. HUD says loss of patronage means loss of present customers and does not consider any income changes. The Highway Department says patronage means loss of income. A man may make twice as

much in his new location, but if he has lost his old customers and his income now comes from a different clientele, he is eligible for the payment.

3. What constitutes a chain operation for purposes of the in lieu payment in regard to branch operations and franchise operations?

If the second location is a branch which is totally dependent for its operation on the main store, located in the project, the business is not disqualified. The case must be well documented that a separate business does not in actuality exist. If the reverse is true - the dependent branch in the project and the main store outside - the business is not eligible for the in lieu payment.

A so-called "chain" type business, i.e., Dunkin Donuts, would not necessarily be disqualified if the local business is operated and owned by the businessman in the project and if this is the only one which he owns.

4. What is meant by the provision that bidders should be paid at time of bid opening?

This really has reference to paying for the cost of obtaining the bids, not for the actual work to be done. It is suggested that the business pay these costs directly and submit a claim after the move so as to avoid partial payments.

Note that paying for the cost of bids is applicable to hauling bids only - not plumbing, electrical. (1371.1, Chapt. 6, p. 8)

5. What requirements are there for the sale of equipment under the substitute equipment regulations? Is it the same as loss of property?

A holding of a sale is not an absolute requirement. The main concern is that the equipment which is the subject of a substitute equipment claim not go to the claimant. Get a statement from the claimant that he is abandoning the property and then sell the equipment for junk or something.

6. How is income determined for in lieu payment if business kept no records? (re. Charlie Thomas)

If otherwise eligible and if it can be documented that there was indeed income of a material nature but the exact amount cannot be determined, pay the minimum of \$2,500. It is not necessary to tie down specifics on the income in such a case. There was also agreement that in this particular case (Charlie Thomas) two businesses could be recognized.

7. What should be done about conflicts over ownership of real property and leasehold improvements?

Real estate appraisers should be instructed to list everything that

they have considered in their evaluation. The law requires that a detailed settlement statement listing in detail everything that is being acquired, be provided to everyone concerned. At present, appraisers "are getting away with murder" in this regard. Note that under the new law, leasehold improvements may be acquired directly.

8. If a business changes names, may we paint new name on trucks, etc.?

Yes. If the business changes his name as a result of move, new name may be painted as well as new address and phone number. However, note that repainting on doors, windows, etc., applies only to tenants, not to owner-occupants.

Further Comments:

Statement that refers to release signifying final payment has been received is not required except in condemnation where an award is made by the court for real property and relocation.

Everyone agrees that all information required in intent to move statement is ridiculous - recommendations have been made to simplify it.

A person who has equipment on site but not actively operating, is not eligible for in lieu payment.

If a person purchases another business location outside the project before he relocates, in anticipation of moving, he is still eligible for in lieu payment by reason that he has acted prudently in his actions.

Are government agencies eligible for moving expenses? At this time no one knows. Under old law they were ineligible, but new law is silent on this point.

Physical changes - take hardline. For question submitted regarding Cathay Grocery, it would very possibly be "no" for shed additions. For interior wall removal - it would be "no" without question.

Also take hardline on searching expenses over \$500.

Kay Walker -

Be prepared to submit report on LPA actions during year. No final forms yet - but look at Handbook to get general idea. Especially would like us to prepare:

Sec. 214

- #4 - Effects on public
- #5 - Recommendations

Be specific - show examples.

Draft of new report forms should be out in a few weeks - tabular forms presently about 13 pages long. Maybe by July 1.

MSJ:ch

QUESTIONS - BUSINESS RELOCATION REGULATIONS

1. Charlie Thomas operated the Thomas Apartments and Thomas Bicycle and Shoe Shine Shop. He has indicated that he intends to file a claim for an "in lieu payment" for each of his two businesses. We believe that Mr. Thomas is eligible to receive the two payments based on his two separate businesses. However, we are having difficulty in determining what documentation might reasonably be required in regards to income from his business. Charlie and his wife have a combined social security income of \$127.10 per month. Charlie is 77 years old. The problem is that Charlie has not felt it necessary for him to keep track of his income and so has no records. All he has is a candy box full of some of his bills.

We know that Charlie paid \$50.00 in rent for his 9-unit unfurnished apartment house. He occupied one apartment and rented the others, furnished, for a total monthly gross rental income of \$367.00. Our experience in operating the building for a short time indicates average utility expenses of \$90.00 per month. Additional expenses would be repairs, replacement of furniture, uncollectible rents and insurance.

In view of the activity around the bicycle shop and shoe shine parlor, it would appear that there is sufficient income to meet the requirements that it contributes materially to Charlie's income.

In the absence of any records to document net income, we have taken the position that Charlie is eligible to receive the minimum amount of \$2,500.00 for each business (much like the rules governing non-profit organizations),

unless he can prove that his net income was more than this minimum amount. Assuming that all other eligibility requirements have been met, would this be viewed as a reasonable settlement under the law?

See Ans. no. 6

2. 271.1, Chapter 6, Sec. 5 85F3, p. 40. What is meant by arranging for on-the-spot payment at the time of the bid opening - especially on claims requiring HUD approval? We have assumed this statement indicated that we were to arrange for the method of payment upon proper completion of the services and approval of the claim.

See Ans. no. 4

3. Must the business award the contract to the low bidder? Often the business is involved in building a new building for which he already has contracted for services. The relocation bid may only be a very small portion of the total work that is being done and it is completely impractical to award to the low bidder when there is already a general contractor with his sub-contractors involved. We advise the business to award the contract to the low bidder, but also indicate that he may choose someone else if he has reason, but that the payment in any case may not exceed the amount of the low bid. *Ans: This advice is correct and also remember that the 3 bid requirement may be waived for good reason or there is perhaps a good reason.*

4. Is there any reason to insist that the business conduct a sale for reimbursement of substitute equipment (Chapter 6, Sec. 5, Par. 30, p. 33) when it is obvious that the amount of the relocation payment will be limited by the estimated cost to remove the equipment. The sale value of an old piece of equipment in an installed condition is often not worth the time or conducting a sale. A market value appraisal will usually indicate the potential proceeds on a sale and its importance in relation to estimated moving

5. I believe that the amount of information required in the business concerns' notice of intention to move (Chapter 6, Section 5, par. 90, p. 48) is impractical. Especially the requirement that the business must at this time provide documentation regarding all his expected expenses seems unnecessary. There are very few businesses that would supply all of this information on their own. Most businessmen are usually in no position at this time to be able to even understand what is meant by direct loss of property or other technical terms. What this means is that the business relocation advisor will be the one who probably will write the intent letter and find out the information simply in order to document the file. A simple notice of intention to vacate should be adequate to alert the LPA to the fact that the business is planning on moving and that ~~they~~ the LPA should insure that proper procedures are being followed in order to support the expenses that will be incurred. Comment?

Ans: Mr. Moffit agreed that info requested was ridiculous and that it was unreasonable to expect a business to supply it. An attempt will be made to limit the intent to move statement to two items: ~~one~~ ^{one} ~~and~~ ^{and} ~~secondly~~ ^{secondly} that the business intends to move on an approx date and secondly a description of the type of move that will be conducted.

DATED this 11th day of June 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
11 N. Russell, 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.

Thomas Shine Parlor & Bicycle Shop
(firm name)
by: Charles W Thomas

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

(For Local Agency Use Only)

<p style="text-align: center;">DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)</p>	<p>NAME OF CONCERN THOMAS APARTMENTS</p>
	<p>NAME OF LOCAL AGENCY Portland Development Commission</p>
	<p>PROJECT OR PROGRAM IDENTIFICATION: ORE R-20 Emanuel Hospital Project</p>

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: April 23, 1971

3. Direct cause of displacement: Acquisition by PDC

4. Date move started: 1-15-72 5. Date move completed: 6-15-72

6. Date claim filed: 6-15-72 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
see statement Schedule D, item 6

3. Amount of payment

a. Average annual net income:
As reported by claimant: \$1,800 (est) verified by agency: \$1,800 (est)

b. State basis for agency verification:
see attached analysis

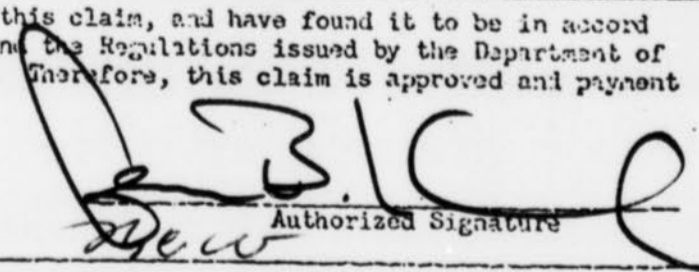
c. Amount of payment: \$2,500.00 (If verified amount is less than \$2,500, payment shall be in the amount of \$2,500. If verified amount is more than \$10,000, payment shall be in the amount of \$10,000.)

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

Item	Amount claimed	Amount approved	Authorized Signature	Date
1. Moving expenses, including covering storage	\$	\$		
2. Direct loss of property	\$	\$		
3. Searching expenses	\$	\$		
4. Total (Sum of Lines 1, 2, and 3)	\$	\$		

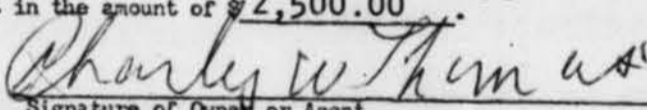
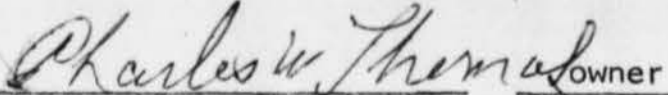
D. CERTIFICATION: I certify that I have examined this claim, and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of \$2,500.00.

6-16-72
DATE


Authorized Signature

E. RECORD OF PAYMENTS MADE

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
<u>6/21/72</u>	<u>445011</u>	<u>\$2,500.00</u>			\$
		\$			\$

CLAIM FOR RELOCATION PAYMENT (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project																													
ADDRESS AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW Fourth, Portland 97201		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 THOMAS APARTMENTS		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Charles W. Thomas 6643 S. E. Woodstock, Portland																													
2. LEGAL NAME OF BUSINESS n/a		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED RS-4-9																													
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: n/a																													
7 N. Russell		b. Date move to this address completed:																													
Dates Occupied		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
From To		If "Yes," state reason for discontinuing business: No comparable business set up available.																													
1957 June 1972		Does concern plan to reestablish? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
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		<table border="0"> <tr> <td>Manufacturing</td> <td>Services</td> <td><input checked="" type="checkbox"/> Field Crops</td> <td><input type="checkbox"/> Bus. Assn.</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Personal</td> <td><input type="checkbox"/> Fruit/Vegetable</td> <td><input type="checkbox"/> Fraternal</td> </tr> <tr> <td><input type="checkbox"/> Heavy</td> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Livestock/Animal</td> <td><input type="checkbox"/> Civic/Social</td> </tr> <tr> <td>Commercial</td> <td><input type="checkbox"/> Professional</td> <td><input type="checkbox"/> Horticulture</td> <td><input type="checkbox"/> Religious</td> </tr> <tr> <td><input type="checkbox"/> Wholesale</td> <td><input type="checkbox"/> Outdoor</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Retail</td> <td>Advertising</td> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other Rental</td> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>		Manufacturing	Services	<input checked="" type="checkbox"/> Field Crops	<input type="checkbox"/> Bus. Assn.	<input type="checkbox"/> Light	<input type="checkbox"/> Personal	<input type="checkbox"/> Fruit/Vegetable	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Heavy	<input type="checkbox"/> Business	<input type="checkbox"/> Livestock/Animal	<input type="checkbox"/> Civic/Social	Commercial	<input type="checkbox"/> Professional	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Religious	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Other _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Retail	Advertising		<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Rental	<input type="checkbox"/> Other _____		
Manufacturing	Services	<input checked="" type="checkbox"/> Field Crops	<input type="checkbox"/> Bus. Assn.																												
<input type="checkbox"/> Light	<input type="checkbox"/> Personal	<input type="checkbox"/> Fruit/Vegetable	<input type="checkbox"/> Fraternal																												
<input type="checkbox"/> Heavy	<input type="checkbox"/> Business	<input type="checkbox"/> Livestock/Animal	<input type="checkbox"/> Civic/Social																												
Commercial	<input type="checkbox"/> Professional	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Religious																												
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Other _____	<input type="checkbox"/> Professional																												
<input type="checkbox"/> Retail	Advertising		<input type="checkbox"/> Other _____																												
<input checked="" type="checkbox"/> Other Rental	<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 type="checkbox"/> Include storage costs																													
<input type="checkbox"/> Initial		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)																													
<input type="checkbox"/> Supplementary		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)																													
<input checked="" type="checkbox"/> Final		Total Amount Claimed \$																													
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 \$2,500.00																															
 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 willfully 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.																															
X 6-15-72 Date		 Signature of Owner or Authorized Agent Title																													

APPENDIX 22. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)

SCHEDULE D

SCHEDULE D STATEMENT OF CLAIM FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES		NAME OF CONCERN THOMAS APARTMENTS
INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.		
1a. Business name used on income tax return none filed	2. Principal business activity(ies) reported on income tax return none filed	
1b. Business name as presented to public THOMAS APARTMENTS		
3. Employer identification number shown on income tax return n/a	4. Tax return filed with District Director of Internal Revenue in n/a _____, _____ (City) (State)	
5a. Does concern operate a similar establishment outside the project or program area? () Yes (x) No If "Yes," complete the following:		
NAME OF OTHER ESTABLISHMENT(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5b. Is concern affiliated with any other concern? () Yes () No If "Yes," complete the following:		
NAME OF AFFILIATED CONCERN(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5c. Describe the nature of the affiliation:		
6. Will displacement cause substantial loss of existing patronage? (x) Yes () No All tenants were moved to other housing by PDC. Many were placed in either HAP or rent supplement. Considerable searching was done for a new location, but there are no other apartment house situations available in the area where one person may rent the whole building and then sublet to tenants.		
7. Signature constitutes certification (a) 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 D is an attachment), and (b) that any Federal income tax reports attached hereto accurately duplicate the income tax reports filed with the Internal Revenue Service office in the city listed under Item 4 above. Date <u>6-15-72</u> <i>Charles W. Thomas</i> Signature of Owner or Authorized Agent		
[form continued next page]		

1371.1 CHG 1

8. Complete one of the three following tables, as appropriate (see first page of claim form, Item 4). If data do not cover a full year, indicate number of months covered.

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)			PARTNERSHIP (Relates to IRS Form 1065)			
	19__	19__		19__	19__	
1. Gross receipts or gross sales, less returns or allowances	\$	\$	1. Gross receipts or gross sales, less returns or allowances	\$	\$	
2. Gross profit			2. Total income			
3. Net profit (or loss) ^{1/}	\$	\$	3. Ordinary income (or loss)	\$	\$	
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*			4. Compensation of principal ^{2/} partners*			
			5. Salaries and wages paid to members of principal partners' families who are members of principal partners' immediate household*			
SEE ATTACHED INCOME						
ESTIMATE ANALYSIS						
NET EARNINGS (Sum of Lines 3 and 4)	\$	\$	NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$	
CORPORATION (Relates to IRS Forms 1120 and 1120-S)			Use this space for additional listings for Lines 4 or 5 if necessary:			
	19__	19__	Line No.	NAME	19__	19__
1. Gross receipts or gross sales, less returns or allowances	\$	\$				
2. Total income						
3. Taxable income	\$	\$				
4. Compensation of principal ^{2/} stockholders*						
5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholder's immediate household*						
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$				

*List name and amount of payment to each
^{1/} No deductions should be made for any "compensation" paid to owner.
^{2/} A principal stockholder is one who owns 15% or more of the capital stock of the corporation.
^{3/} A principal partner is one with a proprietary interest of 15% or more in the concern.

ESTIMATED NET INCOME

THOMAS APTS.

		<u>Yearly</u>	<u>Subtotals</u>
Max. Gross Rentals at time of LPA Acquisition	\$ 367/mth	4,404	4,404
Rental of Building	50/mth	(600)	3,804
Average Utility Cost as determined by LPA	90/mth	(1,080)	2,724
Less: Lost rent-estimated average of 1 vacancy for 6 months	50/mth	(300)	2,424
Less: Rents uncollectable, unpaid, skips, etc.-estimated 3 month loss per year	50/mth	(150)	2,274
Repairs, Supply Linens, Furniture, etc.	20/mth	(240)	2,054
Insurance		(50)	2,004
Depreciation of Furniture (value \$720 approx. 5 years)		(144)	1,860
Telephone	6/mth	(72)	1,788

The above estimate of net income from Thomas Apartments is believed to be fairly accurate representation of the business' activity. Without revealing the above amount as estimated by PDC, Mr. Thomas was asked by WSJ and JC to estimate his net income from the apartments. Mr. Thomas indicated that he always figured his "pocket money" (net income) as about \$1,800.

WSJ:slc

Form

1040

US Department of the Treasury / Internal Revenue Service Individual Income Tax Return

1971

68 Duphite

68

For the year January 1-December 31, 1971, or other taxable year beginning 1971, ending 19

First name and initial (If joint return, use first names and middle initials of both) **CHAS + OOLA** Last name **THOMAS** Your social security number [redacted]

Present home address (Number and street, including apartment number, or rural route) **11 N. RUSSEL ST** Spouse's social security number [redacted]

City, town or post office, State and ZIP code **PORTLAND OREGON** Occupation Yours Spouse's

Filing Status—check only one:

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately and spouse is also filing. Give spouse's social security number in space above and enter first name here

4 Unmarried Head of Household

5 Surviving widow(er) with dependent child

6 Married filing separately and spouse is not filing

Exemptions Regular / 65 or over / Blind

7 Yourself Enter number of boxes checked **3**

8 Spouse (applies only if item 2 or 6 is checked)

9 First names of your dependent children who lived with you

10 Number of other dependents (from line 33) Enter number

11 Total exemptions claimed **3**

Income

12 Wages, salaries, tips, etc. (Attach Forms W-2 to back. If unavailable, attach explanation) **12 2600**

13a Dividends (see pages 6 and 11 of instr.) \$ **640** 13b Less exclusion \$ **S. SEC** Balance **13c 640**

(If gross dividends and other distributions are over \$100, list in Part I of Schedule B.)

14 Interest. [If \$100 or less, enter total without listing in Schedule B]. [If over \$100, enter total and list in Part II of Schedule B]

15 Income other than wages, dividends, and interest (from line 40) **15 3240**

16 Total (add lines 12, 13c, 14 and 15) **16**

17 Adjustments to income (such as "sick pay," moving expense, etc. from line 45) **17 3240**

18 Adjusted gross income (subtract line 17 from line 16) **18**

See page 3 of instructions for rules under which the IRS will figure your tax.

If you do not itemize deductions and line 18 is under \$10,000, find tax in Tables and enter on line 19.

If you itemize deductions or line 18 is \$10,000 or more, go to line 46 to figure tax.

Tax, Payments and Credits

19 Tax (Check if from: Tax Tables 1-13, Tax Rate Sch. X, Y, or Z, Sch. D, Sch. G or Form 4726) **19 43**

SELF EMPLOY'D - SOCIAL

20 Total credits (from line 54) **20**

21 Income tax (subtract line 20 from line 19) **21**

22 Other taxes (from line 60) **22**

23 Total (add lines 21 and 22) **23**

24 Total Federal income tax withheld (attach Forms W-2 or W-2P to back) **24**

25 1971 Estimated tax payments (include 1970 overpayment allowed as a credit) **25**

26 Other payments (from line 64) **26**

27 Total (add lines 24, 25, and 26) **27**

Bal. Due or Refund

28 If line 23 is larger than line 27, enter BALANCE DUE Pay in full with return. Make check or money order payable to Internal Revenue Service **28**

29 If line 27 is larger than line 23, enter OVERPAYMENT **29**

30 Line 29 to be: (a) REFUNDED Allow at least six weeks for your refund check (b) Credited on 1972 estimated tax

Foreign Accounts

31 Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? If "Yes," attach Form 4683. (For definitions, see Form 4683.) Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Sign here

Your signature **[Signature]** Date **2/27/82**

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Signature of preparer other than taxpayer, based on all information of which he has any knowledge **[Signature]** Date **2/27/82**

Address **1033 N. B. St. SE**

no filing with gov, not single profit shown

Please print or type
Please attach Copy B of Form W-2 to back
Write soc. sec. no. on Check or Money Order. Attach here

Form **1040** Combined with Form 1040A **US** Department of the Treasury / Internal Revenue Service **Individual Income Tax Return** **1969**

For the year January 1-December 31, 1969, or other taxable year beginning _____, 1969, ending _____, 19_____

Please print or type

First name and initial (If joint return, use first names and middle initials of both) **CHAS - OHA** Last name **THOMAS** Your social security number [REDACTED]

Present home address (Number and street or rural route) **17 + 11 N. RUSSEL** Your occupation [REDACTED]

City, town or post office, State and ZIP code **PORTLAND ORE** Spouse's social security number [REDACTED]

Enter below name and address used on your return for 1968 (if same as above write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1968 names and addresses. **SAME** Spouse's occupation [REDACTED]

Name and address of employer at time of filing _____

Your Filing Status (Check only one)

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return and spouse is also filing a return. If this item checked give spouse's social security number in space provided above and enter first name here ▶

4 Unmarried Head of Household

5 Surviving widow(er) with dependent child

6 Married filing separate return and spouse is not filing a return

Your Exemptions

Check boxes for exemptions which apply

7a Yourself Regular 65 or over Blind Enter number of boxes checked ▶ **3**

7b Spouse (applies only if line 2 or line 6 is checked) ▶

8 First names of your dependent children who lived with you _____ Enter number ▶ _____

9 OTHER DEPENDENTS

(a) NAME—Enter figure 1 in the last column to right for each name listed (if more space is needed, use other side)	(b) Relationship	(c) Months lived in your home. See instructions, B-2.	(d) \$600 or more income?	(e) Support you furnished. If 100% write "ALL."	(f) Support furnished by dependent and others
				\$	\$

10 Total exemptions from lines 7, 8, and 9 above ▶ **3**

Your Income

11 Wages, salaries, tips, etc. (Attach Form W-2 to back. If unavailable, explain on back) **SELF EMPLOYED** **11 2300**

12a Dividends [Total before exclusion] \$ _____ [See item 2 on 1040-1] 12b Less Exclusion \$ _____ Balance ▶ 12c

13 Interest (Enter total here and if over \$100, also list in Schedule B, Part II) 13

14 Other income: Total from attached schedules (check schedules used—C , D , E , F) 14

15a Total [Add lines 11, 12c, 13 & 14] **\$2300**, 15b Less Adjustments [See 1040-1] **\$2266** Adjusted Gross Income ▶ 15c **34**

Your Tax and Surcharge

16 Tax from Tax Table (see tables on T-2 and T-3) 16 **—**

17 Tax surcharge on line 16 (see T-1 for tax surcharge tables) 17 **—**

18 Enter total of lines 16 and 17 OR amount from Schedule T, line 18, if applicable (check if from Tax Table A , B , C ; Tax Rate Sch. , Sch. D , or Sch. G). 18

Your Credits

19 Total Federal income tax withheld (attach Forms W-2 to back) 19 **—**

20 Excess F.I.C.A. tax withheld (two or more employers—see R-2) 20

21 Nonhighway Federal gasoline tax, Form 4136; Reg. Inv., Form 2439 21

22 1969 Estimated tax payments (include 1968 overpayment allowed as a credit) 22

23 Total (add lines 19, 20, 21, and 22) 23 **—**

Balance Due or Refund

24 If line 18 is larger than line 23, enter BALANCE DUE. Pay in full with return → 24 **—**

25 If line 23 is larger than line 18, enter OVERPAYMENT → 25 **—**

26 Line 25 to be: (a) Credited on 1970 estimated tax ▶ \$ _____ ; (b) Refunded ▶ \$ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Sign here

Your signature _____ Date _____

Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____

Signature of preparer other than taxpayer, based on all information of which he has any knowledge. **[Signature]** Date **2/6/69**

Address **1033 N.E. Beardsley**

93212

no soc. Sec. Due

Please attach Copy B of Form W-2 to back

Please attach Check or Money Order here

copy

Form 1040

U.S. Individual Income Tax Return

U.S. Treasury Department, Internal Revenue Service for the year January 1-December 31, 1967.



1967

or other taxable year beginning 1967, ending 1967

Please print or type

CHAS + O THOMAS
11 N. RUSSELL ST

Your social security number

Your occupation

Spouse's social security number

Spouse's occupation

Enter below name and address used on your return for 1966 (if same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1966 names and addresses.

Your present employer and address

Spouse's present employer and address, if joint return

Your Filing Status—check only one:

- 1a Single
1b Married filing joint return (even if only one had income)
1c Married filing separately. If spouse is also filing a return, enter her (his) social security number in space provided above and give first name here
1d Unmarried Head of Household
1e Surviving widow(er) with dependent child

Your Exemptions Regular 65 or over Blind

- 2a Yourself
2b Spouse
3a First names of your dependent children who lived with you
3b Number of other dependents (from page 2, Part I, line 3)
4 Total exemptions claimed

Please attach Copy B of Form W-2 here

Table with 5 columns: Line number, Description, and numerical values. Includes sections for Income, Tax, Credits, and Payments.

Please attach Check or Money Order here

Your Tax, Credits, and Payments

Balance Due or Refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Sign here: Your signature, Date, Signature of preparer other than taxpayer, Date, Spouse's signature, Address

not offic. copy filed, not enough pay for S. Sec.

Part I Exemptions Complete only for dependents claimed on line 3b, page 1

(a) NAME (if more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				\$	\$
2					
3 Total number of dependents listed above. Enter here and on page 1, line 3b					

Part II Income from sources other than wages, etc.

1a Gross dividends and other distributions on stock (list payers and amounts—write (H), (W), (J), for stock held by husband, wife, or jointly)

1b Exclusion (see instructions)

1c Capital gain distributions (see page 6 of instructions)

1d Nontaxable distributions (see page 6 of instructions)

1e Total (add lines 1b, 1c, and 1d)

1f Taxable dividends (line 1a less line 1e— not less than zero)

Interest (list payers and amounts below)
Earnings from savings and loan assoc. and credit unions.

Other interest (banks, bonds, tax refunds, etc.)

2 Total interest income

3 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Sch. B) *640*

4 Business income or loss (attach Schedule C) *2600*

5 Sale or exchange of property (attach Schedule D)

6 Farm income or loss (attach Schedule F)

Miscellaneous income (state nature and source)

7 Total miscellaneous income *3240*

8 TOTAL (add lines 1f, 2, 3, 4, 5, 6, and 7). Enter here and on page 1, line 6

Part III Adjustments to income

1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement)

2 Moving expenses (attach Form 3903)

3 Employee business expense (attach Form 2106 or other statement)

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)

5 TOTAL ADJUSTMENTS (lines 1 through 4). Enter here and on page 1, line 8

Part IV Itemized deductions—Use only if you do not use tax table or standard deduction.

Medical and dental expense (not compensated by insurance or otherwise)—Attach itemized list.

1 One-half (but not more than \$150) of insurance premiums for medical care

2 Total cost of medicine and drugs

3 Enter 1% of line 9, page 1

4 Subtract line 3 from line 2 (not less than zero)

5 Other medical, dental expenses (include balance of insurance premiums for medical care not deductible on line 1)

6 Total (add lines 4 and 5)

7 Enter 3% of line 9, page 1

8 Subtract line 7 from line 6 (not less than zero)

9 Total (add lines 1 and 8)

Contributions.—Cash—including checks, money orders, etc. (itemize)

10 Total cash contributions

11 Other than cash (see instructions for required statement). Enter total of such items here

12 Carryover from prior years (see page 8 of instr.)

13 Total contributions (add lines 10, 11, and 12—see instructions for limitation)

Taxes.—Real estate

State and local gasoline

General sales (see page 15 of instructions)

State and local income

Personal property

14 Total taxes

Interest expense.—Home Mortgage

Other (itemize)

15 Total interest expense

Miscellaneous deductions.—(see page 9 of instructions)
Gas + Elec 291
Other expenses Hotel 775

16 Total miscellaneous *1066*

17 TOTAL DEDUCTIONS (add lines 9, 13, 14, 15, and 16). Enter here and on page 1, line 11a

Part V Credits

1 Retirement income credit (Schedule B)

2 Investment credit (Form 3468)

3 Foreign tax credit (Form 1116)

4 TOTAL CREDITS (for page 1, line 13)

EXPENSE ACCOUNTS—If you had an expense allowance or charged expenses to your employer, check here and see page 7 of instructions.

Handwritten notes at the bottom of the page, including "Total of 291" and other calculations.

Remaining

2/1/72

Move

2 chairs

chair - overstuffed

Gas Heater

Gas Range

Sell

#5

Bed	20
Box Springs	
Mattress	
Gas Heater	15
Dresser w/ mirror	20
Curtains	-
Chest of Drawers w/ mirror	15
	<hr/>
	70

#7

Refr	2
	30
Dresser / w mirror	20
Bed	
Springs	} 20
Mattress	
Conch	
Table	10
Large Round lit Table	10
2 straight Back Chairs	10
1 Nite Stand	5
Gas Heater Stove	25
Kit. Cabinet	5
Gas Heater	15
	<hr/>
	150

#1	Dresser w/ mirror	Five Damage	20
	Bed		10
	3 Chairs		15
	Occ. Table		5
	Shelves		-
	Oil Space Heater		15
			<hr/> 65

#2	Bed		2
	Spring		20
	Mattress		
	Dresser w/ mirror		20
	Over Stuffed Rocker		5
	Gas Heater		15
	Chair		5
	Book Shelves		5
			<hr/> 70

#4	Single Bed		15
	Spring		15
	Mattress		
	Dresser		15
	Chest of Drawers		10
	Gas Heater		15
	2 Chairs		10
	Med. Cabinet		-
			<hr/> 65

#3

Refr	3
Chest of Drawers	25
Kit etc. Cabinet	15
Fiddle Back Chair	5
Kit Chair	5
Oil Space Heater	5
Closest	15
Curtains	10
	-
	<hr/>
	80

#9

Gas Range	3
Kit Table	20
Kit Cabinet	10
Refr	5
Hot Water Heater	25
Couch	10
Gas Heater	15
Occ Table	15
Rug - Cane	5
Bed	10
Springs	20
Mattress	
2 Chairs	10
Elec. Heater	10
Dresser	15
Armed Chair	5
	<hr/>
	175

#6

Dresser w/ mirror
Single Bed
Springs
Closet
Mirror

20

10

10

5

45

Dance Hall

Kit Cabinet
Water Heater

Kit Range
Kit Stool

All Tables

Chair

Locker

Tool Table

Work Bench

Shelving

Mattress

2 Beds

Dresser

Dresser w/mirror

Single Mattress

3 Cots w/mattresses

Fold up Bed

Trunk & Boxes

Chairs ca. 10

Kit Table

DATED this 11th day of June 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
7 N. Russell, 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.

Thomas Apts
(firm name)
by: Charles W Thomas

Utilities

#1	45.00
#2	45.00
#3	50.00
#4	35.00
#5	51.00
#6	35.00
#7	51.00
mgr.	-
#9	<u>55.00</u>
	367.00

Sept	38.00
Oct	76.71
Nov	89.77
Dec.	148.52
Jan	119.86
Feb.	120.13
March	<u>46.24</u>

639.23 ÷ 7 = 91.31

February 10, 1972

I R S Service Center
1160 W. 1200 S.
Ogden, Utah 94405

Dear Sir:

Please send one copy of my tax returns for the year 1969 and 1970 as soon as possible.

The returns were filed under the names of CHARLES W. THOMAS, social security no. [REDACTED] and OLA O. THOMAS, while we resided at 7 North Russell, Portland, Oregon.

Please send the copies and charges to our present residence at 6643 S. E. Woodstock.

Thank you.

Sincerely,



Charles W. Thomas
6643 S. E. Woodstock
Portland, Oregon

Charlie Thomas

WANTS -

To lease 4 plex unfurnished
Basement for storage -

1. Powell
2. ~~Mr~~ Betty Roberts - Cancer
3. Heway Clark
4. ~~Henry~~ James Hawkins
5. Francie Demme

1/4/72

Man injured fleeing fire

Fire in a walkup hotel at the intersection of N. Russell Street and Williams Avenue resulted in minor injuries to a 66-year-old man who jumped from a second story window, and caused \$5,000 damage to the building Thursday night.

James L. Hawkins, of 7 N. Russell St., received treatment at Emanuel Hospital for minor injuries. Hawkins jumped from a 20-foot-high window but his fall to the sidewalk was broken when he struck an electric service wire. His condition was listed as "good."

Cause of the 8:53 p.m. fire was under investigation. No other injuries were reported.

Arson blamed in hotel blaze

Fire investigators said Friday that a blaze in the second story hallway of a hotel at 7 N. Russell St. Thursday night was caused by arson to cover an apparent burglary.

A liquid was discovered as the starter for the fire in the hallway, investigators said.

James L. Hawkins, 66, a resident of the building, jumped 20-feet from a second story window. He sustained minor injuries when electric service wires broke his fall.

He was in good condition Friday in Emanuel Hospital.

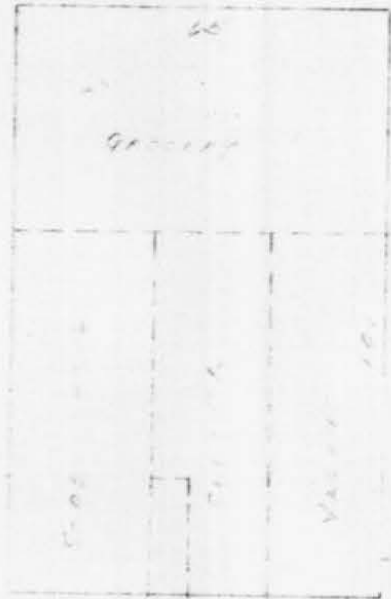
RS4-9

Date _____

Name Thomas Apts Operation Apt. Rentals Tel _____
 Address 7 N. Russell Opr/Mgr Charles W Thomas R/Tel 287-0248
 Owner _____ Address _____ Tel _____
 Attorney _____ Address _____ Tel _____
 Other _____ Tel _____
 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
	see Thomas Shine Parlor and Bicycle Shop Business File.	
6/18/71	Mr. Thomas Rents building and sublets about 8 apts, besides his own, . Apts are furnished by Mr. Thomas.	
10-27-71	Took Mr. Thomas to see properties at Vancouver and Beech and at Williams and Killingerworth. He may or may not be able to see either one.	

Apartment



M. Williams

MULTNOMAH COUNTY COMMERCIAL DIST No 1

68430-1220 MATTHIEU, STEPHEN W

ADD. BLK. APPT NO.
 LOT. 1-3-0-1
 TAX LOT SEC. JWP. BNG. RATIO CODE
 PROPERTY ADDRESS RAILROAD SHOPS ADD
 ADDRESS TL #2 OF LTS 9-10 BLK 4
 OWNER. MAP NO. 2730
 MAIL ADDRESS SD 1. ZONE M-3
 USE

SUMMARY - MARKET VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
'66			14,000	2,100	35	
1967	APPEAL		3,500	2,500	6,000	3200 MAR 30 67 C/11 a 1-05
68			10,000	14,000	24,000	
71			10,400	14,560	24,960	00

NO. OF BLDG. AVE. OR ST.



DATE	INIT	REMARKS
		<i>1-11-67</i>
		<i>68-24-2</i>

NO. BY INSP. OUTSIDE

ADDRESS

DATE	CHECKED	ENTERED	BLDG COUNT	INDEX	RECHECKED	NOTIFIED
	JALBOTT	EASTIN	M-2 '67		M-2 '67	67-24-2
					GREEN	

*2619 N Williams
1-11 N Russell*

LAND APPRAISAL

67

MAP NO 2730

MARKET DATA

PLANNED PRICE	DATE	TYPE DATA	BK & PAGE	REMARKS

ZONING

M-2

SITE ADJUSTMENTS

ROAD TYPE D. G. \odot
 TOPOGRAPHY Level
 VIEW
 OTHER Corner Influence
 DEPTH FACTOR
 STANDARD DEPTH
 EFFECTIVE DEPTH

AREA IMPROVEMENTS

SEWER & CURED
 ✓
 GAS
 ✓
 SEWER
 ✓
 OTHER

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ UNIT VALUE	VALUE
36004	1.60	Rounded To			14,000

LAND SURVEY DATA

COMMERCIAL SITE ADJUSTMENTS

ADDRESS & DISTANCE Average
 SIZE & SHAPE 8,600 sq - Irregular Shape
 SITE UTILIZATION Store Bldg.
 TRAFFIC
 PLOTTAGE
 TOTAL ADJUST
 RATE USED 50 FT X PER AC. ACRES

AVE OR ST



REMARKS

TOTAL AREA

SUB TOTAL

REMARKS Temp # 67-240
 No Change L.V.

SITE ADJ.	%	TOTAL APPRAISED VALUE
		14,000
RII 4/5/67		
19 68	million	10,000
19		APP. VAL
19		APP. VAL
19		APP. VAL

DATE 3/22/67

APPRAISER

Miller

R A LAND YEAR APPRAISER

BUILDING APPRAISAL

YEAR 19 68

APPRAISAL SUPPORT DATA

BUSINESS		TYPE		STORIES		LUMP SUMS	
ADJ	SQ FT	ITEMS					
FDN	CON	BRK	FR				
BSMT	WHOLE	X	VAULTED	CON	FLR	6.85	
1ST	FLR	CON	HDW	AT	W TOW		
ROOF	TRUSSED	INSUL	F G H	BU	COMP SHG		
EXT	CON	BRK	STL	FRM	SD SK SG STUC	5	
INT	LXP	SR	PLY	PAP	PNT	FIR	TRIM HWD
TRCK	CON						
PLMB	IND	SPN	TOR	SPR	WR	SHWR	LT UR FNT
HEAT	ELEC	OIL	GAS	STM	HW	SUS	R FAN CH FR
FINIS	CON	WAL			MEZZ	162	

FLOOR	TENANT	TYPE OF BUSINESS	RENTAL PER MONTH	WARRANTED PER YEAR
1st			25	300
2nd			65	780
3rd				
4th				
5th				

BLT INS	
SPR SYS	VENT
MARG	SKYLT
STAIRS	
ELEV	

TOTALS	12	6,860
NET ADJ	1	193,500
REPL COST	21.25	145,770
TOTAL REPL COST		145,770
INDEX 125		146,271
ADJ FACTOR	11.25	140,140
AREA	12,130	

OPERATING EXPENSE SCHEDULE		INCOME CAPITALIZATION APPROACH
INSURANCE		WARRANTED GROSS INCOME 4500
HEAT		VALUATION ALLOW 2.5
LIGHT		OPERATING EXP 600
WATER		RENT FREE CHARGES
GARBAGE		
TELEPHONE		LAND CHARGES
SUPPLIES		TOTAL CHARGES 2,925
ADVERTISING		NET OPERATING INCOME 1,905
WAGES		
REPAIRS		
MANAGEMENT		
UTIL		
TOTAL EXPENSES		
MARKET DATA APPROACH		

CONST	CONST	CONST	R A	R M	ADJUSTMENT	AGE	COND	E H	NET
						67.1			

TOTAL REPL COST	145,770
DEPR	2,775
COST APPROACH	148,545
DEPR REPL COST	148,545
INCOME APPROACH	14,200
BLDG RESIDUAL	14,200
MARKET APPROACH	14,200
BLDG RESIDUAL	14,200
IMPROVEMENTS	14,200
VALUE CONCLUSION	14,200
DEPR	
T M VALUE	
DEPR	
T M VALUE	
DEPR	
T M VALUE	