

	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		

R E S U M E /

DATE 5-1-72

NAME Wallace Building Wreckers

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The biggest problem in this relocation was convincing the displacee he did not qualify for an in lieu payment. His income was from an address outside the project. Mr. Wallace is rather independent sort of person but was not that hard to work with. He moved across the street and down two blocks so his operation had very little disruption.

(signed) E. R. Wiley  
worker

Date \_\_\_\_\_

Name WALLACE BLDG. WRECKERS Operation \_\_\_\_\_ Tel \_\_\_\_\_

Address 2717 N. Williams Opr/Mgr D. E. Wallace R/Tel 285-0989

Owner D. E. Wallace Address 2000 N. Alberta Tel 285-0989

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

Other \_\_\_\_\_ Tel \_\_\_\_\_

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

Lease \_\_\_\_\_ Sub-lease \_\_\_\_\_ Owns Equip. \_\_\_\_\_ Rental \$180/mo. Exp \_\_\_\_\_

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

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

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

Future Plans Move

Space Requirements Needs about 5,000 sq. ft. Zone \_\_\_\_\_

Date	Notes	by
1/20/71	Mr. D. E. Wallace from Wallace Bldg. Wreckers came by the office. He has storage and outlet for used materials at 2717 N. Williams where he rents space. Also has space on other side of street outside of project bounds. He is in property of the Spinney Estate which he said he kind of looks after. Mrs. Anna Metzger (282-7052) inherited the property; her daughter Bonnie J. Mentzger, Atty. (Legal Aid Service, 2005 S.E. Hawthorne, 234-8461) is the administrator for the estate.(estate No. 106612). He said that he thought that these people wanted to sell as soon as possible. He also gave his opinion about Legal Aid and called it a "Damn Communist organization." He said he knew all about the project and the Legal Aid suit, etc. Indicated to him relocation benefits available. He requested to be put on mailing list of demolition contractors for this project.	WSJ
3/3/71	Spoke with Ralph Wallace, Foreman, (no relation to owner of business). Viewed present site. They occupy complete ground floor of present building.	WSJ
6/14/71	Met with Mr. Wallace and discussed relocation. He has nothing firm in mind now but will think about it and we can talk again.	WSJ
1-10-72	Spoke with Helen Benjamin, Relocation Representative HUD about statement from J. V. Anderson Co. as part of this self-move. She indicated that she felt no additional documentation was necessary to approve this claim. The claimant obtained 3 bids for the total move as instructed and was able to accomplish his move at a lessor cost to PDC than had he moved with a commercial firm. The J. V. Anderson Co. was contacted to hire equipment capable of handling a small portion of the move which involved heavy timbers, trusses, and masonry. It was necessary to have special operators accompany the equipment to provide proper operation of the machines.	WSJ



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 244 EH

DATE January 14, 1972

PAY TO **Wallace Building Wreckers**

**\$2,266.50**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p style="text-align: right;"><i>Actual Moving Expenses</i></p> <p><b>Reimbursement per Claim for Small Business Displacement Payment filed. From 2713 N. Williams (Parcel RS-3-9).</b></p> <p style="text-align: center;"><b>Lump Sum Payment</b></p>	<p style="text-align: right;"><b><u>\$2,266.50</u></b></p>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (Small Business Displacement Payment)	\$2,266.50

*AC*

*Received 1-19-72  
 DE Wallace*

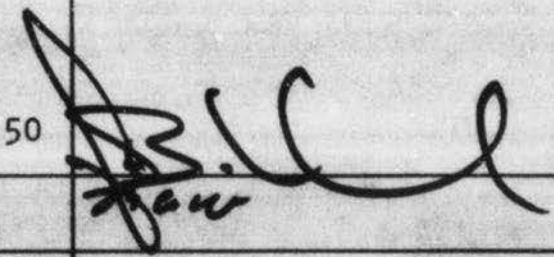
*JMS*



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  <b>CLAIM FOR RELOCATION PAYMENT</b> (Certification of Eligibility and Record of Payments - Business Concerns and Nonprofit Organizations)	NAME OF CONCERN (RS-3-9) WALLACE BUILDING WRECKERS  NAME OF LOCAL AGENCY Portland Development Commission  INSTRUCTIONS: Attach completed Form HUD-6146.5 to claim form(s) filed by claimant. Attach explanation of any difference between amounts claimed and amounts approved.
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<b>A. MOVING EXPENSES AND DIRECT LOSS OF PROPERTY</b> 1. Does concern meet all timing requirements for eligibility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain:  2. Complete if claim covers storage costs: Did concern, upon displacement, reestablish operations at a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No  3. Complete if payment will be made for moving expenses in excess of \$25,000:  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Total amount of moving expenses</td> <td style="width:10%;">\$</td> <td style="width:60%;"></td> </tr> <tr> <td>b. Minus \$25,000</td> <td></td> <td style="text-align: right;">- 25,000.00</td> </tr> <tr> <td>c. Amount to be shared by HUD and local agency (Line a minus Line b; also, Line d plus Line e)</td> <td></td> <td></td> </tr> <tr> <td>d. Amount reimbursable from Federal relocation grant funds</td> <td></td> <td></td> </tr> <tr> <td>e. Amount paid out of local funds</td> <td></td> <td></td> </tr> </table>	a. Total amount of moving expenses	\$		b. Minus \$25,000		- 25,000.00	c. Amount to be shared by HUD and local agency (Line a minus Line b; also, Line d plus Line e)			d. Amount reimbursable from Federal relocation grant funds			e. Amount paid out of local funds			<b>B. SMALL BUSINESS DISPLACEMENT PAYMENT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">AS REPORTED BY CLAIMANT</td> <td style="width:20%; text-align: center;">AS VERIFIED BY LOCAL AGENCY*</td> </tr> <tr> <td>1. Average annual gross receipts or sales</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>2. Average annual net income</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> * Verification based on:  3. Is concern part of an enterprise having two or more establishments outside project area? <input type="checkbox"/> Yes <input type="checkbox"/> No  4. Does concern meet all timing requirements for eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain:		AS REPORTED BY CLAIMANT	AS VERIFIED BY LOCAL AGENCY*	1. Average annual gross receipts or sales	\$	\$	2. Average annual net income	\$	\$
a. Total amount of moving expenses	\$																								
b. Minus \$25,000		- 25,000.00																							
c. Amount to be shared by HUD and local agency (Line a minus Line b; also, Line d plus Line e)																									
d. Amount reimbursable from Federal relocation grant funds																									
e. Amount paid out of local funds																									
	AS REPORTED BY CLAIMANT	AS VERIFIED BY LOCAL AGENCY*																							
1. Average annual gross receipts or sales	\$	\$																							
2. Average annual net income	\$	\$																							

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for actual moving expenses <input type="checkbox"/> Check if claim covers storage and related costs	\$ 2,266.50		1-13-72
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for actual moving expenses <input type="checkbox"/> Check if claim covers storage and related costs	\$		
4. Small Business Displacement Payment	\$		

**D. RECORD OF PAYMENTS MADE**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
1/14/72	24474 <del>226650</del>	\$ 2266.50			

**CLAIM FOR RELOCATION PAYMENT**  
(Business Concerns and Nonprofit Organizations)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Hospital Project <hr/> PROJECT NUMBER ORE IR-20
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**INSTRUCTIONS:** Complete all applicable items on this page and, as appropriate, Schedules A, B, and C. If this claim covers only moving expenses of outdoor advertising display, omit Items 2, 4, 5, 7, 8, and 9.

As used on this form, the term "concern" includes business concerns and nonprofit organizations.

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

1. Name of concern  WALLACE BUILDING WRECKERS  (RS-3-9)	3. Name and address of person filing this claim on behalf of concern (Include ZIP code) D. E. Wallace 2000 N. Alberta Portland, Oregon 97217
2. Date established in project area February, 1969	

4. Form of ownership (Check one) <input checked="" type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit organization	5. Type of business (Check one) <input type="checkbox"/> Personal service <input type="checkbox"/> Nonprofit organization (Specify type) <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Retail trade <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Business service <input type="checkbox"/> Farming
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Address(es) in project area occupied by concern, prior to submission of this claim <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">ADDRESS</th> <th colspan="2">DATES OCCUPIED</th> </tr> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Last address: 2713 N. Williams, Portland</td> <td style="text-align:center; padding: 5px;">2/69</td> <td style="text-align:center; padding: 5px;">11/71</td> </tr> <tr> <td style="padding: 5px;">Previous address(es) (If applicable)</td> <td></td> <td></td> </tr> </tbody> </table>	ADDRESS	DATES OCCUPIED		FROM	TO	Last address: 2713 N. Williams, Portland	2/69	11/71	Previous address(es) (If applicable)			7. a. Address presently occupied by concern: 2730 N. Williams, Portland, Oregon b. Date move to this address started: 10/6/71 c. Date move to this address completed: 11/15/71 8. Did concern discontinue business? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," complete the following: Reason for discontinuing business:  Does concern plan to reestablish? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		DATES OCCUPIED										
	FROM	TO										
Last address: 2713 N. Williams, Portland	2/69	11/71										
Previous address(es) (If applicable)												

9. (Check if applicable) <input type="checkbox"/> Claim covers move to or from storage (Claim must be supported by completed Schedule A)	11. Amount of claim <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">a. Reimbursement for actual moving expenses (Must be accompanied by completed Schedule A)</td> <td style="text-align:right; padding: 5px;">\$ 2,266.50</td> </tr> <tr> <td style="padding: 5px;">b. Reimbursement for actual direct loss of property (Must be accompanied by completed Schedule B)</td> <td style="text-align:right; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">c. Small Business Displacement Payment (Must be accompanied by completed Schedule C) (Payment not available to nonprofit organization)</td> <td style="text-align:right; padding: 5px;">\$</td> </tr> <tr> <td style="text-align:right; padding: 5px;"><b>TOTAL</b></td> <td style="text-align:right; padding: 5px;"><b>\$ 2,266.50</b></td> </tr> </table>	a. Reimbursement for actual moving expenses (Must be accompanied by completed Schedule A)	\$ 2,266.50	b. Reimbursement for actual direct loss of property (Must be accompanied by completed Schedule B)	\$	c. Small Business Displacement Payment (Must be accompanied by completed Schedule C) (Payment not available to nonprofit organization)	\$	<b>TOTAL</b>	<b>\$ 2,266.50</b>
a. Reimbursement for actual moving expenses (Must be accompanied by completed Schedule A)	\$ 2,266.50								
b. Reimbursement for actual direct loss of property (Must be accompanied by completed Schedule B)	\$								
c. Small Business Displacement Payment (Must be accompanied by completed Schedule C) (Payment not available to nonprofit organization)	\$								
<b>TOTAL</b>	<b>\$ 2,266.50</b>								
10. (Check if applicable) <input type="checkbox"/> Claim covers only moving expenses of outdoor advertising display									

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (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.

12/14/71

Date

*Wallace Building Wreckers*  
Signature of owner, partner, or officer

*D E Wallace*  
Title (if appropriate) *owner*



NAME OF CONCERN

WALLACE BUILDING WRECKERS

**CLAIM FOR RELOCATION PAYMENT**  
(Business Concerns and Nonprofit Organizations)

**SCHEDULE A. STATEMENT OF CLAIM FOR ACTUAL  
MOVING EXPENSES**

(RS-3-9)

1. This Schedule A covers: (Check a or b)

- a. Claim for moving expenses, including no storage costs  
(Complete Block A-1 on reverse side)
- b. Claim for moving expenses consisting of storage and related costs  
(Complete Blocks A-1 and A-2 on reverse side)

Check appropriate box(es):

- Initial claim
- Supplementary claim
- Final claim

2. Method of payment, moving costs (Check one)

- a. I have paid the moving charges, as evidenced by the attached itemized receipt(s) or paid bill(s) from the mover and/or other contractors, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized bill(s) be paid directly to the mover and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover and/or other contractors.

3. If applicable, method of payment, storage costs (Check one)

- a. I have paid the storage charges, as evidenced by the attached itemized receipt or paid bill, and I therefore request reimbursement.
- b. I have not paid the charges, and I therefore request that the attached itemized bill be paid directly to the storage company, in accordance with arrangements made in advance, and with my consent, between the local agency and the storage company.

(Over)



### A-1. SUPPORTING DATA - MOVING EXPENSES

INSTRUCTIONS: Complete this Block if reimbursement is claimed for actual moving expenses for which reimbursement or compensation is not otherwise provided. Indicate costs of work performed by mover and/or other contractors. If storage costs are included, complete Block A-2. Attach receipt(s) or unpaid voucher(s) and/or other supporting documentation. Attach additional sheets as necessary.

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE NO.		AMOUNT APPROVED
Moving	J. V. Anderson Excavating	1612 S. E. Holgate Blvd. Portland, Oregon	236-6422	\$ 428.50	\$ 428.50
Electrical					
Plumbing					
Other (List)	See attached list (labor for self-move portion)			1,838.00	1,838.00
Storage <sup>1</sup>					
TOTAL				\$ 2,266.50 <sup>(2)</sup>	\$ 2,266.50 <sup>(3)</sup>

<sup>1</sup>Include after storage costs have been incurred (see Block A-2)

<sup>2</sup>Enter this amount on first page of claim form, Line 11a.

<sup>3</sup>Enter this amount on Form HUD-6146.5.

### A-2. SUPPORTING DATA - STORAGE COSTS

DESCRIPTION OF PROPERTY STORED <i>(List each major item separately. If this is a supplementary claim for storage costs and there has been no change in the number of items stored, reference may be made to description previously submitted. Attach additional sheets as necessary.)</i>	STORAGE PERIOD	MONTHS	3. Date property moved to storage: _____ 19 _____	
	1. Total period (If this is not the final claim, enter estimate)		4. Date property moved from storage: _____ 19 _____	
	2. Period covered by this claim		AMOUNT	For Local Agency Use AMOUNT APPROVED
	STORAGE COSTS			
	1. Monthly rate		\$	\$
	2. Total costs actually incurred (cumulative)		\$	\$
	3. Amount previously received as relocation payment		\$	\$
	4. Amount claimed herewith (Line 2 minus Line 3) ENTER THIS AMOUNT IN BLOCK A-1 ON LINE MARKED "STORAGE."		\$	\$

**CLAIM FOR RELOCATION PAYMENT**

(Small Business Concerns)

**SCHEDULE C. STATEMENT OF CLAIM FOR SMALL BUSINESS  
DISPLACEMENT PAYMENT**

NAME OF CONCERN

**INSTRUCTIONS:** Complete this Schedule if Small Business Displacement Payment is claimed. (Nonprofit organizations are not eligible for a Small Business Displacement Payment.) All entries must agree with information reported on income tax returns filed with the Internal Revenue Service (IRS) for the 2 tax years prior to the date concern was displaced, if concern was required to file tax return. If concern was not doing business for 2 or more years, entries should agree with the latest returns filed with IRS. Attach additional sheets as necessary.

<p>1. Business name used on income tax return <i>Donald E. Wallace</i></p>	<p>2. Principal business activity reported on income tax return <i>Building Wrecker</i></p>
<p>3. Employer identification number shown on income tax return <i>none</i></p>	<p>4. Tax return filed with District Director of Internal Revenue in <i>Portland</i> <i>Ore</i> <i>97247</i> (City) (State)</p>

5a. Does concern operate any other establishments?  Yes  No

If "Yes," complete the following:

NAME OF OTHER ESTABLISHMENT	ADDRESS	TYPE OF BUSINESS ACTIVITY
<i>Same</i>	<i>2000 N. Alberta</i>	

5b. Is concern affiliated with any other concern?  Yes  No

If "Yes," complete the following:

NAME OF AFFILIATED CONCERN	ADDRESS	TYPE OF BUSINESS ACTIVITY

6. Statement of earnings and income (Complete appropriate table on reverse side)

Concerns claiming a Small Business Displacement Payment should enter the amount of the payment on Form HUD-6146.1, Line 11c.

6. 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.

Store ✓

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)			PARTNERSHIP (Relates to IRS Form 1065)			
	19 <u>69</u>	19 <u>70</u>		19 ____	19 ____	
1. Gross receipts or gross sales, less returns or allowances ✓	\$	\$1222.55	1. Gross receipts or gross sales, less returns or allowances	\$	\$	
2. Gross profit ✓		1222.55	2. Total income			
3. Net profit (or loss) <sup>1</sup> ✓	\$	217.45	3. Ordinary income (or loss)	\$	\$	
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*		None	4. Compensation of principal <sup>3</sup> partners*			
			5. Salaries and wages paid to members of principal <sup>3</sup> partners' families who are members of principal partners' immediate household*			
NET EARNINGS (Sum of Lines 3 and 4) ✓	\$	217.45	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 <sup>2</sup> stockholders*						
5. Salaries and wages paid to members of principal <sup>2</sup> stockholders' families who are members of principal stockholders' immediate household*						
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$				

\* List name and amount of payment to each principal stockholder or partner.  
<sup>1</sup> No deductions should be made for any "compensation" paid to owner.

<sup>2</sup> A principal stockholder is one who owns 15% or more of the capital stock of the corporation.  
<sup>3</sup> A principal partner is one with a proprietary interest of 15% or more in the concern.



SUMMARY OF BIDS

Claimant: Wallace Bldg Wreckers

	Bidder	Amount	Approval	Remarks
Moving	NWT	4,474.40		
	Caravan	2687.70		
	Eads	3,907.20		
Storage				
Electric				
Plumbing				
Carpentry				
Signs				
Other				

Total \* \* \* \* \* \$ 2687.70 Max.

## STATEMENT

## J. V. ANDERSON EXCAVATING CO.

OFFICE: 1612 S.E. HOLGATE BLVD. SHOP: 1621 S.E. PARDEE ST.  
PORTLAND, OREGON 97202

Phone 236-6422

Evenings: 232-6627

EXCAVATING • BULLDOZING • GRADING

TO

Wallace Building Wreckers  
2720 N. Williams  
Portland, Oregon

Date

11/23/71

net

TERMS:

Moving building material from N. Knott

10/20/71

HD-6

6½ hrs

\$ 110.50

Move

10.00

Trk and trailer &amp; 2 men

6½ hrs.

216.00

10/21/71

HD-6

4 hrs.

68.00

Trk &amp; trailer and 1 man

24.00

---

\$ 428.50

moving brick, timbers, & trusses which required  
special loading equipment

HD-6 IS A  
MACHINE ON TRACKS WITH  
A FRONT LOADER.

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 2713 N. Williams

to 2730 N. Williams

NAME J E Wallace  
ADDRESS 2000 N. Alberta  
Portland Ore.

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. 285-0989

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 6-71	8 hr	\$4.50	\$189.00		
Oct 7-71	8 hr				
Oct 8-71	8 hr				
Oct 9-71	8 hr				
Oct 11-71	4 hr				
Oct 12-71	6 hr				
	4 hr				

I, J E Wallace, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Wallace Bldg Erectors  
(name of concern)

J E Wallace  
Signature of Employee

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

J E Wallace  
Signature of Claimant



(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 - N. Williams Ave

to 3730 N. Williams

NAME D E Wallace  
ADDRESS 2000 N. Alberta St.

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. 285-0989

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 13	8 hr	\$ 4.50	\$ 135.00		
Oct 14	4 hr				
Oct 15	6 hr				
Oct 16	4 hr				
Oct 18	8 hr				

I, 30 hr D E Wallace, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg Wreckers  
(name of concern)

D E Wallace  
Signature of Employee

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

D E Wallace  
Signature of Claimant

slc

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 2713 N. Williams

to 2730 North Williams

NAME D E Wallace  
ADDRESS 2000 N. Albert

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. 285-0989

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 19	8 hr				
Oct 20	0 hr				
Oct 21	4 hr	\$4.50	99.00		
Oct 22	6 hr			None	None
Oct 23	4 hr				
	<u>22 hr</u>				

I, D E Wallace do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Wallace Bldg. Service

(name of concern)

D E Wallace  
Signature of Employee

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

D E Wallace  
Signature of Claimant

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 2713 North Williams

to 2713 North Williams Ave

NAME DE Wallace SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 2000 N. Alberta TELEPHONE NO. 285-09-89

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 25	2 hr				
Oct 26	4 hr				
Oct 27	2 hr				
Oct 28	0 hr				
Oct 29	6 hr.				
	14 hr	\$ 4.50	\$ 63.00		

I, DE Wallace, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Wallace Bldg Wreckers  
(name of concern)

DE Wallace  
Signature of Employee

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

DE Wallace  
Signature of Claimant



(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 2713 North Williams

to 2722 N Williams

NAME Donald M. Adell SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 628 E. Morrison St TELEPHONE NO. ✓

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 11	8 hr	\$3.00	\$196.00	\$76.80	\$19.20
Oct 12	8 hr				
Oct 13	8 hr				
Oct 14	8 hr (37hr)				

I, Donald M. Adell, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Wallace Bider Wreker  
(name of concern)

Donald M. Adell  
Signature of Employee

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

Wallace Bider Wreker  
Signature of Claimant

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 North Williams

to 2722 N. Williams

NAME Donald A. Dell SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 628 North Emmonson TELEPHONE NO. \_\_\_\_\_

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 18	8 hr				
Oct 19	8 hr				
Oct 20	8 hr	\$3.00	\$168.00	\$134.40	\$336.00
Oct 25	8 hr				
Oct 26	8 hr				
Oct 27	8 hr				
Oct 28	8 hr				
Oct 28	56 hr				

I, Donald A. Dell, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Malcolm Bldg. Workers  
(name of concern)

Donald A. Dell  
Signature of Employee

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

SE Malace  
Signature of Claimant

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 N. Williams

to 2730 North Williams Ave

NAME E. Hedseth  
ADDRESS 14300 SE River Road

SOCIAL SECURITY NO. [REDACTED]  
TELEPHONE NO. 654-8638

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 6	8	\$3.50	28.00		
Oct 7	8	3.50	28.00		
Oct 8	8	3.50	28.00	\$134.00	\$33.60
Oct 9	8	3.50	28.00		
Oct 11	8	3.50	28.00		
Oct 12	8	3.50	28.00		
	48 hr		\$168.00		

I, E Hedseth, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg Wreckers (name of concern)

E Hedseth  
Signature of Employee

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

Wallace  
Signature of Claimant



(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 N. Williams

to 2730 N. Williams

NAME E Hedseth SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 14300 SE River Road TELEPHONE NO. 654-8638

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 13	8 hr	\$3.50	182 <sup>00</sup>	\$145 <sup>60</sup>	\$36 <sup>40</sup>
Oct 14	8 hr				
Oct 15	8 hr				
Oct 18	8 hr				
Oct 19	4 hr				
Oct 20	4 hr				
Oct 21	4 hr				
Oct 22	8 hr				

I, John J, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg Workers.  
(name of concern)

E Hedseth  
Signature of Employee

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

D Wallace  
Signature of Claimant

Nov. 1<sup>st</sup> 1971  
(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving  
of the undersigned claimant's inventory from 2713 N. Williams

to 2722 N. Williams

NAME Ralph Wallace

SOCIAL SECURITY NO. [REDACTED]

ADDRESS 11445 N.W. Thompson Rd

TELEPHONE NO. 645-2628

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 6	8	\$4.50	\$216 <sup>00</sup>	\$216 <sup>00</sup>	None
Oct 7	8				
Oct 8	8				
Oct 9	8				
Oct 11	8				
Oct 12	0				
Oct 13	48 hrs				

I, Ralph Wallace, do hereby certify that I worked the number of hours  
and was paid as shown above, on the relocation of Wallace Bldg Wreckers.  
(name of concern)

Ralph Wallace  
Signature of Employee

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

D. Wallace  
Signature of Claimant

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 N. Williams

to 2730 N. Williams

NAME Ralph Wallace SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 11445 N.W. Thompson Rd TELEPHONE NO. 645-2628

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 15	8 hr	# 4.50	\$216 <sup>00</sup>	216 <sup>00</sup>	None
Oct 16	6 hr				
Oct 18	8 hr				
Oct 19	8 hr				
Oct 20	6 hr				
Oct 22	4 hr				
Oct 25	8 hr				
	48 hr				

I, \_\_\_\_\_, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg. Packers (name of concern)

Ralph Wallace  
Signature of Employee

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

Stewart  
Signature of Claimant



(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 N. Williams Ave

to 2730 N. Williams Ave

NAME Ralph Wallace

SOCIAL SECURITY NO. [REDACTED]

ADDRESS 11445 NW Thompson Rd

TELEPHONE NO. 645-2628

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Nov-1st	8 hr	\$4.50	\$180 <sup>00</sup>	\$180 <sup>00</sup>	None
Nov-2nd	8 hr				
Nov-3	6 hr				
Nov-4	6 hr				
Nov-5	8 hr				
Nov-6	4 hr				
	40 hr				

I, Ralph Wallace, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg Services

(name of concern)

Ralph Wallace  
Signature of Employee

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

Ralph Wallace  
Signature of Claimant

(date)

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 2713 North W<sup>th</sup> Ave to to 2730 N. Williams Ave

NAME Ralph Wallace SOCIAL SECURITY NO. [REDACTED]  
ADDRESS 11445 - N.W. Thompson Rd. TELEPHONE NO. 645-2628

DATE	HOURS WORKED	HOURLY RATE	GROSS EARNINGS	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION
Oct 26	8 hr	\$ 4.50	\$ 126 <sup>00</sup>	\$ 126 <sup>00</sup>	None
Oct 28	4 hr				
Oct 29	4 hr				
Oct 30	4 hr				
Oct 31	8 hr				
	28 hr				

I, \_\_\_\_\_, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Wallace Bldg. Wrecker.  
(name of concern)

Ralph Wallace  
Signature of Employee

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

R E Wallace  
Signature of Claimant

DATED this 15<sup>th</sup> day of Nov. 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at \_\_\_\_\_  
5711-17 N. Williams, 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.

Walley Bldg. Services  
(firm name)  
by: W.P. Williams  
owner



ESTIMATE FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: EADS TRANSFER & STORAGE CO.  
(Name of business concern requesting estimate)

2711 and 2717 N. WILLIAMS AVE. ( AND ADJOINING LOT)  
(Present Address) PORTLAND, OREGON

WITHIN RADIUS OF 3 OR 4 MILES FROM PRESENT ADDRESS  
(Relocation Address)

Estimate Requested by: O. E. WALLACE, WALLACE BUILDING WRECKERS  
(Officer or Agent of Business Concern)

INSTRUCTIONS: If State law or regulations prohibit the submission of a firm bid, this estimate form must be used. This estimate (original and one copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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

-----

STATEMENT OF OFFICIAL OF ESTIMATING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit an estimate for certain services specified below as the Scope of Work of this estimate, do declare: That, this estimate is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or estimate; That, if this estimate is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this estimate are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.

SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_

CARTING: \$3,907.20. (THREE THOUSAND NINE HUNDRED SEVEN AND 20/100 DOLLARS).  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

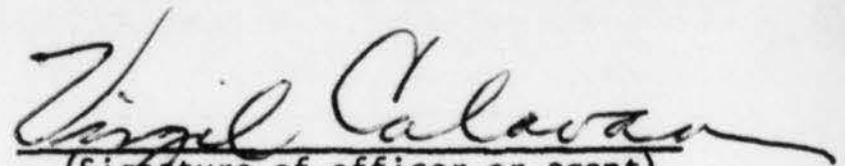
I, the undersigned, agree to perform the work described above for an amount not to exceed \$ 3,907.20. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U. S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the estimate. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

EADS TRANSFER & STORAGE CO.

Address: 901 N. COLUMBIA BLVD.,

PORTLAND, OREGON 97217

  
(Signature of officer or agent)  
SECRETARY

Date: JULY 8, 1971

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: WALLACE BUILDING WRECKERS  
(Name of business concern requesting bid)

2711 AND 2717  
(Present Address)

2616 AND 2730 N. WILLIAMS  
(Relocation Address)

Bid Requested by: O.E. WALLACE (OWNER)  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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

-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.



SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_

CARTING: \$4,474.00 (FOUR THOUSAND FOUR HUNDRED SEVENTY FOUR AND <sup>40</sup>/<sub>100</sub>)

ELECTRICAL: \_\_\_\_\_

MECHANICAL: \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$4,474.00. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

NORTHWESTERN TRANSFER CO.

Address: 215 S.E. MORRISON

PORTLAND, OREGON 97214

*Dete Phil* (Signature of officer or agent)

Date: 10-8-71

BID FOR MOVING BUSINESS CONCERNS  
AND NONPROFIT ORGANIZATIONS

Name: WALLACE BUILDING WRECKERS  
(Name of business concern requesting bid)

2711 AND 2717 N. WILLIAMS AVE.  
(Present Address)

2616 AND 2730 N. WILLIAMS  
(Relocation Address)

Bid Requested by: O.E. WALLACE (OWNER)  
(Officer or Agent of Business Concern)

INSTRUCTIONS: This bid form must be used if State law or regulations do not prohibit the submission of a firm bid. If there is a prohibition, use the estimate form. This bid (original and 1 copy) must be mailed or otherwise presented to the Portland Development Commission for the bid opening time set by the Commission in consultation with the above-named business concern or nonprofit organization. The amount of the lowest proposal shall establish and become the maximum amount of allowable compensation through relocation payments by the Portland Development Commission. The business concern may award the contract(s) to any qualified contractor(s) it selects, but the maximum amount of allowable compensation by the Portland Development Commission shall not be changed.

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

-----

STATEMENT OF OFFICIAL OF BIDDING CONTRACTOR:

I, the undersigned having been selected by the party above named to submit a bid for certain services specified below as the Scope of Work of this bid, do declare: That, this bid is submitted in good faith and without intent to obtain reimbursement to which I am not, or will not be entitled; That, I have not been a party to any agreement whatever, with any other person to fix the price, or any part of the price, or to submit a sham or collusive proposal or bid; That, if this bid is accepted, the Scope of Work hereinafter described will be performed in an expeditious and thorough manner and the amount charged shall be reasonable, true and accurate; That, all statements contained in this bid are true to the best of my knowledge and belief and no portion of this agreement has been willfully falsified, altered, or omitted.



SCOPE OF WORK TO BE PERFORMED: (Please attach continuation sheets detailing work to be performed and/or inventory of all items to be moved; identify each sheet with information in upper left hand block of this form.)

CARPENTRY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARTING: \$2687.70 (TWO THOUSAND SIX HUNDRED EIGHTY SEVEN AND <sup>70</sup>/<sub>100</sub> DOLLARS)

ELECTRICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MECHANICAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, agree to perform the work described above for an amount not to exceed \$2687.70. I understand that this amount does not include the cost of new materials, for installation of new equipment or fixtures, or for the making of any alterations or additions to personal or real property, except as approved by the Agency and concurred in by the U.S. Department of Housing and Urban Development. I further understand that the total for moving expenses may not exceed the bid. I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true and correct.

Name of bidding contractor:

CARAVAN MOVING & STORAGE CO.

Address: 5211 N.E. GLISAN ST.

PORTLAND, ORE

  
(Signature of officer or agent)

Date: 7-1-71



MEMO

TO: File

Date: December 20, 1971

FROM: ERW

SUBJECT: Items moved by Wallace Building Wreckers

Mr. Wallace had stored items salvaged from buildings which he had demolished. These items were held for sale and consisted of furnaces, doors, lumber, fixtures, plumbing, windows and many other items which could be taken from vacant buildings.

These occupied most of a 10,000 sq. ft. building plus some yard space.

ERW:slc



**Caravan Moving & Storage Co.**

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

July 1, 1971

Mr. Stan Jones  
Project Manager  
Emanuel Hospital Project  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon

RE: Relocation  
Wallace Bldg. Wrecking  
Williams Ave. - Union Ave.

Mr. Jones,

Thank you for giving us the opportunity to make an estimate as per Portland Development Commission requirments on the above move.

Listed below are our estimated charges for this move:

2 Vans & 4 men - Rate per hour: \$44.40 - 48 hours Total.....	\$2131.20
additional labor - 30 Hours at \$8.55 per hour .....	256.50
	<u>\$2387.70</u>

Materials outside building:

Labor, special equipment, etc. ....	<u>300.00</u>
-------------------------------------	---------------

TOTAL \$2687.70

The above estimate does not include charges for building new, breaking down of old or transferring **existing storage racks** for doors and windows.

This is excluded from estimate at this time due to tenants indecision as to exact destination and due to fact that 2 x 4 bins and shelves are made to specifications of exsisting building. If these racks etc. are to be included as part of moving charges, we will submit charges at your request.

Most sincerely,  
CARAVAN MOVING & STORAGE CO.

Bill Barnes

**NW T**

**NORTHWESTERN TRANSFER CO.**

215 S. E. Morrison Street • Portland, Oregon 97214

TELEPHONE 503 232-2121  
TELETYPE 503 - 224 - 4833

SINCE 1882

October 8, 1971

Wallace Building Wreckers  
2717 N. Williams Avenue  
Portland, Oregon

Gentlemen:

We wish to submit a contract bid for moving all the used merchandise, fixtures and other equipment from your present place of business to the new location in Portland.

Our firm will furnish all necessary equipment and men to move, pack and help to unpack, also furnish 50 boxes for packing loose merchandise, samples and other items needed to be packed.

The price for moving your firm will be at the cost of . . . . . \$4,474.40

We hope that you will find the cost reasonable and that we may be favored with this business.

You may rest assured that we will care for your merchandise in good shape with our personal supervision.

Thank you very much for this opportunity to make a quotation for you.

Very truly yours,

NORTHWESTERN TRANSFER COMPANY

Pete Pihl

Chairman of the Board

PP/cet

cc: Portland Development Commission

**Warehousing / Distribution**

Bonded Pool Shipments  
Common Via Water, Rail,  
Office and Truck or Air  
Display Space

**Trucking**

Oregon — Anywhere, for Hire  
Cartage  
Portland-Vancouver  
Metropolitan Area

**General**

Theatrical  
Air Freight  
Rail Forwarder  
Conventions / Exhibits

**Moving / Storage**

Household Goods  
Office Records / Equipment  
Commercial  
Industrial



# PORTLAND DEVELOPMENT COMMISSION

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

June 25, 1971

Mr. D. E. Wallace  
dba WALLACE BUILDING WRECKERS  
2717 N. Williams Avenue  
Portland, Oregon

Dear Mr. Wallace:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on June 16, 1971.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefor to advise you that we require you to surrender possession of the above subject premises not later than September 30, 1971. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

WALLACE Bldg. WRECKERS

MEMORANDUM

May 27, 1971

TO: CET & BW  
FROM: WSJ  
SUBJECT: Emanuel Hospital Project - Summary of Relocation  
Situation in Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue  
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers  
Parcel # RS-3-9  
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company  
Parcel # A-4-1  
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

## Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.  
3141 N. Gantenbein  
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.  
3217 N. Vancouver Avenue  
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.



HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.  
3303 N. Vancouver  
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Falling. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles  
319 N. Fargo  
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and Shaver which appears to be standard. (A City Inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.  
260 N. Ivy  
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne  
248 N. Ivy  
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.  
252 N. Ivy  
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven  
553 N. Knott  
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy  
3320 N. Gantenbein  
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave  
248 N. Cook  
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.  
2649 N. Commercial Ct.  
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta  
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.



# PORTLAND DEVELOPMENT COMMISSION

CITY OFFICE  
EMANUEL HOSPITAL PROJECT  
222 N. GONZA ST.  
PORTLAND, OREGON 97207  
PHONE 522-2142

12 May, 1971

Mr. Clyde Sanders  
Small Business Administration  
700 Pittock Block  
Portland, Oregon 97205

Dear Mr. Sanders:

Per our conversation of 11 May, 1971, I have enclosed a list of businesses in the Emanuel Hospital Urban Renewal Project which were mailed a letter on 10 May advising them of available SBA assistance. I have also enclosed a copy of the letter mailed to these businesses. It is my understanding that you will send each business involved the proper informational material.

Thank you for your continued cooperation.

Very truly yours,

W. Stanley Jones

WSJ:slc  
enc.



Albina Pipe Bending  
225 N. Russell  
Portland, Oregon 97227

American Plating Co.  
2751 N. Williams  
Portland, Oregon 97227

Carlos Body & Fender Shop  
2609 N. Vancouver  
Portland, Oregon 97227

Cathay Food Market  
2619 N. Williams  
Portland, Oregon 97227

Denne Bros. Inc.  
35 N. Russell  
Portland, Oregon 97227

Field Sensi-Threader Machine Co.  
417 N. Monroe  
Portland, Oregon 97227

Jewell Glass Co.  
2607 N. Vancouver  
Portland, Oregon 97227

Lees Trailer Co.  
2716 N. Vancouver  
Portland, Oregon 97227

Lew's Men's Shop  
113 N. Russell  
Portland, Oregon 97227

Lynn Kirby Ford Body Shop  
315 N. Russell  
Portland, Oregon 97227

Manning Bros. Garage & Service Station  
2847 N. Williams  
Portland, Oregon 97227

Oregon Rug & Mattress Co.  
2651 N. Vancouver  
Portland, Oregon 97227

Paul's  
19 & 23 N. Russell  
Portland, Oregon 97227

Philbin's Mfg. Co.  
27 N. Russell  
Portland, Oregon 97227

Robbins Inn  
3600 N. Commercial  
Portland, Oregon 97227  
% Mrs. Emily Lehl  
835 N. E. Jessup  
Portland, Oregon

Thomas Shine Parlor  
& Bicycle Shop  
11 N. Russell  
Portland, Oregon 97227

Wallace Bldg. Wreckers  
2717 N. Williams  
Portland, Oregon 97227

Western Food Equipment Co.  
3521 N. Vancouver  
Portland, Oregon 97227



# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
238 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 266-6168

10 May, 1971

Wallace Building Wreckers  
2717 N. Williams  
Portland, Oregon 97227

Dear Occupant:

This is to remind you that since your business will be affected by the urban renewal project in this area, you are eligible for special consideration from the Small Business Administration. This assistance is in the form of low interest, long term loans. These loans may be made jointly with local banks or other lending institutions, or on a direct basis and may be used for several purposes, some of which are:

1. to purchase or remodel a building;
2. to provide working capital;
3. to replace machinery and equipment; and
4. to increase inventory.

The SBA also provides management and technical assistance.

We urge you to visit the SBA office to ascertain additional information concerning the assistance you may receive. They are located in the Pittock Block, 921 S. W. Washington. If you desire to make an appointment or have any questions, please call 226-3361.

Very truly yours,

W. Stanley Jones

WSJ:slc