

	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		

RS 4-4

Date _____

Name _____ Operation 4-plex Tel _____

Address 102 N Knott Opr/Mgr _____ R/Tel _____

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 relocation file Willie Mae Watson.	

RECEIPT Date 1-10-73 1340
 Received From Willie M. Walton
 Address 102 N. Knott St
Thirteen & 50/100 Dollars \$ 13.50
 For Tax Service

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	
BALANCE DUE		MONEY ORDER	

By ISAAC S. PAYNE
3946 N. BORTHWICK
PORTLAND, ORE. 97227

BK806 Rediform

6189 180

PAID BY
OREGON MUTUAL SAVINGS BANK
 234 S.W. BROADWAY
 PORTLAND, OREGON 97205

Form **1099-INT** U.S. Information Return for Recipients of Interest Income—1972

Copy B For Payee

NOTE

1	2	3
	27.20	3
540 30 3909		

RECIPIENT'S TAX IDENTIFYING NUMBER

3 1382

PAID TO
WALTON W M
 102 N KNOTT - A
 PORTLAND OREGON

97227

NOTES

- Earnings from Savings and Loan Associations, Credit Unions, Etc.
- Other Interest on Bank Deposits, Etc. Do Not Include Column 1 Amounts.
- Please indicate the source of earnings or other interest paid by entering in column 3 the appropriate code number shown below. Add "F" as a prefix to identify foreign items.

Code Source

- Savings and loan association shares
- Credit union shares
- Mutual savings bank shares
- Bank deposits
- Amounts held by an insurance company under an agreement to pay interest
- Deposits with stockbrokers and securities dealers
- Corporate bonds, debentures, notes, etc.
- Other (specify) ▶

If the identifying number is not shown at the left or is incorrectly shown, please furnish the correct number to the payer.

3-6001786 W
OREGON STATE BOARD OF HIGHER EDUCATION
 CORVALLIS, OREGON 97330
 S.S. NO. 69-0920001, UNIT #27

WAGE AND TAX STATEMENT 1972

Copy C - For employee's records

Type or print EMPLOYER'S identification number, name, and address (including Zip Code) above

Keep this copy as part of your tax records

FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATE TAX	
FEDERAL INCOME TAX WITHHELD	WAGES ¹ PAID SUBJECT TO WITHHOLDING IN 1972	OTHER COMPENSATION ² PAID IN 1972	F.I.C.A. EMPLOYEE ³ TAX WITHHELD	TOTAL F.I.C.A. WAGES ⁴ PAID IN 1972	STATE TAX WITHHELD	TOTAL WAGES SUBJECT TO TAX IF DIFFERENT FROM FEDERAL

Type or print EMPLOYEE'S social security number →

Type or print EMPLOYEE'S name and address (including Zip Code) below.

WALTON WILLIAM M
 102 N KNOTT ST
 PORTLAND

NO OF DEPENDENTS

¹Includes tips reported by employee. This amount is before payroll deductions or "lock pay" exclusion.
²Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.
³The social security (FICA) rate of 5.2%, includes 6% for Hospital Insurance Benefits and 4.6% for old-age, survivors, and disability insurance.
⁴Includes tips reported by employee. If your wages were subject to social security taxes, but are not shown, these wages are the same as wages shown under "Federal Income Tax Information," but not more than \$7,000.

QUARTERLY INTEREST CREDITED			
3 MONTHS ENDING MAR. 31ST	3 MONTHS ENDING JUNE 30TH	3 MONTHS ENDING SEPT. 30TH	3 MONTHS ENDING DEC. 31ST
42.22	43.83	44.38	44.89

*** BALANCE**
INCLUDES EARNINGS
FOR LAST 3 MONTHS.
3,632.68

A copy of this form has been forwarded to the Internal Revenue Service.

FOR YEAR 1971	TOTAL INTEREST PAID \$ 175.32
------------------	----------------------------------

* Exclusive of transactions recorded in the last three business days of the Quarter.

796-607
SAVINGS NUMBER

WILLIE MAE WALTON
102 N KNOTT APT A
PORTLAND ORE 97227



Portland Federal Savings

CORNER 5TH & WASHINGTON PORTLAND, OREGON
TELEPHONE 224-4444

GATEWAY - MILWAUKIE
LLOYD CENTER - RALEIGH HILLS
STANDARD PLAZA - OREGON CITY
82nd & DIVISION - BEAVERTON
SALEM - LAKE GROVE

THIS IS A SUBSTITUTE Form 1099

Please keep this copy.
Do not attach to your income tax return.

Approved I.R.S.



Form 1040

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

1972

For the year January 1-December 31, 1972, or other taxable year beginning 1972, ending 1972, ending 19

First name and initial (If joint return, use first names and middle initials of both) Last name Your social security number (Husband's, if joint return) Present home address (Number and street, including apartment number, or rural route) City, town or post office, State and ZIP code Occupation Yours Wife's

Filing Status—check only one: 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here. 4 Unmarried Head of Household 5 Widow(er) with dependent child (Enter year of death of husband (wife) 19) Exemptions 6 Yourself 7 Wife (husband) 8 First names of your dependent children who lived with you 9 Number of other dependents (from line 32) 10 Total exemptions claimed

Income 11 Wages, salaries, tips, and other employee compensation. 12a Dividends (see pages 6 and 13 of instr.) \$ 12b Less exclusion \$ Balance 13 Interest income. [If \$200 or less, enter total without listing in Schedule B] [If over \$200, enter total and list in Part II of Schedule B] 14 Income other than wages, dividends, and interest (from line 45) 15 Total (add lines 11, 12c, 13 and 14) 16 Adjustments to income (such as "sick pay," moving expenses, etc. from line 50) 17 Subtract line 16 from line 15 (adjusted gross income)

Caution: If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credits-Payments." Check this block. If you do not itemize deductions and line 17 is under \$10,000, find tax in Tables and enter on line 18. If you itemize deductions or line 17 is \$10,000 or more, go to line 51 to figure tax.

Tax, Payments and Credits 18 Tax, check if from: Tax Tables 1-12, Schedule D Tax Rate Schedule X, Y, or Z Schedule G or Form 4726 19 Total credits (from line 61) 20 Income tax (subtract line 19 from line 18) 21 Other taxes (from line 67) 22 Total (add lines 20 and 21) 23 Total Federal income tax withheld (attach Forms W-2 or W-2P to front) 24 1972 Estimated tax payments (include amount allowed as credit from 1971 return) 25 Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return 26 Other payments (from line 71) 27 Total (add lines 23, 24, 25, and 26)

Bal. Due or Refund 28 If line 22 is larger than line 27, enter BALANCE DUE IRS Pay in full with return. Make check or money order payable to Internal Revenue Service 29 If line 27 is larger than line 22, enter amount OVERPAID 30 Line 29 to be REFUNDED TO YOU 31 Line 29 to be credited on 1973 estimated tax

Foreign Accounts 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.) Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Sign here 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. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge. Your signature Date Preparer's signature (other than taxpayer) Date

Other Dependents	(a) NAME	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$750 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
					\$	\$
32 Total number of dependents listed in column (a). Enter here and on line 9 ▶						
Revenue Sharing	33 Print or type the location of your principal place of residence at end of year (not necessarily the same as your post office address).					
	(a) State	(b) County	(c) Locality. If you lived inside the boundaries of an incorporated city, town, etc., enter its name; if not, check here <input type="checkbox"/>	(d) Township (see instructions on page 8)		
34 Enter the number of persons included on line 10 who (1) are filing a return of their own; or, (2) did not live at your principal place of residence at the end of the year ▶				For IRS use only—Leave blank		

PART I.—Income other than Wages, Dividends, and Interest

35 Business income (or loss) (attach Schedule C)	35		
36 Net gain (or loss) from sale or exchange of capital assets (attach Schedule D)	36		
37 Net gain (or loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	37		
38 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E)	38	62000	
39 Farm income (or loss) (attach Schedule F)	39		
40 Fully taxable pensions and annuities (not reported on Schedule E—see instructions on page 8)	40		
41 50% of capital gain distributions (not reported on Schedule D)	41		
42 State income tax refunds (caution—see instructions on page 8)	42		
43 Alimony	43		
44 Other (state nature and source)	44		
45 Total (add lines 35 through 44). Enter here and on line 14 ▶	45	62000	

PART II.—Adjustments to Income

46 "Sick pay" if included in income (attach Form 2440 or other required statement)	46		
47 Moving expense (attach Form 3903)	47		
48 Employee business expense (attach Form 2106 or other statement)	48		
49 Payments as a self-employed person to a retirement plan, etc. (see Form 4848)	49		
50 Total adjustments (add lines 46, 47, 48, and 49). Enter here and on line 16 ▶	50		

PART III.—Tax Computation (Do not use this part if you use Tax Tables 1-12 to find your tax.)

51 Adjusted gross income (from line 17)	51		
52 (a) If you itemize deductions, enter total from Schedule A, line 40 and attach Schedule A } (b) If you do not itemize deductions, enter 15% of line 51, but do NOT enter more than \$2,000. (\$1,000 if line 3 is checked)	52		
53 Subtract line 52 from line 51	53		
54 Multiply total number of exemptions claimed on line 10, by \$750	54		
55 Taxable income. Subtract line 54 from line 53	55		

(Figure your tax on the amount on line 55 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 18.

PART IV.—Credits

56 Retirement income credit (attach Schedule R)	56		
57 Investment credit (attach Form 3468)	57		
58 Foreign tax credit (attach Form 1116)	58		
59 Credit for contributions to candidates for public office—see instructions on page 9	59		
60 Work Incentive Program credit (attach Form 4874)	60		
61 Total credits (add lines 56, 57, 58, 59, and 60). Enter here and on line 19 ▶	61		

PART V.—Other Taxes

62 Self-employment tax (attach Schedule SE)	62		
63 Tax from recomputing prior-year investment credit (attach Form 4255)	63		
64 Minimum tax (see instructions on page 10). Check here <input type="checkbox"/> , if Form 4625 is attached	64		
65 Social security tax on tip income not reported to employer (attach Form 4137)	65		
66 Uncollected employee social security tax on tips (from Forms W-2)	66		
67 Total (add lines 62, 63, 64, 65, and 66). Enter here and on line 21 ▶	67		

PART VI.—Other Payments

68 Excess FICA tax withheld (two or more employers—see instructions on page 10)	68		
69 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	69		
70 Credit from a Regulated Investment Company (attach Form 2439)	70		
71 Total (add lines 68, 69, and 70). Enter here and on line 26 ▶	71		

Schedules A&B—Itemized Deductions AND Dividend and Interest Income

(Form 1040)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040

1972

Name(s) as shown on Form 1040

Walter M. Wilson

Your social security number
[REDACTED]

Schedule A—Itemized Deductions (Schedule B on back)

Medical and dental expenses (not compensated by insurance or otherwise) for medicine and drugs, doctors, dentists, nurses, hospital care, insurance premiums for medical care, etc.

- 1 One half (but not more than \$150) of insurance premiums for medical care. (Be sure to include in line 10 below) . . .
- 2 Medicine and drugs
- 3 Enter 1% of line 17, Form 1040
- 4 Subtract line 3 from line 2. Enter difference (if less than zero, enter zero) . . .
- 5 Enter balance of insurance premiums for medical care not entered on line 1 . . .
- 6 Itemize other medical and dental expenses. Include hearing aids, dentures, eyeglasses, transportation, etc.

- 7 Total (add lines 4, 5, and 6)
- 8 Enter 3% of line 17, Form 1040
- 9 Subtract line 8 from line 7. Enter difference (if less than zero, enter zero) . . .
- 10 Total deductible medical and dental expenses (Add lines 1 and 9. Enter here and on line 33, below.) ▶

- Taxes.
- 11 Real estate
 - 12 State and local gasoline (see gas tax tables)
 - 13 General sales (see sales tax tables) . . .
 - 14 State and local income
 - 15 Personal property
 - 16 Other _____

- 17 Total taxes (Add lines 11 through 16. Enter here and on line 34, below.) . . . ▶

Contributions.—Cash—including checks, money orders, etc. (Itemize—see instructions on page 11 for examples.)

- 18 Total cash contributions
- 19 Other than cash (see instructions on page 12 for required statement). Enter total for such items here
- 20 Carryover from prior years
- 21 Total contributions (Add lines 18, 19, and 20. Enter here and on line 35, below.) ▶

- Interest expense.
- 22 Home mortgage
 - 23 Installment purchases
 - 24 Other (itemize) _____

- 25 Total interest expense (Add lines 22, 23 and 24. Enter here and on line 36, below.) ▶

Casualty or theft loss(es)
See instructions on page 12. NOTE: If you had more than one casualty or theft loss occurrence, OMIT lines 26 through 29 and see page 12 of the instructions for guidance.

- 26 Loss before adjustments
- 27 Insurance reimbursement
- 28 \$100 limitation
- 29 Add lines 27 and 28
- 30 Casualty or theft loss. (Excess of line 26 over line 29. Enter here and on line 37, below.) ▶

- 31 Child and dependent care expenses from Form 2441. (Enter here and on line 38, below.) ▶

Miscellaneous deductions for alimony, union dues, etc. (see instructions on page 13).

- 32 Total miscellaneous deductions (Enter here and on line 39, below.) . . . ▶

\$100 00

Summary of Itemized Deductions



- 33 Total deductible medical and dental expenses (from line 10)
- 34 Total taxes (from line 17)
- 35 Total contributions (from line 21)
- 36 Total interest expense (from line 25)
- 37 Casualty and theft loss(es) (from line 30)
- 38 Child and dependent care expenses (from line 31)
- 39 Total miscellaneous deductions (from line 32)
- 40 TOTAL ITEMIZED DEDUCTIONS. (Add lines 33 through 39. Enter here and on Form 1040, line 52.) . . . ▶

Schedules E&R—Supplemental Income Schedule AND Retirement Income Credit Computation

(Form 1040)
Department of the Treasury
Internal Revenue Service

(From pensions and annuities, rents and royalties, partnerships, estates and trusts, etc.)
▶ Attach to Form 1040.

1972

Name(s) as shown on Form 1040 William M. Wilton Your social security number [REDACTED]

Schedule E—Supplemental Income Schedule (Schedule R on back)

Part I Pension and Annuity Income. If fully taxable, do not complete this part. Enter amount on Form 1040, line 40. For each pension or annuity not fully taxable, attach a separate Part I and enter combined total of taxable portions on line 5.

1 Name of payer _____

2 Did your employer contribute part of the cost? Yes No
If "Yes," is your contribution recoverable within 3 years of the annuity starting date? Yes No
If "Yes," show: Your contribution \$ _____, Your contribution recovered in prior years \$ _____

3 Amount received this year _____

4 Amount excludable this year _____

5 Taxable portion (subtract line 4 from line 3) _____

Part II Rent and Royalty Income. Report rents and royalties here. If you need more space, you may use Form 4831. Note: If you are reporting farm rental income here that is based on crops or livestock produced by a tenant farmer but you did not materially participate in the operation of the farm, see Schedule E Instructions, to determine if you should also file Form 4835.

(a) Kind and location of property If residential, also write "R"	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain below) or depletion (attach computation)	(e) Other expenses (Repairs, etc.—explain below)
<u>3/4 Farm Dwelling</u>	<u>1470.00</u>		<u>300.00</u>	<u>550.00</u>
1 Totals				
2 Net income (or loss) from rents and royalties (column (b) plus column (c) less columns (d) and (e))	<u>620</u>			

Part III Income or Losses from Partnerships, Estates or Trusts, Small Business Corporations. If any of the partnership, estate or trust income reported below is from farming, see Schedule E Instructions, to determine if you should also file Form 4835.

(a) Name and address	(b) Check applicable box			(c) Employer identification number	(d) Income or loss	(e) Additional 1st year depreciation (applicable only to partnerships and estates)
	Partnership	Estate or Trust	Small Bus. Corp.			
1 Totals						
2 Income (or loss) Total of column (d) less total of column (e)	<u>620</u>					

TOTAL OF PARTS I, II, AND III (Enter here and on Form 1040, line 38) 620

Explanation of Column (e), Part II		Item	Amount	Item	Amount
Water 3/4	42.00	taxes 3/4	252.00	Repairs	76.00
Painting	45.00	planting in front	105.00		
Garage removal 3/4	45.00	Insurance 3/4	27.00		

Schedule for Depreciation Claimed in Part II Above. Note: If depreciation is computed by using the Class Life (ADR) System for assets placed in service after December 31, 1970, or the Guideline Class Life System for assets placed in service before January 1, 1971, you must file Form 4832 (Class Life (ADR) System) or Form 5006 (Guideline Class Life System). Except as otherwise expressly provided in income tax regulations sections 1.167(a)-11(b)(5)(vi) and 1.167(a)-12, the provisions of Revenue Procedures 62-21 and 65-13 are not applicable for taxable years ending after December 31, 1970. If you need more space, use Form 4562.

Check box if you made an election this taxable year to use Class Life (ADR) System and/or Guideline Class Life System.

(a) Group and guideline class or description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year E
1 Total additional first-year depreciation (do not include in items below)	<u>Cost 7000.00 A 1/4 12.20 annual</u>					
2 Depreciation from Form 4832						
3 Depreciation from Form 5006						
4 Other depreciation:						
<u>Farm Dwelling 1-1-71</u>		<u>900.00</u>	<u>300.00</u>	<u>S-L</u>	<u>20%</u>	<u>300.00</u>
5 Totals						<u>300.00</u>

Summary of Depreciation (Other Than Additional First Year Depreciation)

	Straight line	Declining balance	Sum of the years-digits	Units of production	Other (specify)	Total
1 Depreciation from Form 4832	<u>300.00</u>					<u>300.00</u>
2 Depreciation from Form 5006						
3 Other						

OREGON INDIVIDUAL INCOME TAX RETURN

FORM

40
1972

DEPARTMENT OF REVENUE

For the year January 1-December 31, 1972, or other taxable year beginning

1972 ending 197

DO NOT WRITE IN THIS SPACE

CODE	TAX	P & I	PAYMENT



YOU MUST ATTACH A COMPLETE COPY OF YOUR 1972 FEDERAL FORM 1040 AND SCHEDULES

PLEASE PRINT OR TYPE

Last Name: Walton Spouse's first name and initial, if joint return: Virginia M. Walton Your Occupation: Nurse aide

Home Address (Number and Street or Rural Route): 1000 Knott St. Spouse's Social Security Number: [Redacted] Spouse's Occupation: [Redacted]

City of Post Office: Portland State: Or. Zip Code: 97212 97217

File this return on or before April 16, 1973

A Did you file an Oregon Income Tax return for 1971? Yes No. If Not, state reason:

B This return filed as: Full-year Resident (Begin on line 1) Part-year Resident from _____, 1972 to _____, 197 Nonresident (Begin on line 36, page 2, and leave lines 1 through 7 blank)

ATTACH WITHHOLDING FORM(S) HERE	Full-year residents only	1	Adjusted gross income from line 17, Federal Form 1040 or from line 14, Federal Form 1040A	1	2875
		2	Additions (from line 19, page 2, Oregon Form 40)	2	0
		3	Total (add lines 1 and 2)	3	2875
		4	Subtractions (from line 29, page 2, Oregon Form 40)	4	121 -
		5	(a) Itemized deductions from line 52(a) Federal Form 1040 or (b) Standard deduction—13% of line 1 above (Maximum \$1,500 or \$750 married filing separate) (SEE INSTRUCTIONS, page 9)	5(a) 5(b)	374 -
		6	Multiply number of exemptions from line 10, Federal Form 1040 or 1040A by \$675	6	675
		7	Total (add lines 4, 5, and 6)	7	1170
		8	Oregon taxable income { Full-year residents subtract line 7 from line 3 part-year residents and nonresidents enter amount from line 55, page 2 }	8	1705
		9	Tax (from graduated rate chart A or B below)	9	87 -
		10	Oregon income tax withheld (attach Forms W-2 or 99W)	10	89 -
		11	Other credits (from line 35, page 2, Oregon Form 40)	11	
		12	Total credits (add lines 10 and 11)	12	89 -
		13	If line 9 is larger than line 12, enter BALANCE TO PAY (Make check payable to Department of Revenue)	13	
		14	If line 12 is larger than line 9, enter overpayment TO BE REFUNDED (not more than line 10 plus line 30, Oregon Form 40)	14	2 -

Under penalties of perjury, I declare that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which he has any knowledge.

SIGN HERE: Your signature: Edna M. Walton Date: 1/17/73 Signature of preparer other than taxpayer: Isaac S. Payne

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

GRADUATED RATE CHART "A"		GRADUATED RATE CHART "B"	
Use only for single or separate return tax computation		Use for joint, head of household or surviving spouse return tax computation	
If the taxable income is:	The tax is:	If the taxable income is:	The tax is:
Not over \$500	4% of taxable income	Not over \$1,000	4% of taxable income
Over \$ 500 but not over \$1,000	\$ 20 plus 5% of the excess over \$ 500	Over \$ 1,000 but not over \$ 2,000	\$ 40 plus 5% of the excess over \$ 1,000
Over \$1,000 but not over \$2,000	\$ 45 plus 6% of the excess over \$1,000	Over \$ 2,000 but not over \$ 4,000	\$ 90 plus 6% of the excess over \$ 2,000
Over \$2,000 but not over \$3,000	\$105 plus 7% of the excess over \$2,000	Over \$ 4,000 but not over \$ 6,000	\$210 plus 7% of the excess over \$ 4,000
Over \$3,000 but not over \$4,000	\$175 plus 8% of the excess over \$3,000	Over \$ 6,000 but not over \$ 8,000	\$350 plus 8% of the excess over \$ 6,000
Over \$4,000 but not over \$5,000	\$255 plus 9% of the excess over \$4,000	Over \$ 8,000 but not over \$10,000	\$510 plus 9% of the excess over \$ 8,000
Over \$5,000	\$345 plus 10% of the excess over \$5,000	Over \$10,000	\$690 plus 10% of the excess over \$10,000

MAIL REFUND RETURNS TO: REFUND P.O. BOX 700 SALEM, OREGON 97310

MAIL ALL OTHERS TO: DEPARTMENT OF REVENUE STATE OF OREGON SALEM, OREGON 97310

SCHEDULE I. — Additions (FULL-YEAR RESIDENTS ONLY)

15	Oregon income tax deducted as itemized deduction on your 1972 Federal Income tax Return	◆ 15	
16	Interest on obligations of other states or their political subdivisions	◆ 16	
17	Child care, political contribution and depletion adjustments	◆ 17	
18	Other additions. Specify:	◆ 18	
19	Total (add lines 15, 16, 17, and 18) Enter here and on line 2, page 1, Oregon Form 40	19	0

SCHEDULE II. — Subtractions (FULL-YEAR RESIDENTS ONLY)

20	1972 Federal Income Tax from line 20, Federal Form 1040 or from line 21, Federal Form 1040A	◆ 20	121 ✓
21	Recomputed Investment credit tax from line 63, Federal Form 1040	◆ 21	
22	Minimum tax from line 64, Federal Form 1040	◆ 22	
23	Interest on U. S. Obligations	◆ 23	
24	U.S. Public Retirement Income (not more than \$2,400)	◆ 24	
25	Retirement income from the State of Oregon or its local governments	◆ 25	
26	U.S. Military pay for active duty (not more than \$3,000)	◆ 26	
27	Oregon income tax refunds included as income on line 42, Federal Form 1040	◆ 27	
28	Other subtractions. Specify:	◆ 28	
29	Total (add lines 20, 21, 22, 23, 24, 25, 26, 27, and 28) Enter here and on line 4, page 1, Oregon Form 40	29	121

SCHEDULE III. — Other Credits Against Tax

30	Advance deposit. Attach receipt	30	
31	Retirement income credit (see instructions) Not more than 25% of amount claimed on Federal return	31	
32	Credit for income tax paid to other states or countries. Attach copy of return and proof of payment	32	
33	Political contributions (see instructions) Receipt must be attached	33	
34	Pollution control. Attach schedule	34	
35	Total (add lines 30, 31, 32, 33, and 34) Enter here and on line 11, page 1, Oregon Form 40	35	

YOU MUST ATTACH A COMPLETE COPY OF YOUR 1972 FEDERAL FORM 1040 AND SCHEDULES

SCHEDULE IV. — Part-Year Residents and Nonresidents (SEE PAGE 11 OF INSTRUCTIONS)

36	Wages, salaries, etc. subject to Oregon taxation	◆ 36	
37a	Dividends subject to Oregon taxation \$	◆ 37a	
37b	Less exclusion \$	◆ 37b	
37c	Balance	◆ 37c	
38	Interest subject to Oregon taxation	◆ 38	
39	Other income subject to Oregon taxation. Specify:	◆ 39	
40	Total (add lines 36, 37, 38, and 39)	40	
41	Adjustments. Oregon portion only of line 16, Federal Form 1040	◆ 41	
42	Federal Adjusted Gross Income attributable to Oregon (subtract line 41 from line 40)	42	
43	Other additions and/or subtractions (see instructions) Specify:	◆ 43	
44	Oregon adjusted gross income (total line 42 and line 43)	44	
45	(a) Itemized deductions from line 52(a) Federal Form 1040 or (b) Standard deduction—SEE INSTRUCTIONS ON PAGE 12	◆ 45	
46	Less: Adjustments to itemized deductions (SEE INSTRUCTIONS)	◆ 46	
47	Balance (subtract line 46 from line 45)	47	
48	1972 Federal Income Tax from line 20, Federal Form 1040 or from line 21, Federal Form 1040A	◆ 48	
49	Recomputed investment credit tax from line 63, Federal Form 1040	◆ 49	
50	Minimum tax from line 64, Federal Form 1040	◆ 50	
51	Multiply number of exemptions from line 10, Federal Form, by \$675	51	
52	Total (add lines 47, 48, 49, 50, and 51)	52	
53	Percentage $\frac{\text{Line 42, Oregon Form 40}}{\text{Line 17, Federal Form 1040 or Line 14, Federal Form 1040A}} \rightarrow \$$	53	%
54	Amount allowable (multiply line 52 by percentage on line 53)	54	
55	Oregon taxable income (subtract line 54 from line 44) Enter here and on line 8, page 1, Oregon Form 40	◆ 55	

01786 W
 OREGON STATE BOARD OF HIGHER EDUCATION
 CORVALLIS, OREGON 97330
 S.S. NO. 69-0920001, UNIT #27

WAGE AND TAX STATEMENT 1971

Copy C - For employee's records

Type or print EMPLOYEE'S identification number, name, and address including Zip Code above

Keep this copy as part of your tax records

FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATE TAX	
FEDERAL INCOME TAX WITHHELD 401.3	WAGES ¹ PAID SUBJECT TO WITHHOLDING IN 1971 3,076.00	OTHER COMPENSATION ¹ PAID IN 1971	F.I.C.A. EMPLOYEE ² TAX WITHHELD 160.00	TOTAL F.I.C.A. WAGES ² PAID IN 1971 3,076.00	STATE TAX WITHHELD 133.50	TOTAL WAGES SUBJECT TO TAX IF DIFFERENT FROM FEDERAL
Type or print EMPLOYEE'S social security number → [REDACTED]						
Type or print EMPLOYEE'S name and address including Zip Code below					S ↑ 5 NO. OF DEPENDENTS ↑ 1	
WALTON WILLIE M 102 N KNOTT APT A PORTLAND ORE 97227						

¹Includes tips reported by employee. This amount is before payroll deduction or "sick pay" exclusion.
²Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.
 *The social security (FICA) rate of 5.2% includes .4% for Hospital Insurance Benefits and 4.8% for old-age, survivors, and disability insurance.
 †Includes tips reported by employee. If your wages were subject to social security taxes, but are not shown, these wages are the same as wages shown under "Federal Income Tax Information," but not more than \$7,800.

RECEIPT		Date <u>4-15</u> 19 <u>72</u>	1307								
Received From <u>Willie M. Walton</u>											
Address <u>102 N. Knott St.</u>											
<u>Portland, Ore 97227</u>		Dollars \$ <u>12.50</u>									
For <u>Tax Service</u>											
<table border="1"> <thead> <tr> <th>ACCOUNT</th> <th>HOW PAID</th> </tr> </thead> <tbody> <tr> <td>AMT. OF ACCOUNT</td> <td>CASH</td> </tr> <tr> <td>AMT. PAID</td> <td>CHECK</td> </tr> <tr> <td>BALANCE DUE</td> <td>MONEY ORDER</td> </tr> </tbody> </table>		ACCOUNT	HOW PAID	AMT. OF ACCOUNT	CASH	AMT. PAID	CHECK	BALANCE DUE	MONEY ORDER	ISAAC S. PAYNE 3946 N. BORTHWICK PORTLAND, ORE 97227 By _____	
ACCOUNT	HOW PAID										
AMT. OF ACCOUNT	CASH										
AMT. PAID	CHECK										
BALANCE DUE	MONEY ORDER										

SK806 Rediform

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

Personal information section including name (Walter M. Wolfson), address (100 N. Knott St Apt. A, Portland Ore. 97227), and social security numbers.

Filing Status section with 'Single' selected.

Exemptions section with '7 Yourself' selected and total exemptions claimed as 1.

Income section with handwritten entries: 12 Wages (3078), 13a Dividends, 14 Interest (30), 15 Other income, 16 Total (3078), 18 Adjusted gross income (3078).

Tax, Payments and Credits section with handwritten entries: 19 Tax (251), 23 Total tax (251), 24 Federal tax withheld (201), 27 Total payments (401).

Bal. Due or Refund section with handwritten entries: 28 Balance Due, 29 Overpayment, 30 Refunded (150).

Foreign Accounts section with 'No' selected for interest in foreign accounts.

Signature section with handwritten signatures and dates for the taxpayer and preparer.

Vertical text on the left margin: 'Please attach Copy B of Form W-2 to back' and 'Write soc. sec. no. on Check or Money Order. Attach here'.

PART I.—Additional Exemptions (Complete only for other dependents claimed on line 10)

32 (a) NAME	(b) Relationship	(c) Months lived in your home. If born or died during year, write B or D.	(d) Did dependent have income of \$675 or more?	(e) Amount YOU furnished for dependent's support. If 100% write ALL.	(f) Amount furnished by OTHERS including dependent.
				\$	\$

33 Total number of dependents listed above. Enter here and on line 10 ▶

PART II.—Income other than Wages, Dividends, and Interest

34 Business income or (loss) (attach Schedule C)	34		
35 Net gain or (loss) from sale or exchange of capital assets (attach Schedule D)	35		
36 Net gain or (loss) from Supplemental Schedule of Gains and Losses (attach Form 4797)	36		
37 Pensions and annuities, rents and royalties, partnerships, estates or trusts, etc. (attach Schedule E).	37	30	
38 Farm income or (loss) (attach Schedule F)	38		
39 Miscellaneous income	(a) Fully taxable pensions and annuities <small>not reported on Schedule E—see instructions on page 7</small>		
	(b) 50% of capital gain distributions (not reported on Schedule D)		
	(c) State income tax refunds (caution—see instructions on page 7)		
	(d) Alimony		
	(e) Other (state nature and source)		
(f) Total miscellaneous income (add lines 39(a), (b), (c), (d) and (e))	39		
40 Total (add lines 34, 35, 36, 37, 38, and 39). Enter here and on line 15 ▶	40		

PART III.—Adjustments to Income

41 "Sick pay" if included in line 12 (attach Form 2440 or other required statement)	41		
42 Moving expense (attach Form 3903)	42		
43 Employee business expense (attach Form 2106 or other statement)	43		
44 Payments as a self-employed person to a retirement plan, etc. (attach Form 2950SE)	44		
45 Total adjustments (add lines 41, 42, 43, and 44). Enter here and on line 17 ▶	45		

PART IV.—Tax Computation (Do not use this part if you use Tax Tables 1-13 to find your tax.)

46 Adjusted gross income (from line 18)	46		
47 (a) If you itemize deductions, enter total from Schedule A, line 32 and attach Schedule A (b) If you do not itemize deductions, and line 46 is: (1) \$10,000 or more but less than \$11,538.43, enter 13% of line 46 (2) \$11,538.43 or more, enter \$1,500. Note: deduction under (1) or (2) is limited to \$750 if married and filing separately.	47		
48 Subtract line 47 from line 46	48		
49 Multiply total number of exemptions claimed on line 11, by \$675	49		
50 Taxable income. Subtract line 49 from line 48 ▶	50		

(Figure your tax on the amount on line 50 by using Tax Rate Schedule X, Y or Z, or if applicable, the alternative tax from Schedule D, income averaging from Schedule G, or maximum tax from Form 4726.) Enter tax on line 19.

PART V.—Credits

51 Retirement income credit (attach Schedule R)	51		
52 Investment credit (attach Form 3468)	52		
53 Foreign tax credit (attach Form 1116)	53		
54 Total credits (add lines 51, 52, and 53). Enter here and on line 20 ▶	54		

PART VI.—Other Taxes

55 Self-employment tax (attach Schedule SE)	55		
56 Tax from recomputing prior-year investment credit (attach Form 4255)	56		
57 Minimum tax (see instructions on page 8). Check here <input type="checkbox"/> , if Form 4625 is attached	57		
58 Social security tax on unreported tip income (attach Form 4137)	58		
59 Uncollected employee social security tax on tips (from Forms W-2)	59		
60 Total (add lines 55, 56, 57, 58, and 59). Enter here and on line 22 ▶	60		

PART VII.—Other Payments

61 Excess FICA tax withheld (two or more employers—see instructions on page 8)	61		
62 Credit for Federal tax on special fuels, nonhighway gasoline and lubricating oil (attach Form 4136)	62		
63 Regulated Investment Company Credit (attach Form 2439)	63		
64 Total (add lines 61, 62, and 63). Enter here and on line 26 ▶	64		

OREGON INDIVIDUAL INCOME TAX RETURN

FORM

40
1971

DEPARTMENT OF REVENUE

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

_____ 1971, ending _____, 197__



DO NOT WRITE IN THIS SPACE

CODE	TAX	P & I	PAYMENT

YOU MUST ATTACH A COMPLETE COPY OF YOUR 1971 FEDERAL FORM 1040 AND SCHEDULES

PLEASE PRINT OR TYPE	Last Name Walton		Your first name and initial Willie M.	Your Social Security Number [REDACTED]	Your Occupation WOL	
	Home Address (Number and Street or Rural Route) 102 N. Knott St.		Spouse's first name and initial, if joint return	Spouse's Social Security Number	Spouse's Occupation	
	City or Post Office Portland	State Ore.	Zip Code 97237	County Mult.	File this return on or before April 15, 1972	

A Did you file an Oregon Income Tax return for 1970? Yes No. If Not, state reason:

B This return filed as: Full-year Resident (Begin on line 1)
 Part-year Resident from _____, 1971 to _____, 197__ } (Begin on line 36, page 2, and leave lines 1 through 7 blank)
 Nonresident

ATTACH WITHHOLDING FORM(S) HERE	Full-year residents only	1 Adjusted gross income from line 18, Federal Form 1040	1	3078
		2 Additions (from line 19, page 2, Oregon Form 40)	2	6
		3 Total (add lines 1 and 2)	3	3078
		4 Subtractions (from line 29, page 2, Oregon Form 40)	4	150 -
		5 (a) Standard or itemized deductions from line 47, Federal Form 1040 or (b) If line 47, Federal Form 1040 is blank, see line 5 instructions on page 9	5	1050 -
		6 Multiply number of exemptions from line 11, Federal Form 1040, by \$675	6	675 -
		7 Total (add lines 4, 5, and 6)	7	1875
		8 Oregon taxable income { Full-year residents subtract line 7 from line 3 } { part-year residents and nonresidents enter amount from line 55, page 2 }	8	1203
		9 Tax (from graduated rate chart A or B below)	9	57
		10 Oregon income tax withheld (attach Forms W-2 or 99W)	10	134
		11 Other credits (from line 35, page 2, Oregon Form 40)	11	
		12 Total credits (add lines 10 and 11)	12	134
		13 If line 9 is larger than line 12, enter BALANCE TO PAY (Make check payable to Department of Revenue)	13	
		14 If line 12 is larger than line 9, enter overpayment TO BE REFUNDED (not more than line 10 plus line 30, Oregon Form 40)	14	77 -

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. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Signature of preparer other than taxpayer: **Isaac S. Payne**
 Address: **Portland Ore.**
 SIGN HERE
 Your signature: _____ Date: _____
 Spouse's signature (if filing jointly, BOTH must sign even if only one had income): _____

GRADUATED RATE CHART "A"

Use only for single or separate return tax computation

If the taxable income is:	The tax is:
Not over \$500	4% of taxable income
Over \$ 500 but not over \$1,000	\$ 20 plus 5% of the excess over \$ 500
Over \$1,000 but not over \$2,000	\$ 45 plus 6% of the excess over \$1,000
Over \$2,000 but not over \$3,000	\$105 plus 7% of the excess over \$2,000
Over \$3,000 but not over \$4,000	\$175 plus 8% of the excess over \$3,000
Over \$4,000 but not over \$5,000	\$255 plus 9% of the excess over \$4,000
Over \$5,000	\$345 plus 10% of the excess over \$5,000

GRADUATED RATE CHART "B"

Use for joint, head of household or surviving spouse return tax computation

If the taxable income is:	The tax is:
Not over \$1,000	4% of taxable income
Over \$ 1,000 but not over \$ 2,000	\$ 40 plus 5% of the excess over \$ 1,000
Over \$ 2,000 but not over \$ 4,000	\$ 90 plus 6% of the excess over \$ 2,000
Over \$ 4,000 but not over \$ 6,000	\$210 plus 7% of the excess over \$ 4,000
Over \$ 6,000 but not over \$ 8,000	\$350 plus 8% of the excess over \$ 6,000
Over \$ 8,000 but not over \$10,000	\$510 plus 9% of the excess over \$ 8,000
Over \$10,000	\$690 plus 10% of the excess over \$10,000

MAIL REFUND RETURNS TO:

REFUND
P.O. BOX 700
SALEM, OREGON 97310

MAIL ALL OTHERS TO:

DEPARTMENT OF REVENUE
STATE OF OREGON
SALEM, OREGON 97310

SCHEDULE I. — Additions (FULL-YEAR RESIDENTS ONLY)

15	Oregon income tax deducted as itemized deduction on your 1971 Federal Income tax Return	◆ 15	
16	Interest on obligations of other states or their political subdivisions	◆ 16	
17	Depletion in excess of basis	◆ 17	
18	Other additions. Specify:	◆ 18	
19	Total (add lines 15, 16, 17, and 18) Enter here and on line 2, page 1, Oregon Form 40	19	0

SCHEDULE II. — Subtractions (FULL-YEAR RESIDENTS ONLY)

20	1971 Federal Income Tax from line 21, Federal Form 1040	◆ 20	150
21	Recomputed Investment credit tax from line 56, Federal Form 1040	◆ 21	
22	Minimum tax from line 57, Federal Form 1040	◆ 22	
23	Interest on U. S. Obligations	◆ 23	
24	U.S. Public Retirement Income (not more than \$2,400)	◆ 24	
25	Retirement income from the State of Oregon or its local governments	◆ 25	
26	U.S. Military pay for active duty (not more than \$3,000)	◆ 26	
27	Oregon income tax refunds included as income on line 39c, Federal Form 1040	◆ 27	
28	Other subtractions. Specify:	◆ 28	
29	Total (add lines 20, 21, 22, 23, 24, 25, 26, 27, and 28) Enter here and on line 4, page 1, Oregon Form 40	29	150

SCHEDULE III. — Other Credits Against Tax

30	Advance deposit. Attach receipt	30	
31	Retirement income credit (see instructions) Not more than 25% of amount claimed on Federal return	31	
32	Credit for income tax paid to other states or countries. Attach copy of return and proof of payment	32	
33	Political contributions (see instructions) Receipt must be attached	33	
34	Pollution control. Attach schedule	34	
35	Total (add lines 30, 31, 32, 33, and 34) Enter here and on line 11, page 1, Oregon Form 40	35	

SCHEDULE IV. — Part-Year Residents and Nonresidents (SEE PAGE 11 OF INSTRUCTIONS)

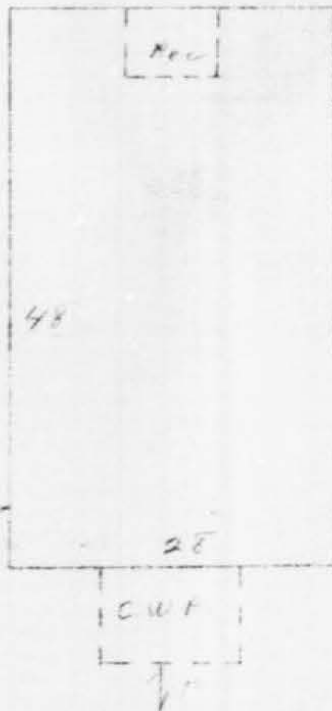
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43	Other additions and/or subtractions (see instructions) Specify:	◆ 43	
44	Oregon adjusted gross income (total line 42 and line 43)	44	
45	(a) Standard or itemized deductions from line 47, Federal Return or (b) If line 47, Federal Return is blank, see line 5 instructions, page 9	◆ 45	
46	Less: Oregon income tax deducted as an itemized deduction	◆ 46	
47	Balance (subtract line 46 from line 45)	47	
48	1971 Federal Income Tax from line 21, Federal Form 1040	◆ 48	
49	Recomputed investment credit tax from line 56, Federal Form 1040	◆ 49	
50	Minimum tax from line 57, Federal Form 1040	◆ 50	
51	Multiply number of exemptions from line 11, Federal Form 1040, by \$675	51	
52	Total (add lines 47, 48, 49, 50, and 51)	52	
53	Percentage $\frac{\text{Line 42, Oregon Form 40}}{\text{Line 18, Federal Form 1040}} \rightarrow \$$	53	%
54	Amount allowable (multiply line 52 by percentage on line 53)	54	
55	Oregon taxable income (subtract line 54 from line 44) Enter here and on line 8, page 1, Oregon Form 40	◆ 55	

1 1-68430-1370 KUNKEL, ELIZABETH &
 GILLISPIE, ADA K
 BY TURNER, WILLIE MAE (WALTON)
 MAP: 2730
 ZONE: M3
 RATIO: 1301
 LVY C: 001
 102 N KNOTT APT A
 PORTLAND, OREGON

RAILROAD SHOPS ADD LOT BLOCK
 16 4

PROPERTY ADDRESS: 102 N KNOTT ST
 PORTLAND

APPEALS:



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
67			250	1410	1660	01/02
68			2,800	8,000	10,800	01/01/68
71			2910	8,320	11,230	JD

FRONT OF BUILDING

AVE OR STREET



Apartment

DATE OF MAP

REVISION

STATUS

DATE 3/1/67 SIGNED [Signature]

CHECKED	ENTERED	BLDG. COUNT	INDEX	RECHECKED	NOTIFIED
---------	---------	-------------	-------	-----------	----------

DATE 04 2 '87
 CITY BOSTON

MARKET DATA

COMMERCIAL SITE ADJUSTMENTS

PURCHASE PRICE 7000
 BK. & PAGE 3/70
 D 747-27A
 REMARKS

EGRESS & INGRESS Average
 SIZE & SHAPE 42.8 x 135
 SITE UTILIZATION Flats

TRACKAGE
 PLOTTAGE
 TOTAL ADJ
 RATE USED SQ FT FRNT FT ACRE

FORMING SITE ADJUSTMENTS

M-3	ROAD TYPE D G <input checked="" type="checkbox"/>	
	TOPOGRAPHY Level	
AREA IMPROVEMENT	VIEW	
SIDEWALKS & CURBS <input checked="" type="checkbox"/>	OTHER	
WATER <input checked="" type="checkbox"/>		
SEWERS <input checked="" type="checkbox"/>		
OTHER <input type="checkbox"/>	+	
	DEPTH FACTOR	
	STANDARD DEPTH	
	EFFECTIVE DEPTH	

COMPUTATIONS

LAND DESCRIPTION	SIZE OF ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D UNIT VALUE	VALUE
42.8 x 135	42.8	60 ⁰⁰	5.5% = 13' DEPTH = 68 ⁰⁰		2800 ⁰⁰



TOTAL AREA SUB-TOTAL 2800

REMARKS	SITE ADJ %	TOTAL APPR VALUE 2800 ⁰⁰
	10	APPR VALUE
	10	APPR VALUE
	10	APPR VALUE
	10	APPR VALUE

APPRaiser Miller DATE 4/6/67

REMARKS
 R/A LAND YEAR APPRAISER

BUILDING APPRAISAL Business

10-08 M. K...

YEAR 19 68

APPRaisal SUPPORT DATA

TYPE	CON	WHOLE	FR	STORIES	LUMP SUMS	RENTAL PER MONTH	RENTAL PER YEAR	WARRANTED PER YEAR
CON	WHOLE	FR						
WHOLE	FR							
FR								

FLOOR	TENANT	TYPE OF BUSINESS	RENTAL PER MONTH	RENTAL PER YEAR	WARRANTED PER YEAR

OPERATING EXPENSE SCHEDULE

INSURANCE			
WARRANTED GROSS REVENUE			
VACANCY ALLOW			
OPERATING EXP			
PERSONNEL CHARGES			
LAND CHARGES			
REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			

REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			
WARRANTED GROSS REVENUE			
VACANCY ALLOW			
OPERATING EXP			
PERSONNEL CHARGES			
LAND CHARGES			
REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			

REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			
WARRANTED GROSS REVENUE			
VACANCY ALLOW			
OPERATING EXP			
PERSONNEL CHARGES			
LAND CHARGES			
REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			

REPAIRS			
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TOTAL EXPENSES			
NET INCOME			
WARRANTED GROSS REVENUE			
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OPERATING EXP			
PERSONNEL CHARGES			
LAND CHARGES			
REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			

REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
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ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			

REPAIRS			
ADVERTISING			
WAGES			
TOTAL EXPENSES			
NET INCOME			