

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-3-4	MARSHALL, LaVERNE 2740 N. VANCOUVER		
PARCEL NO. A-3-13	MARSHALL, LOUIS 247 N. FARGO		
PARCEL NO. R-14-8	MERCER, EMLIE 511 N. MORRIS		
PARCEL NO. R-10-15	MINNEWEATHER, STEWART 3117 N. COMMERCIAL		
PARCEL NO. A-3-17	MITCHELL, JAMES HENRY 217 N. FARGO		
PARCEL NO. A-8-10	MONTAGUE, CHARLES 319 N. FARGO		
PARCEL NO. A-3-19	MORGAN, EUGENE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	MORGAN, RONNIE 3213 N. VANCOUVER		
PARCEL NO. A-2-4	NAILEN, ERMA ELAINE 3100 N. GANTENBEIN		
PARCEL NO. R-14-7	NICHOLS, RENA ELISESE 527 N. MORRIS		
PARCEL NO. A-4-10	NOLAND, FRANK & ETHEL 241 N. COOK		
PARCEL NO. A-2-11	OVERHOLTS, ANNA 3129 N. VANCOUVER		
PARCEL NO. A-3-20	PACE, THEODORE P. 3217 N. VANCOUVER		
PARCEL NO. R-4-7	PARASHOS, GEORGE 423 N. RUSSELL #4		
PARCEL NO. R-14-7	PARKS, DORINA 527 N. MORRIS		
PARCEL NO. E-3-6	PARRISH, BEVERLY 2653 N. COMMERCIAL		
PARCEL NO. A-2-5	PATTERSON, BILLY 227 N. MONROE		
PARCEL NO. E-3-12	LEWIS, MATTIE (PATTERSON) 531 N. RUSSELL		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-3-17 Advisor JCC
 Client's Name Mitchell, James Henry Phone _____
 Address 217 N Fargo Ethn Blk Age 49
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$
McDonald
 Address Construction
 Other Source of Income \$
 _____ \$
 _____ \$
 Total Monthly Income \$ (_____)

Eligible for Public Housing YES NO
 Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO
 Other Assistance _____
 Eligible for (Other) YES NO

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

YES NO

Date of initial interview 8-8-72 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 10-'70
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 6-3-71
 Date of Acquisition 8-10-72
 Date of letter of intent _____
 Date of move 10-2-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit 72 yrs

✓ Size of Habitable Area 200 #

✓ Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 2 Rent Paid \$ 30.00 Utilities _____

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Distance moved - 2 mi.

Address 4534 NE 12th

LPA Referred Self Referred

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

Outside city Outside state

Age of Housing Unit 1925

Size of Habitable Area 780

No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 11,500

Rent \$ _____

Taxes \$ 256.81

Utilities \$ _____

RHP or TACO (including incidental costs) \$ 2,150⁰⁰

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

✓ No. of Housing Referrals to:

✓ Agency Referrals:

0 Standard Sales

0 MCV 0 HAP 0 OTHER (_____)

0 Standard Rent

0 Food Stamp 0 Legal Aid 0 Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MITCHELL, James Henry RELOCATION ADVISOR JC
 ADDRESS 217 N. Fargo PHONE 284-9600 PROJECT NAME Emanue;
 SEX M ETHN B VETERAN x AGE 49 PARCEL NO. A-3-17
 MARITAL STATUS D TENURE t/o
 DISABILITY _____ INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 8-8-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Pearl Thomas, N. Humboldt 285-3146

DATE ON SITE: <u>10-70</u>
INITIATION OF NEGOTIATIONS: <u>6-3-71</u>
DATE OF ACQUISITION: <u>8-10-72</u>

ECONOMIC DATA

Employer McDonald Construction \$ _____
 Address Williams Avenue _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family		
Subsidized Rental	Multiple Family		x
Public Housing	Duplex		
Private Rental	Mobile Home	x	
Private Sales			

Age of Structure 72 No. Rooms 2
 No. Bedrooms 1 Furn. Unfurn x
 Utilities \$ _____
 Monthly Payments (Rent) \$ 30.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____
 Size - 200 ft

Size of Habitable Area 200 ft

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 4534 N. E. 12th Avenue Phone 282-1030 Date of Move 10-2-72

WHERE RELOCATED:

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

Furnished ___ Unfurnished x Number of Rooms ___ Number of Bedrooms 3 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 11,500

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 2 mi

Name of Moving Company _____ Name of Realtor S. J. Pounder
James Copeland

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)	584EH	10-11-72	\$ 2,150.00
Fixed Moving	578EH	10-4-72	\$ 100.00
Actual Move DA	"	"	\$ 200.00
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 11,500
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
8-8-72	Interviewed Mr. Mitchell - informed him of his benefits as for statement of his income. The work he does is part time for McDonald the last three months. He was off with an injury before that. Will bring in a statement to that effect. He wants to buy a house.	JC
9-20-72	Had City inspection - Chet Collingsworth feels it would pass property Rehab - if so inspected. City Housing Division was not aware of any instruction to do an PRS inspection in the Model Cities Area.	

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 25, 1972

BUREAU OF BUILDINGS

CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 4534 N. E. 12 Avenue
M. T. C. C.

Dear Sirs:

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

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

1. Front entry steps are settled and dry rot is apparent.
2. Cellar and second story stairways lack adequate safety handrails.
3. Access door between the garage and the dwelling unit lacks the required one-hour fire resistive construction.

Due to obvious deficiencies in the plumbing and electrical installation, it will be necessary that you request an inspection from the respective divisions for their certification.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CMC:vm

cc: Mr. H. W. Penn
4534 N. E. 12 Avenue
Plumbing & Electrical Div.

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 584 EH

DATE October 11, 1972

PAY TO **Pioneer National Title Insurance Company**

\$ 2,150.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow (Account #397401) for James Henry Mitchell. RHP for Tenants per claim filed. Move from 217 N. Fargo (Parcel A-3-17).	<u>\$2,150.00</u>

Account Distribution

NO.

TITLE

AMOUNT

0600 ~~EGO~~ 901
EGO

RELOCATION PAYMENT

Project: Emanuel ORF R-20 Parcel: A-3-17

Payable to: Pioneer National Title Ins. Co Escrow Act. #397401 Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> X </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
or Purchase:	\$	<u>2,150</u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client James Henry Mitchell Less - \$ *

Move from 217 N. Fargo Total \$ 2,150

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

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: PROJECT NAME (if applicable)
Portland Development Commission Emanuel Hospital
1700 S.W. Fourth Avenue PROJECT NUMBER: ORE. R-20
Portland, Oregon

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

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. FULL NAME OF CLAIMANT

James Henry Mitchell _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-17

a. Address: 217 N. Fargo d. Monthly rental: \$ _____
b. Apartment or room number: Basement e. Date you moved out of this dwelling: 10-2-72
c. Number of bedrooms: 1 Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 12th, Portland, Or. d. Monthly rental: \$ _____
b. Apartment or room number: _____ e. Date you moved into this dwelling: _____
c. Number of bedrooms: 3 Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): 4534 N.E. 12th, Portland, Or. d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: 3 e. Date you purchased this dwelling: _____
c. Downpayment: \$ 2,150.00

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____ d. Monthly rental for temporary unit: \$ _____
b. Address of dwelling unit to which you moved (include ZIP code): _____ e. Will you require temporary housing for more than 3 months?
_____ Yes _____ No
c. Date of move: _____
Month-Day-Year If "Yes", total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Sept 29, 1972
Date

James H. Mitchell
Signature of Claimant (s)

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

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

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

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

NAME & ADDRESS OF CLIENT:

James Henry Mitchell
217 N. Fargo

COMPUTATION PREPARED BY:

Lealley
9-26-72
Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

- 1. Amount necessary for downpayment $20\% (11,500.00)$ \$ 2300.00
- 2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$

Computation

- 3. Base amount (Sum of Lines 1 and 2) \$ 2300.00

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.

- 4. Amount on Line 3 in excess of \$2,000

Line 3	\$ <u>2300.00</u>	
	- \$ <u>2,000.00</u>	
		\$ <u>300.00</u>

- 5. Amount on Line 4 divided by 2

Line 4	\$ <u>300.00</u>	
	2	
		\$ <u>150.00</u>

- 6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) \$ 150.00

- 7. Base amount (Sum of amount on Line 6 and \$2,000)

Line 6	\$ <u>150.00</u>	
	+ \$ <u>2,000.00</u>	
		\$ <u>2150.00</u>

- 8. Amount of downpayment assistance
 - a. Amount on Line 3 or Line 7 \$ 2150.00
 - b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment) - \$
- \$ 2150.00

(Enter this amount in the space provided in Block 4 on page one of this form.)

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

NAME OF CLAIMANT James Henry Mitchell

Parcel No. A-3-17

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: October, 1970

Date of Acquisition: 8-10-72

Owner-Occupant's initial date of ownership: _____

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

Date of Rental or Purchase: October, 1970

Date of Initiation of Negotiations: 6-3-71

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

Date previously substandard dwelling was inspected and found to be standard:

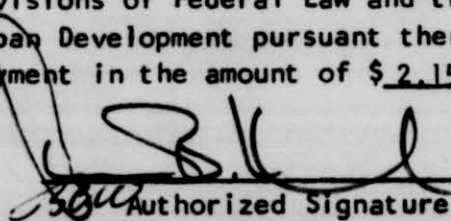
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,150.00 is authorized. WJ

9-27-72

Date



Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	<u>10/11/72</u>	<u>584 EH</u>	<u>\$ 2150.00</u>
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emergency

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

James Henry Mitchell

2. Dwelling unit from which you moved: Parcel No. A-3-17

a. Address 517 N. Fargo c. Number of bedrooms _____

d. Monthly rental \$ _____

b. Apartment or room number _____ e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL)

a. Address _____ c. Number of bedrooms _____

d. Monthly rental \$ _____

b. Apartment or room number _____ e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____ c. Downpayment \$ 2150

4534 N.E. 12th d. Incidental expenses \$ _____

b. Number of bedrooms 3 e. Date of purchase _____

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

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

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

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

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental OCT 1970

Date of acquisition 8-10-72

Owner-occupant's initial date of ownership _____

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

Date of rental or purchase OCT 1970

Date of initiation of negotiations 6-3-71

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 2150.00)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

October 2, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegvidden, Chief

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

Attn: Jim Crolley

Re: 4534 N. E. 12 Avenue

Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegvidden
Chief Housing Inspector

CMC:vm

cc: Mr. H. W. Penn
S. J. Pounder Realty



Several-Neal Lumber Co. Inc.
Portland, Oregon 97204 TB

City Portland State Oregon

August 15, 1972

RECEIVED FROM James Henry Mitchell

(hereinafter called "purchaser")
Dollars \$ 500.00

the sum of Five hundred and no/100
in the form of Demand Note
following described real estate situated in the City of Portland County of Multnomah State of Oregon to-wit:
Real property commonly known as 4534 NE 12th Avenue, house, lot and improvements.

for the sum of Eleven thousand five hundred and no/100 Dollars \$ 11,500.00
on the following terms, to-wit: The sum hereinabove received for, of Five hundred and no/100 Dollars \$ 500.00
On owners acceptance, as additional earnest money, the sum of _____ Dollars \$ _____
Upon acceptance of title and delivery of _____ the sum of Approx. three thousand one hundred Dollars \$ 3,100.00
Balance of Approximately seven thousand nine hundred Dollars \$ 7,900.00

payable as follows: Purchaser agrees to assume and pay existing loan of approximately \$7,900.00.
Purchaser to pay reserves of approximately \$275.00.
Purchaser to reduce mortgage balance with an additional \$2,000 on closing. Oil and in tank to be prorated as of closing date. This transaction subject to approval of home by Portland Development Commission.

PAYMENT
A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course at seller's expense; preliminary to closing, seller may furnish title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title.
It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein receipted for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.
This property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations, or Federal easements, easements or record and.

Existing mortgage of record

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached linoleum, attached television antennas, all shrubs and trees and all fixtures except _____

None

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price:
Wall to wall carpeting in living room.

Seller and purchaser agree to prorate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be prorated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. **SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER.**

on closing but no sooner than 14 days from acceptance of offer.

Possession of said premises is to be delivered to purchaser on or before _____, 19____ or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the losing party therein agrees to pay the prevailing party therein (1) the prevailing party's reasonable attorney's fees in such suit or action, to be fixed by the trial court, and (2) on appeal if any, similar fees in the appellate court, to be fixed by the appellate court.

Address 10210 SE Washington
Phone 256-0220
By S. J. Pounder Realty Broker
Jack L. Pounder

AGREEMENT TO PURCHASE August 15, 1972

I hereby agree to purchase the property herein described in its present condition and to pay the price of 11,500.00 as set forth above and grant to said agent a period of _____ days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed is to be in name of James Henry Mitchell, a single man.

Address 217 N. Fargo
234-9600 (bus.)
Purchaser James Mitchell (SEAL)

AGREEMENT TO SELL AUG 17, 1972

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided; also the said deed when stated.
Address 4534 NE 12 AVE
Phone 256-2336
Seller W. W. Howard (SEAL)
Howard & Howard (SEAL)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.
Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance.
DATE 8/15/72 Purchaser _____
Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on _____, 19____
Return receipt card received and attached to broker's copy _____, 19____

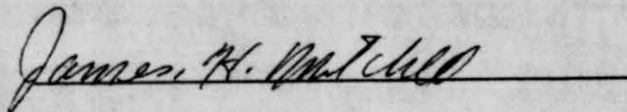
October 4, 1972

Portland Development Commission
235 North Monroe Street
Portland, Oregon 97227

Attention: James Crolley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2000.00 non matching funds and \$150.00 matching funds, totaling \$2150.00, payable to Pioneer National Title Insurance Co. Said check to be deposited to my escrow account #397401, at Pioneer National Title Insurance Co., East Multnomah Branch, 227 N.E. 122nd Avenue, Portland, Oregon for the purchase of the house at 4534 N. E. 12th Avenue, Portland, Oregon.

A handwritten signature in cursive script, reading "James H. Mitchell", is written over a horizontal line.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 578 EH

DATE October 4, 19 72

PAY TO **James Henry Mitchell**

\$ **300.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for Relocation Payments filed. Move from 217 N. Fargo (Parcel A-3-17).</p> <p>Fixed moving payment - own furniture \$100.00 Dislocation allowance <u>200.00</u></p> <p style="text-align: right;"><u>\$300.00</u></p>	
<p><i>James H. Mitchell</i></p>			

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORR R-20 Parcel: A-3-17

Payable to: James Henry Mitchell

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	<u> </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<input type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
	or Purchase:	\$	<u> </u>
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$	<u>100</u>
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	<u>200</u>
<input type="checkbox"/>	Actual Moving Costs.	\$	<u> </u>
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	<u> </u>
<input type="checkbox"/>	Business: Moving Expenses.	\$	<u> </u>
<input type="checkbox"/>	Business: In Lieu Payment.	\$	<u> </u>
<input type="checkbox"/>	Business: Storage Costs.	\$	<u> </u>
<input type="checkbox"/>	Business: Loss of Property	\$	<u> </u>
<input type="checkbox"/>	Business: Searching Expenses	\$	<u> </u>

Name of Client James Henry Mitchell *ml* Less - \$ *

Move from 217 N. Fargo Total \$ 300

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon	Emanuel Hospital Project Number: ORE. R-20

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

1. FULL NAME OF CLAIMANT James Henry Mitchell Family X Individual

2. DATE(S) OF MOVE
10-2-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-3-17

a. Address <u>217 N. Fargo</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>2</u>)
b. Apartment, Floor, or Room Number <u>Basement</u>	e. Date you moved into this address: <u>October 1970</u>
c. Was it furnished with your own furniture? <u> X </u> Yes <u> </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>4534 N.E. 12th, Portland, Or.</u>	c. Were household goods moved to or from storage? <u> </u> Yes <u> </u> No If "Yes", complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number <u> </u>	

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

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment	<u>100.00</u>	
(Consult local agency)		Total \$ <u>300.00</u>

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

9-27-72
Date

James H. Mitchell
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

James Henry Mitchell
217 N. Fargo
Portland, Or.

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

Mitchell, James Henry

Dwelling Unit Inventory

1 Beds & Springs
 _____ Bedroom Chair
1 Breakfast Table
6 Breakfast Table Chairs
 _____ Bridge Lamp & Shade
 _____ Buffet
 _____ Chest of Drawers
 _____ Coffee Table
1 Couch
 _____ Davenport
 _____ Desk
 _____ Dining Table
 _____ Dining Chairs
2 Dresser
 _____ End Table
 _____ Floor Lamp & Shade
 _____ Mirror

_____ Night Stand
 _____ Occasional Chair
 _____ Overstuffed Chair
 _____ Overstuffed Rocker
 _____ Range
1 Refrigerator: Brand _____
 _____ Rocker
 _____ Rug & Pad: Size _____
 _____ Stool
 _____ Table Lamp & Shade
 _____ Table, small
 _____ Vanity & Bench
1 Suitcases
 _____ Trunks
20 bx Cartons, Boxes, Etc.
1 Case Clothes
4 bx Bedding & Linens

Miscellaneous (List Items)

1 Stereo
1 TV

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Mitchell, James Henry Project Emmanuel
 2. Date(s) of move _____ Parcel No. A-3-17
 3. Dwelling unit from which you moved:
 Address 217 N. Fargo No. of rooms 2
 _____ Furnished Unfurnished Date you moved into this unit 05-19-72

4. Dwelling unit to which you moved:
 Address 4534 N.E. 124
 Were goods moved to or from storage? _____ Yes _____ No

5. Total claim \$ 100.00

 FIXED PAYMENT: \$200 + \$ 100.00 = \$ 300.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 _____ initial _____ supplementary _____ final

B. Storage period
 1. Total period: _____ months. Check one: _____ Actual _____ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____


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

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 _____ reimburse client (attach receipt or paid bill)
 _____ pay storage company directly (attach bill)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>100</u>			<u>10-4-72</u>
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>300</u>	<u>300</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>10/4/72</u>	<u>578 EH</u>	<u>\$ 300.00</u>			\$



Pioneer National Title Insurance Company

November 21, 1972

OREGON DIVISION
256-2270

Portland Development Commission
235 N. Monroe
Portland, Oregon

ESCROW NO. 397401
RE: PENN to MITCHELL
PROPERTY: 4534 NE 12th Avenue
Portland, Oregon

ATTENTION: James Crolley

Gentlemen:

In connection with the above numbered Escrow, we enclose the following:

- () Statement of Receipts and Disbursements
- () Our check # in the sum of \$

- | | | | |
|--|---------|------------------|------|
| () Deed recorded records of | County. | Book | Page |
| () Mortgage recorded records of | County. | Book | Page |
| () Note dated | | in the sum of \$ | |
| () Title Insurance Policy No. | | in the sum of \$ | |
| () Fire Insurance Policy in the amount \$ | | | |
- (XXX) Copy of Closing Statement for James Henry Mitchell.

Any other documents to which you are entitled will be forwarded as soon as they are available.

Yours very truly,
Pioneer National Title Insurance Company

By: Linda Dawes
LINDA DAWES-ESCROW OFFICER

lmt

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

EAST MULTNOMAH Branch Telephone: 256-2270

Esc. No. 397401 EMC

ESCROW STATEMENT

OCTOBER 1972

JAMES HENRY MITCHELL

PROPERTY ADDRESS 4534 N.E. 12th AVENUE

DESCRIPTION	HIGHLAND	Debit	Credit
CREDIT FROM SELLER FOR MORTGAGE BALANCE ASSUMED		\$	\$ 7,877 72
CREDIT FROM PORTLAND DEVELOPMENT COMMISSION			2,150 00
CREDIT FOR DEPOSIT FOR RENT			94 00
Deposit TO CLOSE			1,853 52 ✓
Title Insurance Policy No.			
Escrow Fee 1/2		36 00	
Taxes PRO RATA SHARE FROM 7/1/72 TO CLOSE 10/16/72			94 94
MULTNOMAH COUNTY TRANSFER TAX		12 65	
City Liens			
Reconveyance			
RECORDING			
Deed • PENN to MITCHELL		2 00	
Deed to			
Mortgage to			
Trust Deed to			
Release of Mortgage to			
Reconveyance			
Contract between and			
7.75% Interest Adjustment on \$ 7,877.72 from 10/1/72 to 10/16			27 13
Insurance pro rata on \$ from to			
PAY SELLER for real estate commission			
PAY SELLER for DEMAND FOR RESERVES		306 56	
PAY SELLER for DEMAND FOR OIL IN TANK		61 89	
PAY SELLER FOR DEMAND FOR DEED		11,500 00	
PAY WILLIS CLAY, INSURANCE FOR INSURANCE PREMIUM		77 00	
PAY OREGON MUTUAL SAVINGS BANK FOR ASSUMPTION FEE		50 00	
PAY SELLER DEMAND FOR RENT FROM 10/3/72 TO 10/16/72		43 86	
Balance - Our Check Herewith REFUND/MITCHELL		7 35	
Balance - Debit			
TOTAL		12,097 31	12,097 31

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By *Linda Dawes*
(MRS) LINDA DAWES, ASSISTANT ESCROW OFFICER

October 12, 1972

Pioneer National Title Insurance
East Multnomah Branch
227 N.E. 122nd
Portland, Oregon

Attention: Marguerite
Escrow Account No. 757401
James H. Mitchell

Gentlemen:

Enclosed is our warrant, number 535 EN, in the amount of \$2,150.00, which represents a Settlement Housing Payment for Tenants and Certain Others, which sum must be applied to the purchase price of the house in the form of a down payment or applied to satisfy eligible incidental expenses which must be approved by P.D.C.

If you have any questions regarding allocation of these funds,

very truly yours,

James H. Mitchell
Escrow Officer

Enclosure



FORM No. 671E (Revised)
Stevens-Ness Law Publishing Co.
Portland, Oregon 97204 TB

EARNEST MONEY RECEIPT

City Portland State Oregon

August 15, 19 72

RECEIVED FROM James Henry Mitchell

(hereinafter called "purchaser")
Dollars \$ 500.00

The sum of Five hundred and no/100

in the form of Demand Note

as earnest money and in part payment for the purchase of the following described real estate situated in the City of Portland County of Multnomah State of Oregon to-wit: Real property commonly known as 4534 NE 12th Avenue, house, lot and improvements.

for the sum of Eleven thousand five hundred and no/100

which we have this day sold to said purchaser
Dollars \$ 11,500.00

on the following terms, to-wit: The sum, hereinabove received for, of Five hundred and no/100

Dollars \$ 500.00

On owners acceptance as additional earnest money, the sum of Approx. three thousand one hundred

Dollars \$ 3,100.00

Balance of Approximately seven thousand nine hundred

Dollars \$ 7,900.00

payable as follows: Purchaser agrees to assume and pay existing loan of approximately \$7,900.00.

Purchaser to pay reserves of approximately \$275.00.

Purchaser to reduce mortgage balance with an additional \$2,000 on closing. Oil and in tank to be prorated as of closing date. This transaction subject to approval of home by Portland Development Commission. SELLER TO PAY - EXT. 624V

The insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title. It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance; or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements or record and:

Existing mortgage of record

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached linoleum, attached television antennas, oil shrubs and trees and all fixtures except:

None

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price:

Wall to ex Wall carpeting in living room.

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be pro rated on a calendar-year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. **SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW. THE COST OF WHICH SHALL BE BORNE EQUALLY BETWEEN SELLER AND PURCHASER.** on closing but no sooner than 14 days from acceptance of offer.

Possession of said premises is to be delivered to purchaser on or before , 1972, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the losing party therein agrees to pay the prevailing party therein (1) the prevailing party's reasonable attorney's fees in such suit or action, to be fixed by the trial court, and (2) on appeal if any, similar fees in the appellate court, to be fixed by the appellate court.

Address: 10210 SE Washington
Phone: 255-0220 (D) 254-1004 (H)

By: S. J. Founder Realty
Jack [Signature] Broker

AGREEMENT TO PURCHASE August 15, 19 72

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$ 11,500.00 as set forth above and grant to said agent a period of days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed containing to be

In name of James Henry Mitchell, a single man.
Address: 217 N. Fargo
Phone: 284-9600 (Bus.)

Purchaser [Signature] (SEAL)
[Signature] (SEAL)

AGREEMENT TO SELL AUG 17, 19 72

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when passed.

Address: 4534 NE 12 AVE
Phone: 252-3036

Seller [Signature] (SEAL)
[Signature] (SEAL)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.

Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance.
DATE 8/15/72 Purchaser [Signature]

Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on , 1972
Return receipt card received , 1972
and attached to broker's copy

check

Date September 11, 1972

NOTICE OF VIOLATION OF CITY ORDINANCE

Location 4534 NE 12

Owner Property Owner Address _____

Tenant _____ Building occupied as _____

A recent inspection indicates that the electrical wiring and/or equipment at the above location violates the Electrical Ordinance of the City of Portland in the following particulars:

Cord use on kitchen work space. A plug is needed.
Cord in bathroom to electric toothbrush.

Water heater wiring is illegal.

Service is too small for demand load.

Surface non-metallic wiring has to be made legal.

Grounded laundry circuit required.

Illegal switch in storage room in basement.

Broken switch and inoperative lights in basement.

Permanent drop cords in basement need removal.

cc: Housing Division.
S. J. Pounder Realty Co., 10210 SE Washington St.

IMPORTANT - This wiring and/or equipment must be placed in a safe condition not later than
September 25, 1972

Before any electrical work may be installed, altered and/or repaired, a permit shall be secured from the Electrical Division, Room 120, City Hall. Have your electrician consult the Electrical Division for complete details of violation.

JR:hg

By Jeff Roberts
Electrical Inspector

August 25, 1972

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

Attn: Jim Crolley

Re: 4534 N. E. 12 Avenue

Dear Sirs:

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

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

1. Front entry steps are settled and dry rot is apparent.
2. Cellar and second story stairways lack adequate safety handrails.
3. Access door between the garage and the dwelling unit lacks the required one-hour fire resistive construction.

Due to obvious deficiencies in the plumbing and electrical installation, it will be necessary that you request an inspection from the respective divisions for their certification.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CHC:va
cc: Mr. H. W. Penn
4534 N. E. 12 Avenue
Plumbing & Electrical Div.

ccc

52-54643

ALBINA REAL ESTATE

Property Management • Rentals • Leases • Sales

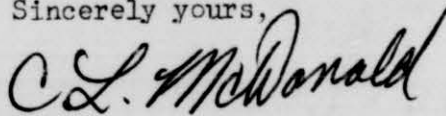
3120 N. Williams Avenue
Portland, Oregon 97227
282-5571

August 9, 1972

TO WHOM IT MAY CONCERN:

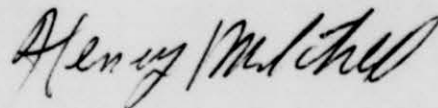
Mr. Henry Mitchell has been employed from time to time as a utility man for C.L. McDonald, the undersigned. His earnings the past five months have been \$931.00

Sincerely yours,



C.L. McDonald

CLM:C



MEMORANDUM

Date

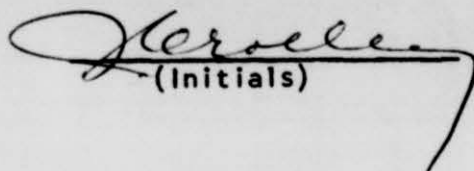
Sept 8, 1972

TO: Rehab Ben Webb
FROM: Relocation - Emanuel Office
SUBJECT: Relocation Housing Inspection

James Henry Mitchell has come on our caseload by
being displaced from his/her residence at 217 N. Fargo
by Emanuel Project.

Mr. Mitchell has found a replacement dwelling
at 4534 N.E. 12th. Will you please have the property
inspected to insure that it meets relocation standards ^{as it applies in the Model} and a copy of the Cities
Area.
inspection report sent to me.

An appointment to inspect the property may be made by calling S. J. Pounder
256-0220


(Initials)

P.S. Please have this inspection made by Rehab.

August 25, 1972

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

Attn: Jim Crolley

Re: 4534 N. E. 12 Avenue

Dear Sirs:

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

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

1. Front entry steps are settled and dry rot is apparent.
2. Cellar and second story stairways lack adequate safety handrails.
3. Access door between the garage and the dwelling unit lacks the required one-hour fire resistive construction.

It is recommended that you refer to the above conditions in the plumbing and electrical code books. It is also recommended that you refer to the Building Code for the City of Portland, Oregon, for further information.

It is recommended that you refer to the above conditions in the plumbing and electrical code books. It is also recommended that you refer to the Building Code for the City of Portland, Oregon, for further information.

Yours truly,

C. N. CHRISTENSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Cheyridon
Chief Housing Inspector

Copy
cc: Mr. H. W. Penn
4534 N. E. 12 Avenue
Plumbing & Electrical Div.

CC

53-54643

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

Washington, D.C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, [illegible]

SUBJECT: [illegible]

DATE: [illegible]

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

October 2, 1972

BUREAU OF BUILDINGS

CITY OF PORTLAND

C. N. CHRISTENSEN, Chief

Building Division
C. C. Clark, Chief

Electrical Division
S. A. Hildebrand, Chief

Plumbing Division
George W. Wilson, Chief

Sanitary Division
Albert Clark, Chief

Housing Division
S. J. Christensen, Chief

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

Attn: Jim Crolley

Box 4534 N. E. 12 Avenue

Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTENSEN
BUILDING DIVISION CHIEF

S. J. Christensen

cc: Mr. E. J. [unclear]
S. J. Christensen

Location 4534 N. E. 12th Avenue Date September 3 1972
 Owner John W. Penn Address 4534 N. E. 12th Avenue

TO HOUSING: **NOTICE OF DEFECTS IN PLUMBING SYSTEM**

Your attention is called to the following defects in the plumbing system at the above address. Please have these defects corrected to comply with the Plumbing Code, Ordinance No. 17422. If you desire further explanation as to the corrections required, please call 523-5141, Ext. 437 between the hours of 8:00 and 9:00 a.m. and ask for Mr. F. Schofield of the Plumbing Division, who will arrange to meet you on the premises.

A recent plumbing inspection at the above address revealed the following violations:

1. The laundry tray is improperly connected to waste line.
2. The water heater lacks Code pressure relief valve.
3. The wash basin line in basement needs repairs.

If further information is desired, please contact this office.

GWN:DH

CITY PLUMBING INSPECTOR

By: *George M. Wallace*

Copies to: Please check off.

Housing Division X

Health Bureau

Owner X

Agent X S. J. Founder Realty - 4227 N. E. Sandy Blvd

Other X P.D.C. - 5630 N. E. Union Avenue.

MEMORANDUM

Date 9-8-72

TO: Rehab
FROM: Relocation - *Emanuel Office.*
SUBJECT: Relocation Housing Inspection

James Henry Mitchell has come on our caseload by
being displaced from his/her residence at 217 N. Fargo
~~4530 N.E. 12th~~
by Emanuel Project.

Mr Mitchell has found a replacement dwelling
at 4530 N.E. 12th. Will you please have the property
inspected to insure that it meets relocation standards, ^{as it applies in the model} and a copy of the ^{city area}
inspection report sent to me.

An appointment to inspect the property may be made by calling S. J. Pender
256-0220

Hershey
(Initials)

P.S. Please have ^{this} inspection made
by Rehab.

R E C E I P T

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

James, Michael

8-8-72
date

PORTLAND DEVELOPMENT COMMISSION

OFFICE ADDRESS
BRANDER BOULEVARD, PORTLAND
222 N. BOND ST.
PORTLAND, OREGON 97207
PHONE 555-6100

September 1, 1971

Mr. James H. Mitchell
217 N. Fargo
Portland, Oregon

Dear Mr. Mitchell:

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

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

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

Please check with us before moving. We are available during our regular office hours, Monday through Friday, 9:00 a.m. to 5:00 p.m. Our office is located at 222 N. Bond Street.

We look forward to meeting you soon.

SDJ:ch
Enclosure