

| | DESCRIPTION | ROLL NO | ODOMETER |
|----------------------|---|---------|----------|
| PARCEL NO. AB-3-8 | STOKES, SAMUEL 2931 N. GANTENBEIN | | |
| PARCEL NO. E-3-5 | STUART, JERRY A. JR. 2648 N. COMMERCIAL CT. | | |
| PARCEL NO. R-8-12 | TAYLOR, BIRDIE LEE 3229 N. GANTENBEIN | | |
| PARCEL NO. R-8-1 | THOMAS, AUGUSTINE (MRS.) 302 N. COOK (DECEASED) | | |
| PARCEL NO. RS-4-9 | THOMAS, CHARLES 7 N. RUSSELL #8 | | |
| PARCEL NO. R-8-1 | THOMAS, WILLIE 300-302 N. COOK | | |
| PARCEL NO. E-4-3 | THOMPSON, FRED 322 N. KNOTT | | |
| PARCEL NO. A-3-6 | THOMPSON, HEWEY 242 N. COOK | | |
| PARCEL NO. E-3-2 | TURNER, REV. BRADY 508 N. KNOTT | | |
| PARCEL NO. E-2-2 | TURNER, FLORENCE 532 N. GRAHAM | | |
| PARCEL NO. A-4-4 | TURNER, QUEEN E. 260 N. IVY | | |
| PARCEL NO. E-3-8 | VAN ZILE, HAZEL 2640 N. KERBY | | |
| PARCEL NO. A-4-2 | VERNON, CECIL L. 222 N. IVY | | |
| PARCEL NO. AB 3-5 | WALLIN, JACOB E. 413 N. STANTON | | |
| PARCEL NO. RS-4-4 | WALTON, LLOYD & WILLIE MAE . 102-06 N. KNOTT | | |
| PARCEL NO. E-4-1 | WARD, ARTHUR B. 2651 N. GANTENBEIN | | |
| PARCEL NO. E-4-1 | WARD, BILLY L. 2651 N. GANTENBEIN | | |
| PARCEL NO. R-8-2 | WARREN, LEO & INA 312 N. COOK | | |

RESUME

Stuart, Jerry A Jr.
DISPLACEE

Oct 30, 1975
DATE

Jerry has been very cooperative client
all of his benefits have now been paid.
He seemed to be very satisfied

J. Beckett
RELOCATION ADVISOR

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME STUART, Jerry A., Jr. RELOCATION ADVISOR JC
 ADDRESS 2648 N. Commercial Ct. PHONE 282-7555 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 24 PARCEL NO. E-3-5
 MARITAL STATUS single TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

| |
|-------------------------------------|
| DATE ON SITE: <u>Sept. 28, 1970</u> |
| INITIATION OF NEGOTIATIONS: _____ |
| DATE OF ACQUISITION: _____ |

ECONOMIC DATA

Employer STUDENT- Bonneville Power \$ 300.00
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 300.00

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DWELLING UNIT FROM WHICH RELOCATED

| | | S | SS |
|-------------------|-----------------|---|----|
| Subsidized Sales | Single Family | | X |
| Subsidized Rental | Multiple Family | | |
| Public Housing | Duplex | | |
| Private Rental | Mobile Home | X | |
| Private Sales | | | |

Age of Structure 1909 No. Rooms _____
 No. Bedrooms _____ Furn. _____ Unfurn _____
 Utilities \$ 20.00
 Monthly Payments (Rent) \$ 46.50
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

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 239 N. E. Graham Phone _____ Date of Move October 2, 1971

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area ___

Utilities \$ ___ Monthly Payments (Rent) \$ 65.00 Purchase Price \$ ___

Age of Structure: ___ Taxes \$ ___ Equity \$ ___ Distance Moved Away ___

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

| Type | Ck # | Date | Amount |
|---------------|---------|----------|-----------|
| RHP | | | \$ |
| TACO (Rental) | 313 EH | 2/29/72 | \$ 982.20 |
| TACO (Rental) | 692EH | 2/21/73 | \$ 982.20 |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Sales) | | | \$ |
| Fixed Moving | 28317 G | 12/21/71 | \$ 380.00 |
| Actual Move | | | \$ |
| Storage | | | \$ |
| Incidental | | | \$ |
| Interest | | | \$ |

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL: \$3,928.80

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 1117 EH

DATE October 29, 1975

PAY TO **Jerry A. Stuart, Jr.**

\$ **982.20**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|----------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 2648 N. Commercial Ct. (Parcel E-3-5). Total approved \$3,928.80 4th and FINAL Payment <i>X Jerry A. Stuart, Jr.</i> | \$982.20 |

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: E-3-5

PAYABLE TO: JERRY A. STUART, JR

| | | |
|---|----|-----------------------------|
| For: <u> </u> RHP for Homeowners | \$ | <u> </u> |
| <u> </u> Incidental Expenses for Homeowners or Tenants | \$ | <u> </u> |
| <u>X</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u> </u> ^{INITIAL & FINAL} ; Annual amount \$ | | <u>982.20</u> |
| <u> </u> RHP - Tenants & Certain Others - Downpayment | \$ | <u> </u> |
| <u> </u> Settlement Costs (on acquisition by LPA only) | \$ | <u> </u> |
| <u> </u> Interest Expense | \$ | <u> </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 | \$ | <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 JERRY A. STUART, JR Family Less - \$ *

Move from 2648 N. COMMERCIAL CT Individual Total \$ 982.20

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

0500 X10 901

JHEW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: *Stavelley* (Relocation Advisor) DATE January 14, 1975

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Jerry A. Stuart, Jr. (Emanuel) 9464 N. Woolsey (HAP Housing)
(Displacee) (Address)

No. 4th & final \$982.20 February 1975
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5915 N.E. 27th

Date Inspected: 10-10-75 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: *Ruthella R. Stuart*
(Displacee) for Jerry A. Stuart

SIGNED: *Stavelley*
(Relocation Advisor)

DATE: (WIFE OF JERRY IMARRIED SINCE DISPLACEMENT - ACCERT. 24-000)

DATE: 10-10-75

TO: *Bob Douglas*

DATE: 10-10-75

FROM: _____

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: JERRY A. STUART, JR

PROJECT: EMANUEL

FOR: RENT ASSISTANCE - TACO

AMOUNT: 982.20

SIGNED: *Stavelley*

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

RECEIVED

OCT 9 1975

PORTLAND DEVELOPMENT COMMISSION

Jim
Crolley

| | |
|------------------|----|
| Del. to Route | |
| D. One | |
| D. Two | |
| D. Three | cc |
| D. Four | |
| D. Five | |
| D. Six | |
| D. Seven | |
| D. Eight | |
| D. Nine | |
| D. Ten | |
| D. Eleven | |
| D. Twelve | |
| D. Thirteen | |
| D. Fourteen | |
| D. Fifteen | |
| D. Sixteen | |
| D. Seventeen | |
| D. Eighteen | |
| D. Nineteen | |
| D. Twenty | |
| Master File Copy | / |

October 9, 1975

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

Re: 5915 N.E. 27th Avenue


Gentlemen:

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, single-family dwelling and detached garage at the above address.

Our inspector reports the structures comply with City Housing regulations at this time and are in standard condition.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR


S. J. Chegwidde
Senior Building Inspector

cc: Mr. Jerry Stuart, 5915 NE 27th Ave., Portland, Oregon 97211

January 27, 1975

Mr. Jerry Stuart
5915 N. E. 27 Avenue
Portland, Oregon 97211

Re: 5915 N. E. 27 Avenue

Dear Mr. Stuart:

As a result of a request by Portland Development Commission for possible relocation, an inspection was made of your two-story, wood frame, single-family dwelling and detached garage at the above address.

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

- X 1. Front exterior concrete steps have excessive riser height--existing is 9". The maximum allowable is 8".
- X 2. Rear exterior concrete steps have excessive variation in riser height--risers vary from 3" to 6". The maximum allowable is 1/4".
3. Rear wood gate is rotted and broken.
- X 4. Garage roof is rotted; portions are missing and leaking.
5. Garage downspouts are partially missing.
6. Electrical violations noted include the following: unauthorised wiring for dryer; inspection by the City Electrical Division will be necessary.
7. The clothes dryer lacks ventilation to the exterior of the structure.
8. The hot water tank lacks an approved A.S.M.E. pressure relief valve and drainpipe.

It will be necessary, therefore, for you to initiate corrective action, under proper permit where required, within thirty (30) days from the date of this letter, or it may become necessary for the Bureau of Buildings to post the structure as a substandard building.

Mr. Jerry Stuart
Page 2
January 27, 1975

AV

Your attention is called to Section 29.12.030 of the Portland Housing Ordinance #130672 which provides for your right to appeal to the Housing Advisory & Appeals Board.

Should you have any questions concerning this inspection report, please feel free to call the Bureau of Buildings, Housing Division, 2200 N. E. 24 Avenue, Telephone 288-6077 or 248-4500.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
S. J. Chegwidden
Chief Housing Inspector

WNC:rz

cc: Portland Development Commission
235 N. Monroe Street
Plumbing & Electrical Divisions

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable) Emanuel Hospital Project
PROJECT NUMBER: ORE R-20

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

STUART, Jerry A., Jr.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-3-5

- a. Address: 2648 N. Commercial Ct., Portland, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$ 46.50
e. Date you moved out of this dwelling: October 2, 1971
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 239 N. E. Graham, Portland, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 1

- d. Monthly rental: \$ 65.00
e. Date you moved into this dwelling: October 2, 1971
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

- a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: \$ _____

- d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: _____

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: _____
b. Address of dwelling unit to which you moved (include ZIP code): _____
c. Date of move: _____
Month-Day-Year

- d. Monthly rental for temporary unit: \$ _____
e. Will you require temporary housing for more than 3 months?
Yes No
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.

February 17, 1972
Date

Jerry G. Stewart Jr.
Signature of Claimant (s)

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

| COSTS INCURRED BY CLAIMANT | | | | FOR LOCAL AGENCY USE |
|----------------------------|---|----------------------------------|--|------------------------|
| Item (a) | 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.)

**WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME AND ADDRESS OF CLAIMANT:

Stewart, Jerry
239 N E Graham

COMPUTATION PREPARED BY:

Carroll, James
Name
12-16-71
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit 2 \$ 128.35
 (cost based on: Schedule
 Comparative
 Other 7125)
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 46.50

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | |
|--------|-------------------|-------------------|
| Line 1 | \$ <u>128.35</u> | |
| Line 2 | - \$ <u>46.50</u> | |
| | \$ <u>81.85</u> | |
| | X <u>48</u> | |
| | | \$ <u>3928.80</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,
 enter \$4,000. If amount on Line 3 is less than
 \$4,000, enter amount on Line 3.) \$ _____
5. Minus adjustments (Attach full explanation) - \$ _____
6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 3,928.80
7. Annual Payment \$ 982.20

(Enter this amount in the space provided in Block 3 on
 page one of Replacement Housing Payment for Tenants
 and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be
 made. If the amount on Line 6 is more than \$500, divide the payment by 4.
 The resultant amount is the total of each of four annual payments to be
 made; enter on Line 7.

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

NAME OF CLAIMANT STUART, Jerry A., Jr.

Parcel No. E-3-5

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: 9-28-70

Date of Acquisition: (not acquired)

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: 9-28-70

Date of Initiation of Negotiations: 10-21-71

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 \$ 3,928.80 is authorized.

2-28-72
Date

[Signature]
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 | | | \$ _____ |
| (2) Annual payment | | | |
| 1st Year <u>\$982.20</u> | <u>2-29-72</u> | <u>313 EH</u> | <u>\$ 982.20</u> |
| 2nd Year | <u>2/21/73</u> | <u>692 EH</u> | <u>\$ 982.20</u> |
| 3rd Year | <u>2-6-74</u> | <u>886 EH</u> | <u>\$ 982.20</u> |
| 4th Year | <u>10-28-75</u> | <u>117 EH</u> | <u>\$ 982.20</u> |
| b. Claimant moved to unit he purchased | | | \$ _____ |
| c. Homeowner temporarily displaced | | | \$ _____ |

40
JS

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. ORE R 70

1. Full name of claimant: _____ Family Individual

Jerry A Stuart Jr.

2. Dwelling unit from which you moved:

Parcel No. 2-3-5

a. Address _____

c. Number of bedrooms 2

2648 N Commercial Ct

d. Monthly rental \$ 46.50

b. Apartment or room number _____

e. Date displaced October 2, 1971

3. Dwelling unit to which you moved (RENTAL)

a. Address _____

c. Number of bedrooms 1

239 NE Graham

d. Monthly rental \$ 65.00

b. Apartment or room number _____

e. Date moved in October 2, 1971

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

b. Number of bedrooms _____

d. Incidental expenses \$ _____

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 9-28-70

Date of acquisition (not acquired)

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 9-28-70

Date of initiation of negotiations X

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3,928.80)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

February 11, 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. Chegwidan, Chief

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

Re: 239 N. E. Graham Street

Attn: Mr. Jim Crolley

Dear Sirs:

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

Our inspector reports the second-story one-bedroom apartment is in standard condition at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidan
Chief Housing Inspector

JSM:ms

cc: Mr. Loy Sing Yee
c/o Portland Dev. Commission
Mr. Jerry Stuart
239 N. E. Graham Street

C O P Y



UNITED STATES NATIONAL BANK OF OREGON

LLOYD CENTER BRANCH PORTLAND

No. 105

24-123 1230

MAY 27 19 71

old Rent

PAY TO THE ORDER OF

Mr. [unclear]

\$ 46.90

Dollars

JERRY A. STUART, JR.
2648 North Commercial Court
Portland, Oregon 97227

Jerry A. Stuart, Jr.

⑆ 1230 ⑆ 0123 ⑆

27 235 ⑆

⑆ 0000004650 ⑆

24-4
PAYEE'S P.E.N.
THE FIRST NATIONAL BANK
OF OREGON
2648 NORTH COMMERCIAL COURT
PORTLAND, OREGON 97227

⑆ 0000004650 ⑆

DEPOSIT TO THE ACCOUNT
OF THE PAYEE NAMED
HEREON OR TO THE ORDER OF THE
PAYEE OR TO THE ORDER OF THE
PAYEE'S BANK OF OREGON
24-123 Portland, Oregon 24-123

THE CITY OF
PORTLAND



OREGON

Date: April 17, 1975

Mr. Jerry A. Stuart, Jr.
239 N.E. Graham
Portland, Oregon 97212

SUBJECT: Rent Assistance Payments

DEPARTMENT OF
DEVELOPMENT AND
CIVIC PROMOTION

PORTLAND
DEVELOPMENT COMMISSION

Bob Walsh, Chr.
Elaine Cogan
Robert Ames
Dennis Lindsay

John B. Kenward
Executive Director

1700 S.W. Fourth Avenue
Portland, Oregon 97201
503-224-4800

Dear Mr. Stuart:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PROJECT, you were determined to be eligible to receive a rent assistance payment of \$ 3,928.80 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

Benjamin C. Webb

Benjamin C. Webb
Chief, Relocation

BCW:s
Enc. 1

October 9, 1975

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

Re: 5915 N.E. 27th Avenue

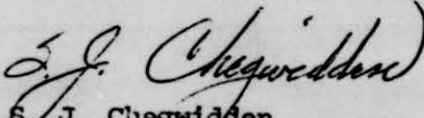
Gentlemen:

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, single-family dwelling and detached garage at the above address.

Our inspector reports the structures comply with City Housing regulations at this time and are in standard condition.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR


E. J. Chegwidde
Senior Building Inspector

cc: Mr. Jerry Stuart, 5915 NE 27th Ave., Portland, Oregon 97211 ✓

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: E-3-5

PAYABLE TO: Jerry A. Stuart Jr.

| | | | |
|-------------------------------------|---|----|-------------------|
| For: <u> </u> | RHP for Homeowners | \$ | <u> </u> |
| <u> </u> | Incidental Expenses for Homeowners or Tenants. | \$ | <u> </u> |
| <input checked="" type="checkbox"/> | RHP - Tenants & Certain Others - Rental: Total approved <u>\$3928.80</u> Annual amount <u>3 yrs</u> | \$ | <u>982.20</u> |
| <u> </u> | RHP - Tenants & Certain Others - Downpayment | \$ | <u> </u> |
| <u> </u> | Settlement Costs (on acquisition by LPA only). | \$ | <u> </u> |
| <u> </u> | Interest Expense | \$ | <u> </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. | \$ | <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 Jerry A. Stuart Jr. Less - \$ *

Move from 2648 W. Commercial Total \$982.20

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

OK UNR

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon (Relocation Advisor) DATE January 28, 1974

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Jerry A. Stuart, Jr. (Displacee) 239 N.E. Graham (Address)

No. 3rd (annual payment) \$ 982.20 (amount) 2/74 (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 9464 N. Woolsey Ave.

Date Inspected: HAP Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: The Displacee moved into the dwelling at above address Jan 1, 1974. Housing Authorities of Portland.

SIGNED: Jerry A. Stuart Jr. (Displacee) SIGNED: Alma Gordon (Relocation Advisor)

DATE: Jan. 29, 1974. DATE: 1-29-74

TO: Bob Douglas DATE: 1-30-74

FROM: Alma Gordon

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Jerry A. Stuart Jr.

PROJECT: Emanuel R-20

FOR: 3rd Annual TACO Payment

AMOUNT: \$982.20

MS

SIGNED: Alma Gordon

281-9164

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-3-5 Advisor JCC
Client's Name J. Stuart Jerry Phone _____
Address 2648 N. Commercial Ethn B Age 24

- Male Family Married Renter/Occupant
- Female Individual Single Owner/Occupant

Family Composition

Economic Data

Total Number in Family 1
_____ wife, husband

Employer \$ 300-
Address _____

Other: Relation Age Relation Age

| | | | |
|------------------|--|--|--|
| <u>Ruthchile</u> | | | |
| | | | |
| | | | |
| | | | |

Other Source of Income \$ _____
\$ _____
Total Monthly Income \$ (300-)

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

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 2-16-71 Date of Info pamphlet delivery _____
Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 9-28-70

(a) for owner-occupants - Indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 10-21-71

Date of Acquisition 2-23-72
4-4-72

Date of letter of intent _____

Date of move 10-2-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1909
 Size of Habitable Area 270 ft²
 Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 3 Rent Paid \$ 46.50 Utilities 20
 ✓ Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 239 NE Graham LPA Referred _____ Self Referred _____

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

Outside city Outside state
 ✓ Age of Housing Unit 75 Plus
 ✓ Size of Habitable Area 340.17
 ✓ No. of Rooms 4 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ 3928.80
 Amount of Annual Payment \$ 982.20

✓ No. of Housing Referrals to:

_____ Standard Sales
 _____ Standard Rent

Agency Referrals: ✓

0 MCW 0 HAP 0 OTHER (_____)
0 Food Stamp 0 Legal Aid 0 Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

Stuart, Jerry A. Jr. Anna,

called

12/26/73 - Will move by end of year to
9464 N. Woolsey ✓

285-2039- (new wife's phone)

- Columbia Villa -

Married - 12-23-73

(has a family of 4 now)

Moved 1 Jan 74

1/19/75

called -

moved to 5915 NE 27th

work for Tri-mex - (driver)

Phone 281-9164

Wife's name Ruthella R. Stuart

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 692 EH

DATE February 21, 1973

PAY TO **Jerry A. Stuart, Jr.**

\$ **982.20**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|--------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 2648 N. Commercial Court (Parcel E-3-5). Total approved \$3,928.80 2nd annual payment <u>\$982.20</u> <i>Jerry A. Stuart Jr.</i> | |

Account Distribution

NO. TITLE AMOUNT

0606 E60 901

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: E-3-5

PAYABLE TO: JERRY A. STUART, JR

| | | | |
|------|--|----|---------------|
| For: | RHP for Homeowners | \$ | |
| | Incidental Expenses for Homeowners or Tenants | \$ | |
| | X RHP - Tenants & Certain Others - Rental: Total approved <u>\$3428.80</u> ; Annual amount <u>2nd</u> \$ <u>982.20</u> | \$ | <u>982.20</u> |
| | RHP - Tenants & Certain Others - Downpayment | \$ | |
| | Settlement Costs (on acquisition by LPA only) | \$ | |
| | Interest Expense | \$ | |
| | Fixed Moving Payment | \$ | |
| | Dislocation Allowance | \$ | |
| | Actual Moving Costs | \$ | |
| | Storage Costs | \$ | |
| | Business: Moving Expenses | \$ | |
| | Business: In Lieu Payment | \$ | |
| | Business: Storage Costs | \$ | |
| | Business: Loss of Property | \$ | |
| | Business: Searching Expenses | \$ | |

Name of Client JERRY A. STUART, JR Less - \$ _____ *

Move from 2648 N. COMMERCIAL CT MC Total \$ 982.20

Accounting: Indicate symbol and Accounting No. 2nd
_____ Relocation Payment; _____ Project Cost *(_____)

tenant

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL E 3-5

NAME Stuart, Jerry ADDRESS 2648 N Commercial Ct. APT NO. —

WORK (234-3261 #4697)
PHONE 282-7555

INITIAL INTERVIEW _____ SEX M W _____ NW B AGE 24

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE SEP 28 1970

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Student
Employer: Name Ponnetville Power \$ 300.00
Address _____
MCW Caseworker _____
Social Security _____
Va. Fed. Mult Co. _____
Pension: Name _____
Other: Name _____

TOTAL MONTHLY INCOME 300.00

Rent 46.50, Inc. Heat GAS Water inc Gas 15.00 Gar _____ Elec 5.00 Unfurn _____ Furn _____ No. Rms 4

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hgs. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
Date _____ Worker _____

RELOCATION REFERRALS:

| Address | Inspection Certified By | Date |
|---------|-------------------------|------|
| | | |
| | | |
| | | |
| | | |

NEW ADDRESS: 239 N.E. Graham Zip _____ Phone _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 886 EH

DATE February 6, 1974

PAY TO **Jerry A. Stuart, Jr.**

\$982.20

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|--|-----------------------------|--|---------------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 2648 N. Commercial (Parcel E-3-5). Total approved \$3,928.80 3rd annual payment | \$982.20 |
| <i>Jerry A. Stuart Jr.</i> Received | | | <i>Feb. 8, 1974</i> |

Account Distribution

NO.

TITLE

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: J.C. (Relocation Advisor) DATE February 7, 1973

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Jerry A. Stuart, Jr. (Displacee) 239 N. E. Graham (Address)

No. 2 (annual payment) \$ 982.20 (amount) 2/29/73 (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: Same

Date Inspected: 2-13-73 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: This is same address ^{that was} inspected by city and found to be standard. I found it to be still in standard condition

SIGNED: Jerry A. Stuart, Jr. (Displacee)

SIGNED: James C. Crolley (Relocation Advisor)

DATE: 2-13-73

DATE: 2-13-73

TO: Bob Douglas

DATE: 2-13-73

FROM: James C. Crolley

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Jerry A. Stuart, Jr.

PROJECT: Emanuel

FOR: TACO Payment Relocation

AMOUNT: 982.20

SIGNED: W.S. Jones
W.S.J.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 313 EH

DATE February 29, 19 72

PAY TO **Jerry A. Stuart, Jr.**

\$ **982.20**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|---|--------|
| | | Reimbursement for RHP for Tenants per claim filed. From 2648 N. Commercial (Parcel E-3-5). Total approved \$3,928.80 1st Annual Payment \$982.20 | |

Account Distribution

| NO. | TITLE | AMOUNT |
|--------|-------------------------------|----------|
| E 1501 | Relocation Payment (RHP) (EH) | \$982.20 |

Received 3-1-72 Jerry A. Stuart Jr.

MS

JMS

PORTLAND DEVELOPMENT COMMISSION

SEVE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
Phone 286-8100

September 1, 1971

Mr. Jerry A. Stuart, Jr.
2648 N. Commercial Ct.
Portland, Oregon

Dear Mr. Stuart:

As you may know, you are situated in the Emanuel 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 in order to determine your eligibility for benefits. A summary of the types of 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 and amounts 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 making any move. If you are unable to do so during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 286-8100. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin G. Webb
Chief, Relocation and
Property Management

BCV:ch
Enclosure

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

February 11, 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

Re: 239 N. E. Graham Street

Attn: Mr. Jim Crolley

Dear Sirs:

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

Our inspector reports the second-story one-bedroom apartment is in standard condition at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:ms

cc: Mr. Loy Sing Yee
c/o Portland Dev. Commission
Mr. Jerry Stuart
239 N. E. Graham Street

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 28317 G

DATE December 21, 19 71

PAY TO THE ORDER OF Jerry A. Stuart, Jr.

\$ 380.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON
S.W. Fifth and College Branch
Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|---|-----------------|
| | | Reimbursement per Claim for Relocation Payment filed. Move from 2648 N. Commercial Court (E-3-5) to 239 N. E. Graham. Dislocation Allowance \$200.00 Fixed Payment - Own furniture <u>180.00</u> | <u>\$380.00</u> |

Account Distribution

| NO. | TITLE | AMOUNT |
|--------|--|----------|
| E 1501 | Relocation Payments (EH) (Fixed - Own furniture - Individual) | \$380.00 |

AL

Received: Jerry A. Stuart, Jr.

BD

**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 97201 | Emanuel Hospital Project 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 STUART, Jerry A. Jr. Family Individual

2. DATE(S) OF MOVE October 2, 1971

| | |
|---|---|
| 3. DWELLING UNIT FROM WHICH YOU MOVED | PARCEL NO. <u>E-3-5</u> |
| a. Address <u>2648 N. Commercial Court</u> | d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>4</u>) |
| b. Apartment, Floor, or Room Number <u>---</u> | e. Date you moved into this address: <u>9-28-70</u> |
| c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 4. DWELLING UNIT TO WHICH YOU MOVED | c. Were household goods moved to or from storage? |
| a. Address (include ZIP Code) <u>239 N. E. Graham, Portland, Oregon 97212</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Apartment, Floor, or Room Number <u>---</u> | If "Yes", complete table, "Statement of Claim for Storage Costs" |

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

| | | |
|------------------------|-----------------|------------------------|
| Dislocation Allowance | <u>\$200.00</u> | |
| Fixed Moving Payment | <u>180.00</u> | |
| (Consult local agency) | | Total \$ <u>380.00</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.

December 20th, 1971
Date

Jerry A. Stuart
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:

Jerry A. Stuart, Jr.
239 N. E. Graham
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

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

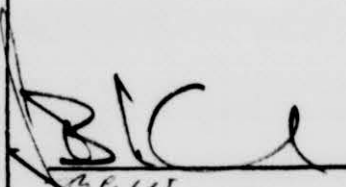
If "Yes," explain basis for approved amount:

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:

(For Local Agency Use Only)

(Complete either A or B:)

| Item | Amount <u>1/</u> | Authorized Signature | Date |
|--|------------------|---|-----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ 180.00 | |  BICE B.C.W. | <u>12-20-71</u> |
| 2. Dislocation allowance \$ 200.00 | | | |
| 3. Total \$ 380.00 | <u>380.00</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>12/21/71</u> | <u>28317 G</u> | <u>\$ 380.00</u> | | | \$ |
| | | | | | |
| | | | | | |

Dwelling Unit Inventory

*2 Bedroom (one for study)
kitchen
b.w. room*

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

1 Night Stand
 _____ Occasional Chair
 _____ Overstuffed Chair
 _____ Overstuffed Rocker
 _____ Range
 _____ Refrigerator: Brand _____
 _____ Rocker
3 Rug & Pad: Size 2 (thick)
476
 _____ Stool
 _____ Table Lamp & Shade
 _____ Table, small
 _____ Vanity & Bench
1 Suitcases
 _____ Trunks
10 Cartons, Boxes, Etc.
1 Clothes, *closet*
1 bx Bedding & Linens

Miscellaneous (List Items)

1 TV
1 Stereo
6 tanks of Tropical fish
Step ladder

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Jerry A. Stuart, Jr. Project Emanuel
 2. Date(s) of move October 2, 1971 Parcel No. E-3-5
 3. Dwelling unit from which you moved:
 Address 2648 N. Commercial Ct. No. of rooms 4
 ___ Furnished Unfurnished Date you moved into this unit 9-28-70

4. Dwelling unit to which you moved:
 Address 239 NE Graham
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 180.00

 FIXED PAYMENT: \$200 + \$180.00 = \$380.00

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)

December 13, 1971

Mr. Jerry Stuart
239 N. E. Graham
Portland, Oregon 97212

Dear Mr. Stuart:

It appears that you are eligible for moving expenses in the sum of \$120.00 as a displacee from the Emanuel Hospital Urban Renewal Project. In addition, you may be eligible for additional benefits under our Replacement Housing Payment for Tenants claim.

Please contact me at the above office regarding your benefits.

Very truly yours,

2

HOUSING RESOURCES SURVEY

E 3

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst OC Date of survey 2/16/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 6 Structure No. 3 Census Block No. 75 Census Tract No. 22A
 Street Address 2648 N Commercial St Apartment No. -

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

| | Name | Family relation | Age | Sex | Occupation |
|----|----------------------|--------------------------|-----------|----------|----------------|
| 1. | <u>Stuart, Jerry</u> | <u>Head of household</u> | <u>24</u> | <u>M</u> | <u>STUDENT</u> |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |

C. Family Income And Extent Of Travel To Locations Of Employment:

| 1. Jobholders in this household, employers and location of jobs: | Distance | | |
|--|-------------------------|---|----------|
| Names of jobholders | Names of employers | Street address where jobs are located to work | |
| <u>Jerry Stuart</u> | <u>BONNEVILLE POWER</u> | <u>N.E. Holladay</u> | <u>1</u> |
| _____ | _____ | _____ | _____ |

2. Monthly income from jobs and from all other sources received by persons in this household:

| Names of persons in this household who have income from any source | Amount of income per month | |
|--|-----------------------------|---------------------------------|
| | In month before this survey | In an average month during 1970 |
| <u>Jerry Stuart</u> | <u>\$ 300.00</u> | <u>\$ 285.00</u> |
| _____ | _____ | _____ |
| Total family or household income per month | \$ _____ | \$ _____ |

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) 2 MILES FROM CENTER OF TOWN
2. Transportation, number of autos owned 1, use bus _____, walk _____
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes , no , stove and refrigerator owned, yes , no)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room _____, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

date on site: 4/1/05

HOUSING RESOURCES SURVEY
 To be Filled in For Each Dwelling Unit in All Survey Areas

Date _____

Analyst DC Surveyed 2/16/71 Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 3 Census Block No. 75 Census Tract No. 22A
 Street Address 2648 N Commercial Ct. Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Jerry Stuart NAME & ADDRESS OF OWNER: Joe Alcock NAME & ADDRESS OF PROP. MGR: _____
2648 N Commercial Ct. 7312 SW 4th
 TELEPHONE: 282-7555 TELEPHONE: 246-1871 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

| | |
|--|-----------------------|
| Kind of dwelling unit | No. of units in bldg. |
| ___ One-family house | _____ |
| ___ Apt. in a house | _____ |
| <input checked="" type="checkbox"/> Apt. in apt. bldg. or plex | <u>2</u> |
| ___ Apt. in comm. bldg. | _____ |
| ___ Mobile home or trailer | _____ |

This structure has _____ stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

___ Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

1344 Sq. ft. in first floor (county figure)
672 Sq. ft. in dwelling unit (if more than 1 floor)
4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable
5/3/67 Date of last appraisal
1909 Date structure was originally built

B. Market value data for one-family dwelling

| | | |
|--------------|--------------|----------------------------|
| | Market value | Computed value per sq. ft. |
| Land | \$ _____ | \$ _____ |
| Improvements | _____ | _____ |
| Total | _____ | _____ |

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

| | | |
|--------------|-----------------------------------|--|
| | Market value for entire structure | Computed value per sq. ft. for this dw. unit |
| Land | \$ <u>3530</u> | \$ _____ |
| Improvements | <u>520</u> | _____ |
| Total | <u>4050</u> | _____ |

1344 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

| | | | |
|---------------------------------|-----------------|-----------------|----------------------|
| Monthly average | Cash rent | Utilities | Total paid by renter |
| Rent | \$ <u>46.50</u> | _____ | \$ _____ |
| Electricity | _____ | \$ <u>5.00</u> | _____ |
| Gas | _____ | <u>15.00</u> | _____ |
| Water <u>apartment</u> | _____ | _____ | _____ |
| Heat (oil, or other) <u>gas</u> | _____ | _____ | _____ |
| Total | \$ <u>46.50</u> | \$ <u>20.00</u> | \$ <u>66.50</u> |

Deposits required of renter
 Advance rent \$ 46.50, other \$ 46.50

Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

HOUSING RESOURCES SURVEY
CHARACTERISTICS OF VACANT DWELLING UNITS
 To be Filled in for Each Dwelling Unit Classified as "Vacant"

Date _____

Analyst Cammucci Surveyed 2/17/71 Tabulator _____ Date _____
 Dwelling Unit No. 5 Structure No. 3 Census Block No. 75 Census Tract No. 22A
 Street Address 2646 N Commercial Ct. Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Vacant NAME & ADDRESS OF OWNER: Joe Fleck NAME & ADDRESS OF PROP. MGR: _____
 _____ 7312 SW 4th _____
 TELEPHONE: _____ TELEPHONE: 246-1871 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. VACANCY STATUS AT DATE OF SURVEY

- ___ Available for rent
- ___ Available for rent or sale
- ___ Available for sale only
- ___ Rented or sold awaiting occupancy
- ___ Temporarily not available, _____
- ___ Held for occasional use
- Substandard condition
- ___ Not available for other reasons (explain)

Period vacant, months _____

II. RENTAL RATE ASKED FOR THIS D. UNIT

| Monthly average | Cash rent | Utilities | Total expected from renter |
|----------------------|-----------|-----------|----------------------------|
| Rent | \$ _____ | | \$ _____ |
| Electricity | | \$ _____ | _____ |
| Gas | | _____ | _____ |
| Water | | _____ | _____ |
| Heat (oil, or other) | | _____ | _____ |
| Total | \$ _____ | \$ _____ | \$ _____ |

Deposits expected from renter
 Advance rent \$ _____, other \$ _____

This d. u. listed for rent with broker, yes __, no __

This d. u. advertised for rent, yes __, no __

Rental data obtained from
 Name, _____

III. SALES PRICE ASKED FOR THIS HOUSE

Listed with broker, yes __, no __

Advertised by owner, yes __, no __

Cash asking price \$ _____

Period house has been for sale, months _____

For sale data obtained from

Name, _____

IV. OTHER FACTORS ON CONDITION OF THIS DWELLING UNIT

- A. Entrance to this dwelling unit
 - ___ Enter directly from outside
 - ___ Enter from common hall
 - ___ Enter through another dwelling unit
- B. Kitchen
 - ___ Complete kitchen for this d. u. only
 - ___ Kitchen is for more than one d. u.
 - ___ Kitchen is not complete
- C. Water available to this dwelling unit
 - ___ Hot and cold piped water
 - ___ Outlets are for more than one d. u.
 - ___ No piped water in this dwelling unit
- D. Toilet facilities
 - ___ Toilet for this dwelling unit only
 - ___ Toilet is for more than one d. u.
 - ___ No flush toilet in this dwelling unit
- E. Bath and shower facilities
 - ___ Bath or shower for this d. u. only
 - ___ Facilities are for more than one d. u.
 - ___ No bath or shower facilities in this d. u.
- F. Kind of foundation or basement
 - ___ Full, or partial, concrete basement
 - ___ No basement, but built on poured concrete foundation
 - ___ No basement, foundation not poured concrete, but built another way (explain) _____
- G. In the opinion of the Analyst, this dwelling unit is decent, safe and sanitary. Yes __, No
 (If opinion is "NO", explain below.) _____

V. REMARKS _____

HOUSING RESOURCES SURVEY

To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst Cannucci Date 2/17/71 Surveyed 2/17/71 Tabulator _____ Date _____
 Dwelling Unit No. 5 Structure No. 3 Census Block No. 75 Census Tract No. 22A
 Street Address 2646 N Commercial St. Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: (vacant) NAME & ADDRESS OF OWNER: JOE FLECK NAME & ADDRESS OF PROP. MGR: _____
 _____ 7312 SW 4th _____
 TELEPHONE: _____ TELEPHONE: 246-1871 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

| | |
|--|-------------------------------------|
| <u> </u> Kind of dwelling unit | <u> </u> No. of units in bldg. |
| <u> </u> One-family house | |
| <u> </u> Apt. in a house | <u> </u> |
| <input checked="" type="checkbox"/> Apt. in apt. bldg. or plex | <u>2</u> |
| <u> </u> Apt. in comm. bldg. | <u> </u> |
| <u> </u> Mobile home or trailer | <u> </u> |

This structure has stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

1344 Sq. ft. in first floor (county figure)
672 Sq. ft. in dwelling unit (if more than 1 floor)
 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/3/67 Date of last appraisal
1909 Date structure was originally built

B. Market value data for one-family dwelling

| | | |
|--------------|--------------|----------------------------|
| | Market value | Computed value per sq. ft. |
| Land | \$ _____ | \$ _____ |
| Improvements | _____ | _____ |
| Total | _____ | _____ |

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

| | | |
|--------------|-----------------------------------|--|
| | Market value for entire structure | Computed value per sq. ft. for this dw. unit |
| Land | \$ <u>3530</u> | \$ _____ |
| Improvements | <u>520</u> | _____ |
| Total | <u>4050</u> | _____ |

1344 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

| | | | |
|----------------------|-----------|-----------|----------------------|
| Monthly average | Cash rent | Utilities | Total paid by renter |
| Rent | \$ _____ | _____ | \$ _____ |
| Electricity | _____ | \$ _____ | _____ |
| Gas | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |
| Heat (oil, or other) | _____ | _____ | _____ |
| Total | \$ _____ | \$ _____ | \$ _____ |

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

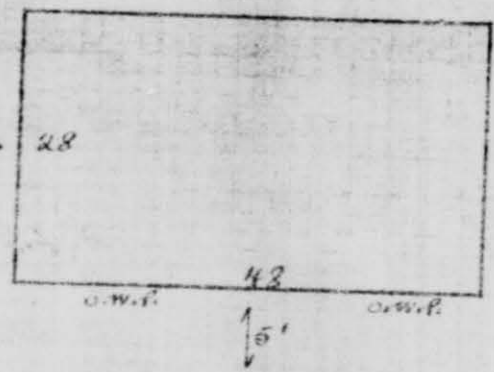
VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

CT NO 25950-0520
 ADD LOT BLK 3
 EVANS AVE. TO

1 1-25950-0520 FLECK, JOE
 MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C: 001
 2312 SW 4th
 246-6090-246-1897
 (1275 SW COLLEGE ST)
 PORTLAND, OREGON 97201
 EVANS ADD LOT BLOCK
 10 3



PROPERTY ADDRESS: 2646 N COMMERCIAL CT
 PORTLAND
 APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

| ASSESS YEAR | MIN RIGHTS | TIMBER | LAND | IMPS | TOTAL | SIGN. DATE |
|-------------|------------|--------|------|------|-------|-------------------|
| 1967 | | | 140 | 750 | 890 | |
| 1968 | | | 800 | 3000 | 3800 | |
| 1968 | | | 3400 | 500 | 3900 | 213 NOV 28, 68 |
| 1971 | | | 3530 | 520 | 4050 | LL |

FRONT OF BUILDING 1" = 20'

DATE: 1968
 1968 DATA - 2648 VACANT, 2646-40, No. CHEAP
 CONST.

AVE OR STREET: N COMMERCIAL COURT

INFO BY: INSPECTION OUTSIDE

NOTIFY:

ADDRESS:

DATE: Nov. 24, 1967 SIGNED: MILLER

DATE: DEC 1

BY: L. KELLER ELEANOR

| IDENTIFICATION | | MARKET DATA | |
|----------------|-------------|-------------|--|
| DATE | ADJUSTMENTS | IND. VALUE | |
| | | | |

| MONTHLY RENTAL \$ | X GRM | = S | IND. VALUE |
|-------------------------|-------|-----|------------|
| ZONING | | | |
| SITE ADJUSTMENTS | | | |
| ROAD TYPE D.G.# | | | |
| TOPOGRAPHY 17.7.G. | | | |
| VIEW | | | |
| OTHER | | | |
| DEPTH FACTOR | | | |
| STANDARD DEPTH | | | |
| EFFECTIVE DEPTH | | | |

| COMPUTATIONS | | | | | |
|------------------|---------------|------------------|----------------|------------------|-------|
| LAND DESCRIPTION | SIZE OR ACRES | BASIC UNIT VALUE | ADJUST FACTORS | ADJ'D UNIT VALUE | VALUE |
| 42 x 90 @ 20 FF | 840 | 40 | | | 800 |
| @ .90 | 3780 | 3402 | | | 3402 |

| TOTAL AREA | SUB-TOTAL |
|------------|------------------------|
| REMARKS | SITE ADJ. % |
| | TOTAL APPR. VALUE 3400 |
| | 19 APPR. VALUE |
| | 19 APPR. VALUE |
| | 19 APPR. VALUE |
| | 19 APPR. VALUE |

APPRAISER F. De DATE 5 3 67

Address 2646-8 N. COLLIER RD. S.W. COUNTY

TYPE 1-2-4 STORES 1

FDN 12x12 REIN. CON. @ 1.50 - 1.50

ROOF TRUSSED INSUL. G. H. BU COMP. SHG. 1.00

EXT CON. BRK. STL. FR. 50' SK. 50' STUC. .04

INT L.P. ST. PLY. PAP. INT. 1/2" HWID.

ELEC 4V.

TUB 2 LAV 2 TOIL 2 SINK 2 WH 2 SHWR 2 0 UE PAT

A.C. HEAT 0 ELEC. OIL GAS STAL. HW SUS. E. PAN 4 2

UPPER FLOORS 0 CON. MFL. METZ.

ADD'S 1 PLY. SW. S. W. L. A. A. GAR. 6000 50.

| | |
|-----------|-----------|
| STORES | BLT. INS. |
| OFFICES | SPR. SYS. |
| REAR | VENT. |
| 2 APTS. | MARO. |
| REAR EACH | SKYLT. |
| 2 BATH. | FIRE ESC. |
| | ELEV. |

| | | | |
|---------------------------|----------------------|-----------------|-------------------------|
| BASE FACTOR S <u>2.53</u> | TOTALS | 1.00 | 200. |
| 20.672 | NET ADJ. | .08 | |
| BUILDING AREA 1344' | SO FT X S | 4.45 | 12,701. |
| PER SQ FT FACTOR S 9.60 | REP. COST | (1013.15 x 100) | 12,901. |
| AREA 1344' | INDEX 100 % X QUAL % | | 12,901. |
| GAR 65.11' X | ADJ. FACTOR | 9.60 | 12,701. |
| YARD | | | |
| CONST. | CONST. | CONST. | BUILT 1909 PERMIT |
| ROOF | ROOF | ROOF | TOTAL REPL. COST 12,701 |
| FDN. | FDN. | FDN. | DEPR 96-% 12,380 |
| YEAR | COND. | NET | 576 |
| DATE | | | |
| INITIALS | | | |

RP 2