

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL PROJECT NEWSPAPER ARTICLES 1971 THROUGH 1974		
RS 3-1	AMERICAN PLATING COMPANY 2751 N. WILLIAMS		
A-2-4	ABLE, VERA 3106 N. GANTENBEIN		
RS-4-4	ADAMS, JEWELL D. 102 N. KNOTT, APT. D		
E-4-10	ALLEN, ALICE 2627 N. GANTENBEIN		
E-4-10	ALLEN, ANNIE J. 2627 N. GANTENBEIN		
E-4-10	ALLEN, DONALD R. 2627 N. GANTENBEIN		
RS 5-3	ALLEN, R. J. 2632 N. GANTENBEIN		
AB 3-6	ALTMANN, JOHN S. 405 N. STANTON		
A 2-4	BARBER, MARY 3106 N. GANTENBEIN		
RS 4-7	BASS, LEE ETTA 111 N. RUSSELL #2		
A 4-6	BATES, BILLY 3320 N. GANTENBEIN		
E 3-1	BELL, LEONARD 500 N. KNOTT		
R-10-1	BENNETT, LOUIS 3147 N. COMMERCIAL		
R 9-4	BERG, JOHANN 320 N. FARGO		
A 3-19	BIELAN, ROBERT LEE 3213 N. VANCOUVER		
A 4-8	BOOKER, ELNORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		

NAME OF CLAIMANT John Altman
PROJECT Emmanuel
RELOCATION ADVISOR Stan Jones

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

- Copy of Notice to Acquire/Vacate
- Copy of Real Estate Option (for owner/occupant only)
- Signed RECEIPT from displacee for information statement or brochure
- INTERVIEW SHEET - filled out
- Recorded personal interviews
- Copies of all correspondence with displacee

- Verification of Income
- Request for HAP assistance
- FHA displacee qualifying form - rent supplement
- City inspection letter on replacement housing OK
- Copy of earnest money offer on replacement housing
- Letter of Assignment (when claim payable to other than claimant)
- Other:

- Moving authorization letters
- Dwelling unit inventory sheet
- Log sheet for day of move (for professional move)
- Release of personal property
- DATE OF MOVE 6/4/71
- Keys turned into: _____
- Utilities shut off
- Escrow releases, grants and amounts withheld
- Verify no rent outstanding
- Other:

- Settlement Costs
- Incidental Expenses
- Interest Expense (owner/occupant only)

6/24/71 DATE FILE CLOSED

R E S U M E

Name John S. Altmanns

Client sold his dwelling to Emanuel Hospital prior to our contacting him; however, it was determined that the official beginning of the Emanuel Project was prior to client's sale of his dwelling, and he was, therefore, entitled to benefits and services.

RHP and moving/dislocation allowance were paid.

RESIDENTIAL RELOCATION RECORD

Project Name EMANUEL Parcel No. AB 3-6 Advisor WST
 Client's Name ALTMANS, JOHN Phone _____
 Address 405 N. STANFAN Ethn W Age 84

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

Family Composition

Total Number in Family 1
 wife, husband

Other: Relation Age Relation Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income
RAILROAD (RETIRED) \$ 195.00
 _____ \$ _____
 Total Monthly Income \$ (195.00)

- 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 6-22-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY _____ 1907
 (a) for owner-occupants - indicate initial date of occupancy and ownership _____ 1907
 Date of initiation of negotiations for purchase of property _____ 4-23-71
 Date of Acquisition _____ 4-29-71
 Date of letter of intent _____
 Date of move _____ 6-4-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1907

Size of Habitable Area 832 #

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ _____ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 12,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 3286 NE HOLMAN LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1949

Size of Habitable Area 907

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 16,250.-

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 2,639.-
m c 420-

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

0 Standard Sales

0 Standard Rent

Agency Referrals: *none*

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 12-20-71 Ck # 204EH Type RHP Amount \$ 2,639.-

Date 12-13-71 Ck # 28165G Type M. Costs Amount \$ 420.-

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME ALTMANN, John S. RELOCATION ADVISOR W.S.J.
 ADDRESS 405 N. Stanton PHONE _____ PROJECT NAME Emanuel ORE R-20
 SEX M ETHN W VETERAN _____ AGE 84 PARCEL NO. AB 3-6
 MARITAL STATUS Widow TENURE Owner
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW June 22, 1971 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE No DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>1907</u>
INITIATION OF NEGOTIATIONS:	<u>April 23, 1971</u>
DATE OF ACQUISITION:	<u>April 29, 1971</u>

ECONOMIC DATA

Employer Retired \$ _____
 Address ----- _____
 MCW _____
 Social Security _____
 Pension Railroad 195.00
 Other _____
 TOTAL MONTHLY INCOME \$195.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		<u>X</u>
Subsidized Rental		
Public Housing		
Private Rental		
Private Sales		

Age of Structure 1907 No. Rooms 5
 No. Bedrooms _____ Furn. _____ Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$12,000
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 832 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>-0-</u>	

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 X LPA Referred _____

Address 3286 NE Holman Phone _____ Date of Move June 4, 1971

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 2 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 16,250.00

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 66 blocks

Name of Moving Company _____ Name of Realtor Portland Development Commission

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	204-EH	12-20/71	\$ 2,639.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move	28165-G	12-13-71	\$ 420.00
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$16,250.00
 Down Payment \$ _____
 RHP \$ 2,639.00
 Total Down - \$ _____
 Total Mortgage \$ None

TOTAL BENEFITS RECEIVED \$3,059.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/14/71	Flyer delivered by Ben Webb. Said project would not go thru because hospital didn't have money. Said he had a lot of friends in the area - both black & white, named them but did not know them. This is a single man - very hard of hearing.	BW
2/9/71	Survey: Little hard of hearing. Intends to marry in May. Would like to buy comp. in North area - but "as far out of colored area as possible". Drivers license has expired -	WSJ
6/22/71	Mr. Kenneth Frazier atty for Mr. Altmann called. He inquired about a possible \$5,000 payment for Mr. Altmann to cover cost over \$12,000.he received for old house. Explained that Mr. Altmann had sold directly to the hospital and not to us and so I was unsure as to his eligibility for relocation payments. Mr. Frazier requested claim form for payment & I said I would send him one.	WSJ
6/24/71	Called Emanuel Hospital about this case. Lady in Mr. Gustufson's office said that earnest money agreement was signed and dated April 23, 1971 and that check was sent to Title Insurance Company on May 4, 1971. Official begin of Emanuel Project was April 23, 1971.	WSJ

RESIDENTIAL RELOCATION RECORD

①

Own/Occ.

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL AR 3-6

NAME Altman, (widow) ADDRESS 405 N Stanton APT NO. -

PHONE _____ INITIAL INTERVIEW _____ SEX M W X NW AGE 84

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1967

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name railroad _____ 195.00
 Other: Name _____

 TOTAL MONTHLY INCOME 195.00

Rent _____, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms 5

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 hsg. 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: _____ Zip _____ Phone _____

1/14/71 flyer delivered by Ben Webb. Said project would not go thru because hospital didn't have money. Said he had a lot of friends in the area - both black & white - named them, but did not know them. This is a single man - very hard of hearing -

2/9/71 survey: little hard of hearing. Intends to marry in May. Would like to buy comp. in North area but "as far out of colored areas as possible." Driver's license has expired -

6/22/71 Mr. Kenneth Frazier atty for Mr. Altman called. He inquired about a possible \$5,000 payment for Mr. Altman to cover cost over \$12,000 he received for old house. Explained that Mr. Altman had sold directly to the hospital and not to us and so I was ~~was~~ unsure as to his eligibility for relocation payments. Mr. Frazier requested claim form for payment & I said I would send him one.

6/24/71 Called Emanuel Hospital about ~~to~~ this case. Lady in Mr. Gustafson's office said that dated Ernest Money Agreement was signed April 23, 1971 and that check was sent to Title Ins Co. on May 4, 1971. Official begin of Emanuel Project was ~~at~~ April 23, 1971.

December 21, 1971

Mr. John S. Altmanns
3286 N. E. Holman
Portland, Oregon 97211

Dear Mr. Altmanns:

We are enclosing our warrant, number 204 EH, in the amount of \$2,639.00.

This payment represents a Relocation Housing Payment for Home-owners, per your claim filed.

Best wishes for a happy holiday season.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:sic

Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 204 EH

DATE December 20, 1971

PAY TO **John S. Altmanns**

\$ 2,639.00

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><i>for Homelessness</i> Reimbursement for RHP for Tenants per claim filed. From 405 N. Stanton (Parcel AB-3-6). Lump Sum Payment</p>	<p>\$2,639.00</p>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP) (EH)	\$2,639.00

AC

JMS

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

ALTMANNING, JOHN S.
3286 N.E. HELMAN - PORTLAND

NAME OF LOCAL AGENCY:

PORTLAND DEV. COMM

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.

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

Initial Date of Ownership: 1907 Date of Acquisition: 1907
Month-Day-Year Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? Yes No

Initial Date of Ownership: 1907 Date of Initiation of
Negotiations: 4/23/71

3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Yes No

Date of Displacement: JUNE 4, 1971 Date of Purchase of Replacement
Housing: JUNE 6, 1971

Date of Occupancy of Replacement Housing: JUNE 4, 1971
(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? Yes No

Issuance Date of Mortgage: _____ Date of Discharge of
Mortgage: _____

Date of Initiation of Negotiations: _____

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

6. CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. 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 \$2639 is authorized.

12/15/71
Date

[Signature]
Authorized Signature

7. RECORD OF PAYMENT

Date of Payment: _____ Check No. _____ Amount: \$ _____

(For Local Agency Use Only)
 WORKSHEET FOR COMPUTATION OF REPLACEMENT
 HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

ALTMANN S, JOHN S.
 3286 N.E. HOLMAN - PORTLAND

COMPUTATION PREPARED BY:

BCW 12/15/71
 Name Date

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 2639
2. Plus interest payment (Block C, Step 4, Last line) + \$ 0
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ 0
4. Total (Sum of Lines 1, 2, and 3) \$ 2639
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ 0
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$ 2639

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$ 16,750
2. Cost of comparable replacement dwelling (Cost based on: Schedule Comparative Other) \$ 14,639
EMANUEL HOSPITAL
3. Acquisition payment made by ~~agency~~ for claimant's former dwelling \$ 12,000

Computation

4. Line 1 or Line 2, whichever is less \$ 14,639
5. Minus Line 3 - \$ 12,000
6. Amount of differential payment \$ 2639

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Emanuel Lutheran Charity Board, an Oregon non-profit Corporation,	PROJECT NAME (If Applicable) Emanuel Hospital PROJECT NUMBER ORE. R-20
--	---

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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."

PARCEL AB-3-C

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) John S. Altmanns, moved, ---	3. DATE OF DISPLACEMENT Deeded Apr. 29, '71. June 4, 1971.
2. Family <input type="checkbox"/> Individual <input checked="" type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 405 N. Stanton,
Portland, Ore. 97227

b. Date you first occupied this dwelling unit as the owner:
November 8, 1923,
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 3286 N. E. Holman
Portland, Ore., 97211.

b. Number of bedrooms: two

c. Purchase price: \$16,250.00

d. If you have purchased and occupied this dwelling
 Not a contract
 (1) Date you signed purchase contract: cash purchase by deed
 Month-Day-Year
 (2) Date you moved into this dwelling: June 4, 1971.
 Month-Day-Year

e. If you have purchased but not occupied this dwelling:
 (1) Date you signed purchase contract: _____
 Month-Day-Year
 (2) Date of settlement: _____
 Month-Day-Year
 (3) Date you expect to occupy: _____
 Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

July, 1, 1971.
Date

John S. Altmanns
Signature of Owner-Occupant

WORKSHEET FOR RHP CLAIM FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME EMANUEL

PROJECT NO. ORE 20

Full name ALTMAN, JOHNS

Family Individual

Date of Displacement JUNE 4, 1971

Parcel No. AB-3-6

A. I Address of unit from which you moved 405 N. STANTON
 Date you first occupied as owner-occupant 1907
 Number of bedrooms 2 Date of initiation of negotiations 4/23/71
 Payment made by local agency for this dwelling \$ N/A

A. II Address of unit to which you moved 3286 N.E. HOLMAN
 Number of bedrooms 2 Purchase price of replacement dwelling \$ 16,250
 Date you signed purchase agreement 4/23/71
 Date of settlement MAY 4, 1971
 Date you expect to occupy JUNE 4, 1971
 Compute RHP on schedule comparative

B. Interest Payment.

1. Outstanding mortgage on original dwelling \$ 0
2. Number of monthly payments remaining on mortgage: _____
3. Annual interest on mortgage of original dwelling _____ %
4. Annual interest rate of mortgage on new dwelling _____ %
5. Prevailing interest rate on passbook savings _____ %

C. 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 client own dwelling at time of acquisition Yes No
 Initial date of ownership 1907 Date of acquisition 1907
2. Did client own and occupy 180 days prior to negotiations? Yes No
3. Did client purchase and occupy replacement housing within one year from date of displacement Yes No
 Date of displacement JUNE 4, 1971
 Date of purchase of replacement housing JUNE 4, 1971
 Date of occupancy of replacement housing JUNE 4, 1971
4. Did claimant have a bona fide mortgage on his dwelling 180 days prior to negotiations? Yes No
 Issuance date of mortgage _____
 Date of discharge of mortgage _____
 Date of initiation of negotiations _____
5. Is replacement dwelling standard Yes No

(For Local Agency Use Only)
 WORKSHEET FOR COMPUTATION OF REPLACEMENT
 HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

ALTMANN, JOHN S.
 3286 N.E. HOLMAN - PORTLAND

J.C.W. 12/15/71
 Name Date

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 2439
2. Plus interest payment (Block C, Step 4, Last line) + \$ 0
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ 0
4. Total (Sum of Lines 1, 2, and 3) \$ 2439
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ 0
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5)

PAID BY EMANUEL HOSPITAL

~~\$ 2439~~
 2639

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$ 16,250
2. Cost of comparable replacement dwelling (Cost based on: Schedule Comparative Other) \$ 14,639
3. Acquisition payment made by agency for claimant's former dwelling \$ 12,000

Computation

4. Line 1 or Line 2, whichever is less \$ 14,639
5. Minus Line 3 - \$ 12,000
6. Amount of differential payment

2639
 \$ 2439

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

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

November 30, 1971

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

Re: 3286 N.E. Holman Street

Attn: Ben Webb

Gentlemen:

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

Our inspector reports the structure is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm

cc: John Altmanns
3286 N.E. Holman Street

December 15, 1971

Mr. John S. Altmanns
3286 N. E. Holman
Portland, Oregon 97211

Dear Mr. Altmanns:

We are enclosing our check, No. 28165 G, in the amount of \$420, covering certain relocation benefits due you.

This payment represents a dislocation allowance of \$200, plus a fixed payment of \$220 to cover the cost of moving your household furnishings from 405 N. Stanton to your new dwelling.

We hope you will enjoy your new home.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 28165 G

DATE December 13, 19 71

PAY TO THE ORDER OF **John S. Altmanns**

\$ 420.00

DOLLARS

NON-NEGOTIABLE

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

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 405 N. Stanton (AB 3-6) to 3286 N.E. Holmen.	
		Dislocation Allowance Fixed Payment - Own furniture	\$200.00 <u>200.00</u> \$420.00
			<i>220.00 18</i>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Own furniture - Individual)	\$420.00

AC

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

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 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 _____ Family Individual

ALTMANN, John S.

2. DATE(S) OF MOVE

June 4, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. AB 3-6

a. Address 405 N. Stanton St.
Portland, Oregon

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

b. Apartment, Floor, or Room Number -

c. Was it furnished with your own furniture?
 Yes No

e. Date you moved into this address: 1907

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3286 N.E. Holman,
Portland 97211

c. Were household goods moved to or from storage?

b. Apartment, Floor, or Room Number _____

Yes No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 220.00

(Consult local agency)

Total \$ 420.00

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.

June 26, 1971
Date

John S. Altmann
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:

John S. Altmanns
3286 N. E. Holman
Portland, Oregon 97211

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

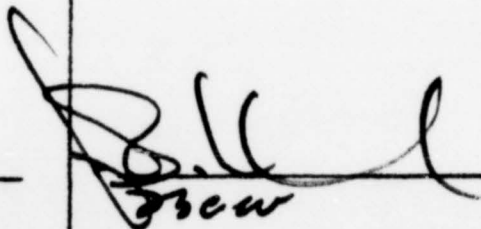
If "Yes," explain basis for approved amount:

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 \$ 220.00			<u>12-13-71</u>
2. Dislocation allowance \$ 200.00			
3. Total \$ 420.00	<u>420.00</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>12/13/71</u>	<u>281656</u>	<u>\$ 420.00</u>	<u>12</u>		<u>\$</u>

WORKSHEET FOR ALL MOVING CLAIMS

1. Name ALTMANS, JOHN S. Project EMMANUEL
 2. Date(s) of move JUNE 4, 1971 Parcel No. AB 3-6
 3. Dwelling unit from which you moved:
 Address 405 N. STANTON No. of rooms 5
 Furnished Unfurnished Date you moved into this unit 1967

4. Dwelling unit to which you moved:
 Address 3296 N.E. HOLMAN
 Were goods moved to or from storage? Yes No

5. Total claim \$ 420

FIXED PAYMENT: \$200 + \$ 220 = \$ ~~420~~ ⁴³⁰

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)

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

NAME AND ADDRESS OF CLAIMANT:

NAME OF LOCAL AGENCY:

ALTMANN, JOHN S

PDC

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: N/A
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:

November 24, 1971

Kenneth F. Frazer
Attorney at Law
414 Pittock Block
Portland, Oregon 97205

Dear Mr. Frazer:

Re: John S. Altmanns

We have your letter of November 15, 1971 and apologize for our delay in supplying the information requested in your letter of July 6, 1971.

It was necessary that we submit the question raised in your letter to HUD for a determination, and we have just recently received their reply, which was affirmative. Your client is, therefore, entitled to the benefits outlined in the enclosed information statement.

We have the claim for a replacement housing payment; however, before we can process the claim, it is necessary that the property be inspected to determine that it is standard according to City code. We will now contact the City Building Department to request an inspection.

In the meantime, we have enclosed claim forms for moving expense. Please complete the forms and return them to our office in the enclosed stamped, self-addressed envelope.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures

CITY INSPECTION ORDERED ON 11/23/71 BCW

KENNETH F. FRAZER

ATTORNEY AT LAW

~~712 4th Block~~ 414 Pittock Block,
PORTLAND, OREGON 97204
PHONE ~~228-8488~~
227-6547.

Nov.15, 1971.

Portland Development Commission,
Emanuel Hospital Project,
235 North Monroe,
Portland, Or.

Re; Claim of John S. Altmanns.

Attention of Mr. W. Stanley Jones.

Dear Sir;

Mr. Altmanns has never received any ruling of your department on his claim for Replacement Housing Payment forwarded to you with my letter of July 6, 1971, not even an acknowledgment of receipt of claim.

We respectfully request a ruling thereon by your department and please let me know if you need further information. Please expedite, and thanks,

Yours truly,

K. F. Frazer
K. F. Frazer, Attorney

Talked with Mr. Frazer
Informed him of receipt of
HHD ruling last Friday

11/16/71

WJ



REGION X
REGIONAL OFFICE
SEATTLE, WASHINGTON

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
AREA OFFICE

CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

AREA OFFICES
Portland, Oregon
Seattle, Washington

RECEIVED

November 8, 1971

NOV 12 1971

PORTLAND DEVELOPMENT COMMISSION

EA. DIR.	
A. DIR.	
D. OPER.	copy to
SP. ASST.	
	BCW

IN REPLY REFER TO:
10.2PTP (Benjamin
Phone 226-3361
Ext. 2711)

Mr. John B. Kenward
Executive Director
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Kenward:

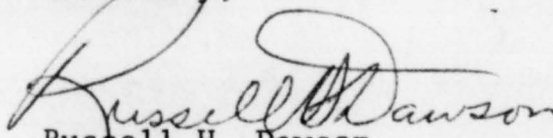
Subject: ORE R-20, Emmanuel Hospital, Relocation Eligibility
Mr. John S. Altmanns, 405 N. Stanton Street

This is in answer to your letter of October 11 requesting a determination of eligibility in the subject case.

Given the facts of the situation as stated in your letter and the displacement date of June 4, as ascertained from your Emmanuel Site Office, it appears that Mr. Altmann is entitled to relocation assistance and benefits.

We refer you to the Relocation Handbook, HUD 1371.1, Chapter 1, page 4, paragraph 6c, for a general statement covering this type of situation.

Sincerely,


Russell H. Dawson
Area Director

October 11, 1971

Mr. Russell H. Dawson, Area Director
Department of Housing and Urban Development
520 S.W. Sixth Avenue
Portland, Oregon 97204

Attention: Miss Helen Benjamin

Dear Mr. Dawson:

Subject: Whether or not an owner-occupant who sold his personal residence directly to Emanuel Hospital on the qualifying date specified at Sec. 42.55 (ii) of the Rules and Regulations qualifies for relocation benefits.

The budget for the Emanuel Hospital Project was approved by HUD on April 23, 1971, and this is the qualifying date for basic eligibility conditions specified at Sec. 42.55 (ii) of the Rules and Regulations. On this same date Mr. John S. Altmanns, an owner-occupant at 405 N. Stanton Street, in the Emanuel Project Area, signed an earnest money receipt with Emanuel Hospital agreeing to sell his property to them for \$12,000, and thereby initiating negotiations on that date. On April 29, 1971 Mr. Altmanns delivered the deed to Emanuel, and on May 4, 1971 he received through his agent final payment. On July 7, 1971 he filed a claim for a replacement housing payment, dated July 1, 1971.

Our question is this: Does an owner-occupant who sells his property directly to the hospital for the purpose of the project, qualify for benefits under the provisions of Sec. 203 (a)(1) of the Act, to the same extent as an owner-occupant who sells his property to the LPA for purpose of the project?

Sec. 203 (a)(1) says that the benefits shall be available ". . . to any displaced person who is displaced from a dwelling actually owned and occupied by such displaced person for not less than one hundred and eighty days prior to the initiation of negotiations for the acquisition of the property." Sec. 101.6(6) defines a displaced person as ". . . any person

October 11, 1971

who on or after the effective date of this Act, moves from real property, or moves his personal property from real property, as a result of the acquisition of such real property, in whole or in part, or as the result of the written order of the acquiring agency to vacate real property, for a program or project undertaken by a Federal agency, or with Federal financial assistance,"

Paragraph 42.50(b) of the Rules and Regulations as published in the Federal Register, Vol. 36, No. 93 - Thursday, May 13, 1971, says that "Displacement as a result of acquisition of Real Property includes displacement which is a result of:

- (1) The obtaining by the acquiring agency of title to or the right to possession of such real property for a project;
- (2) The written order of the acquiring agency to vacate such property for a project; or
- (3) The receipt of a written notice from the acquiring agency of its intent to acquire the real property for such project, provided that such acquisition thereafter takes place."

Finally, paragraph 42.90 in defining eligibility conditions says that ". . . A displaced person is eligible for the payments specified in paragraph (a) of this section if such displaced person: (1) is displaced from a dwelling acquired for a project"

The language of the law makes it clear that the property must be acquired for the purpose of the project, but we are unable to see anything either in the law or regulations that indicates that the property must be sold to the LPA.

May we have your opinion?

Very truly yours,

John B. Kenward
Executive Director

JBK/BCW:ch

MEMORANDUM

Date September 27, 1971

TO: Olly Norville
FROM: Benjamin Webb
SUBJECT: Eligibility of Owner-Occupant for Relocation Benefits

Whether or not an owner-occupant who sold his personal residence directly to Emanuel Hospital on the qualifying date specified at Sec. 42.55 (ii) of the Rules and Regulations qualifies for relocation benefits.

The budget for the Emanuel Hospital Project was approved by HUD on April 23, 1971, and this is the qualifying date for basic eligibility conditions specified at Sec. 42.55 (ii) of the Rules and Regulations. On this same date Mr. John S. Altmanns, an owner-occupant at 405 N. Stanton Street, in the Emanuel Project Area, signed an earnest money receipt with Emanuel Hospital agreeing to sell his property to them for \$12,000, and thereby initiating negotiations on that date. On April 29, 1971 Mr. Altmanns delivered the deed to Emanuel, and on May 4, 1971 he received through his agent final payment. On July 7, 1971 he filed a claim for a replacement housing payment, dated July 1, 1971.

My question is this: Does an owner-occupant who sells his property directly to the hospital for the purpose of the project, qualify for benefits under the provisions of Sec. 203 (a)(1) of the Act, to the same extent as an owner-occupant who sells his property to the LPA for purpose of the project?

Sec. 203 (a)(1) says that the benefits shall be available "...to any displaced person who is displaced from a dwelling actually owned and occupied by such displaced person for not less than one hundred and eighty days prior to the initiation of negotiations for the acquisition of the property." Sec. 101.(6) defines a displaced person as ".....any person who on or after the effective date of this Act, moves from real property, or moves his personal property from real property, as a result of the acquisition of such real property, in whole or in part, or as the result of the written order of the acquiring agency to vacate real property, for a program or project undertaken by a Federal agency, or with Federal financial assistance,"

Paragraph 42.50(b) of the Rules and Regulations as published in the Federal Register, Vol. 36, No. 93 - Thursday, May 13, 1971, says that "Displacement as a result of acquisition of real property includes displacement which is a result of:

- (1) The obtaining by the acquiring agency of title to or the right to possession of such real property for a project;

Memorandum to Olly Norville

Page 2.

September 27, 1971

- (2) The written order of the acquiring agency to vacate such property for a project; or
- (3) The receipt of a written notice from the acquiring agency of its intent to acquire the real property for such project, provided that such acquisition thereafter takes place."

Finally, paragraph 42.90 in defining eligibility conditions says that ". . . . A displaced person is eligible for the payments specified in paragraph (a) of this section if such displaced person: (i) Is displaced from a dwelling acquired for a project, . . ."

I am unable to see anything either in the law or the regulations that indicates that the property must be sold to the LPA. I am therefore inclined to believe that the claim for an RHP is proper but feel that the matter should be submitted to HUD for an opinion. Do you agree, or are you prepared to give an opinion without a HUD submission?

The file is attached.

BCW:ch

KENNETH F. FRAZER

ATTORNEY AT LAW

~~742 Ave. S.W.~~ 414 Pittock Block,
PORTLAND, OREGON 97204
PHONE ~~228-7400~~ 227-6547

RECEIVED July 30, 1971.

AUG 2 1971

PORTLAND DEVELOPMENT COMMISSION

Mr. Benjamin C. Webb,
Acting Chief of Relocation
Portland Development Commission,
1700 S.W.4th Ave., Portland, Ore.

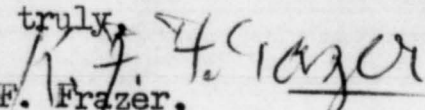
Dear Mr. Webb;

RE: JOHN S. ALTMANN'S.

In answer to your request for additional information of date
July 26th.,

1. The date of offer from Emanuel Hospital was Apr. 23, 1971. On this date Mr. Altmann's sent me to make inquiry as to amount the hospital would pay as he was in need of funds. I talked with Mr. Gustafson, of the hospital staff and on that date he agreed that that the hospital would pay \$12,000.00 cash for the Altmann's property and on the same day we executed an earnest money receipt a copy of which I enclose. And he directed me to close the deal with their attorney James G. Swindells.
2. There was no regular closing statement, as it was all closed by letter with Mr. Swindells, as shown by copies of letters enclosed, there was no escrow, as the title Company recorded the deed and insured title upon ^{receipt of} check for payment of balance.

If I may be of further help, please call on me, and thanks for
your help.

Yours truly,

K. F. Frazer,
Attorney for John Altmann's.

MCCARTY & SWINDELLS

ATTORNEYS AT LAW

MOHAWK GALLERIES

220 S. W. MORRISON STREET

PORTLAND, OREGON 97204

TELEPHONE
228-1161

CHESTER E. MCCARTY
JAMES G. SWINDELLS
DENNY Z. ZIKES
ROBERT E. NELSON

May 4, 1971

Title Insurance Company of Oregon
425 S. W. Fourth Avenue
Portland, Oregon 97204

Attention: Mr. H. W. Emons

Re: Your Order No. 266059
Altmanns to Emanuel

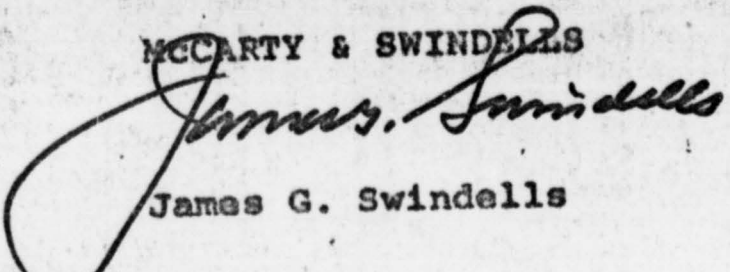
Gentlemen:

In connection with the sale of the property located at 405 North Stanton Street per your above order number, we enclose our trust check No. 2908 in the amount of \$81.50, payable to your company to cover costs of owner's title policy, \$80.00, and recording Warranty Deed, \$1.50.

We also enclose our trust check No. 2909 in the amount of \$11,446.84, representing \$11,420.00 due the seller, together with \$26.84 prorated taxes and made payable to John S. Altmanns. When you are able to issue your owner's title policy in the amount of \$12,000.00 showing fee simple title vested in the grantee subject to usual printed exceptions, you are hereby authorized to deliver the above-listed trust check in the amount of \$11,446.84 to Mr. Altmanns' attorney, Mr. Kenneth F. Frazer, 414 Pittock Block 921 S. W. Washington Street, Portland, Oregon.

Very truly yours,

MCCARTY & SWINDELLS


James G. Swindells

JGS:neo
Enclosures

cc: Mr. Kenneth F. Frazer
Mr. Oscar Gustafson, Jr.

----- 414 Pittock Block,

Apr. 29, 1971.

Mr. James G. Swindells,
220 S. W. Morrison St.,
Portland, Oregon

Re: Conveyance; Altmanns to Emanuel Lutheran
Charity Board.

Dear Mr. Swindells;

Enclosed herewith is copy of letter to Title Insurance Co.,
transmitting warranty deed Altmanns to Emanuel Lutheran Charity Board, an Oregon
non-profit corporation, for recording upon payment of \$11,446.84 by check to
John S. Altmanns, also a copy of my affidavit, forwarded to Mr. Ammons of insur-
ance company, upon his assurance that Edith L. Altmanns would be deleted from
the title.

There has been no probate of the estate of Mrs. Altmanns, as
her only property was this jointly held real estate now conveyed, and John S.
Altmanns is now the owner in possession of the premises. If there is any further
information needed, please advise, and thanks for your prompt help on this sale.

Yours truly,

K. F. Frazer,

Attorney for John Altmanns.

----- 414 Pittock Block,

----- 227-6547

April 29, 1971.

Title Insurance Co.,
425 S.W.4th Ave.,
Portland, Oregon

Re; Conveyance Altmanns - Emanuel Lutheran
Charity Board.
Policy- 266-059.

Gentlemen;

Enclosed herewith is warranty deed John S. Altmanns to Emanuel Lutheran
Charity Board, a Oregon non-profit corporation, conveying

Lot 14 Block 3 Subdivision of Lot 3 Abends addition to Albina,
in City of Portland, County of Multnomah, State of Oregon,

which you may record, when you have for the account of John S. Altmanns, a
check from grantee in amount of \$11,446.84.

The grantee is paying your premium of \$80.00 and recording fee, and
please note that affidavit of death of Edith L. Altmanns has been forwarded to
your Mr. Emmons. Trusting that this is in order I am,

Yours truly,

K. F. Frazer,

OWNER'S
EARNEST MONEY RECEIPT

Portland, Oregon, April 23, 1971

RECEIVED OF Emanuel Lutheran Charity Board

hereinafter mentioned as the purchaser,

the sum of Five Hundred and no/100 * * * * * (\$ 500.00) Dollars
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
and more particularly described as follows, to-wit:
405 North Stanton Street, Portland, Oregon
(Lot 14 Block 3 Abends Addition)

which we have this day sold to the said purchaser
for the sum of Twelve Thousand and no/100 * * * * * Dollars \$12,000.00
on the following terms, to-wit: The earnest money hereinabove received for \$ 500.00
upon acceptance of title and delivery of deed or delivery of contract \$; \$
balance of Eleven Thousand Five Hundred and no/100 * * * * * Dollars \$11,500.00
payable as follows Payable in cash upon closing the deal.

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith
at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title
insurance, and such report shall be conclusive evidence as to status of seller's title.

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with
a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the
said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 10
days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the
seller as liquidated damages, and this contract shall thereupon 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 to date except Zoning
Ordinances, building restrictions, taxes due and payable for the current fiscal year and no exceptions

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Rents,
interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of
the consummation of the sale herein or delivery of possession, whichever first occurs.

Possession of said premises is to be delivered to purchaser on or before June 1, 1971, 19..... Time is of the essence
hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser 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 prevailing party
shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree
entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's
fees.

Special conditions:

John S. Altman
John S. Altman
Owners

I hereby agree to purchase the above property and to pay the price of Twelve Thousand and no/100

* * * * * (\$ 12,000.00) Dollars as specified above.

Address 2801 North Gantenhein Ave.
Portland, Oregon 97227
Phone 280-4003

Purchaser Emanuel Lutheran Charity Board
Oscar Gustafson Jr.
By Oscar Gustafson Jr.
Senior Vice President

July 26, 1971

Mr. Kenneth F. Frazer
414 Pittock Block
921 S.W. Washington
Portland, Oregon 97204

Dear Mr. Frazer:

Re: John S. Altmanns

We have your letter of July 6, 1971 and apologize for the delay in replying.

With regard to the claim for a Replacement Housing Payment for your client we find that we require the following additional information:

- (1) What was the date that Mr. Altmanns first received an offer from Emanuel Hospital to purchase his property for a price certain?
- (2) May we have a copy of the closing statement?

Upon receipt of the above information we will proceed to review the claim.

Your attention to this matter will be appreciated.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch

KENNETH F. FRAZER

ATTORNEY AT LAW

~~712-Ave-Buss.~~ 414 Pittock Block

PORTLAND, OREGON 97204

PHONE ~~227-2428~~
227-6547

July 6, 1971.

Portland Development Commission
Emanuel Hospital Project,
235 N. Monroe,
Portland, Ore. 97227

Re; John S. Altmanns.

Attention Mr. W. Stanley Jones.

Dear Sir;

I enclose herewith Claim for Repalcement Housing Payment, which you kindly forwarded me with your letter of June 24th., and which Mr. Altmanns has signed, giving the information requested.

Mr. Altmanns sold his old home to the Emanuel Hospital for the sum of \$12,000.00 cash by deed of date Apr. 29, 1971, and purchased his present home ~~at~~ at 3286 N. E. Holman, in name of himself and his new bride Dorothy Altmanns, formerly Dorothy Benson, as tenants by entirety, by deed dated June 6, 1971, paid \$16,250.

In refernece to your call and conversation with Mr. Altmanns. He did not understand that this development was under the U.S.Department, but thought it a private development, and since Mr. Hansen, president of Emanuel Hospital was an old friend, he directed me to take the matter up with the hospital and I might say that I did not know that the Portland Development Commission had taken over this hospital project. Of course you know that Mr. Altmanns is quite old, aged 85 years, and is almost stone deaf. Also he is badly disabled, first by a broken elbow, then by a broken hip and has spent many months in the hospital, just discharged June 6, 1971. Please give this your consideration and if any copies of instruments are desired, please advise me, and againt thanks for you courtesies.

Yours truly,

K. F. Frazer
K. F. Frazer, Attorney

Rec'd
7-7-71

June 24, 1971

Mr. Kenneth M. Frazer, Attorney
414 Pittock Block
Portland, Oregon

Re: John S. Altmanns

Dear Mr. Frazer:

Enclosed is a claim form for application for a Replacement Housing Payment as we discussed in our telephone conversation on June 22, 1971. As was mentioned, from information available to me at this time, it would appear that Mr. Altmanns is not eligible for this payment. However, upon the receipt of more details from you, I will be glad to pursue the possibility of eligibility under the current rules and regulations governing relocation payments of the Department of Housing and Urban Development.

Very truly yours,

W. Stanley Jones

WSJ:lb
Enclosure

HOUSING RESOURCES SURVEY

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

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

Analyst WJG Date of survey 2/9/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 46 Census Tract No. 22A
 Street Address 405 N Stanton 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 _____

(hard of hearing)

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

Name	Family relation	Age	Sex	Occupation
1. <u>Altmanns, John S.</u>	<u>Head of household</u>	<u>84</u>	<u>M</u>	<u>retired</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. <u>wife deceased - within year</u>	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>pension railroad</u>	\$ <u>195</u>	\$ <u>195</u>
_____	_____	_____
Total family or household income per month	\$ <u>195</u>	\$ <u>195</u>

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

1. Location (indicate approximate cross streets) north - as far as possible - "colored" area
2. Transportation, number of autos owned 1, use bus , walk driver's license expired
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 \$ comparable, 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 3, kitchen , dining room , living room , number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics (W O B I M)

*date on site: 1907 built new by Charles Walker
intends to marry ^{dec.} wife's niece in May*

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

Date _____

Analyst WSJ Surveyed 2/9/71 Tabulator _____ Date _____
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 46 Census Tract No. 22 A
 Street Address 405 N Stanton Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: <u>John S. Altman</u> <u>405 N Stanton</u>	NAME & ADDRESS OF OWNER <u>John S. Altman</u> <u>405 N Stanton</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

832 Sq. ft. in first floor (county figure)
832 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
2 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
5/8/67 Date of last appraisal
1924 Date structure was originally built

B. Market value data for one-family dwelling

	<u>Market value</u>	<u>Computed value per sq. ft.</u>
Land	\$ <u>4210</u>	\$ _____
Improvements	<u>1450</u>	_____
Total	<u>5660</u>	_____

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

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

_____ 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

<u>Monthly average</u>	<u>Cash rent</u>	<u>Utilities</u>	<u>Total paid by renter</u>
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

1 1-00060-0870 ALTMANN, JOHN S & EDITH L 3

MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C: 001

405 N STANTON ST
 PORTLAND OREGON 97227

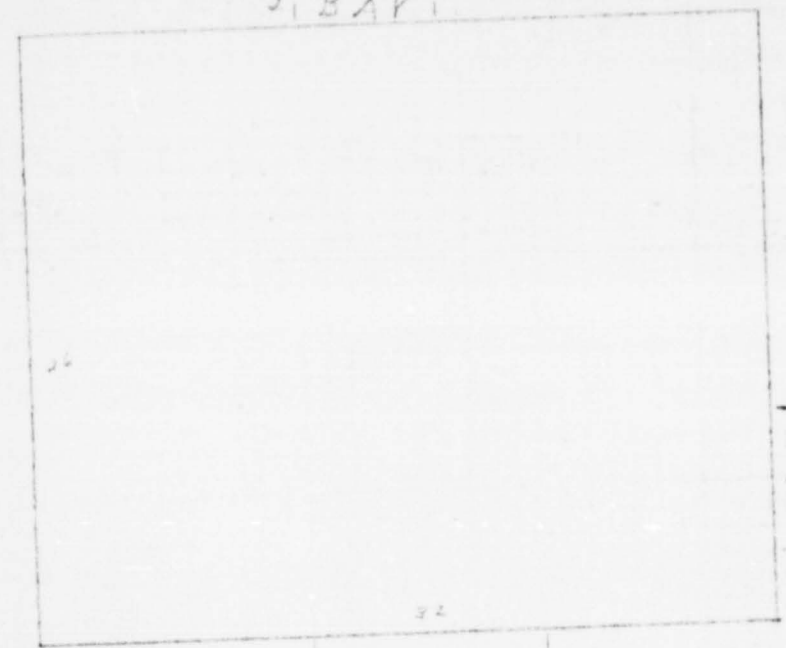
ABENDS ADD

LOT BLOCK

14 3

PROPERTY ADDRESS: 405 N STANTON ST
 PORTLAND

APPEALS:



AVE. OR ST

N. Stanton AVE OR ST
 FRONT OF BUILDING



FUNCT. GXP

ECON. GXP New than houses in Area - Not
 best land use.

COND. GXP

REMARKS

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	DEPUTY NOTIFIED
FEB 21 '69		Loose 4/23/69				
BY: L. Key						

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			4050	1400	5450	213.2
1971			4,210	1,450	5,660	UD

FORM 57 REV 3-60

AND APPRAISAL 19 68

MARKET DATA			
IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE

MONTHLY RENTAL \$ X GRM = S IND. VALUE

ZONING	SITE ADJUSTMENTS
	ROAD TYPE D G
	TOPOGRAPHY 1-2 A.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
45 x 100 @ 20.00	 	900	 	900	900
4533 @ .90		4079			4079

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ. %
	TOTAL APPR. VALUE 40501
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRaiser <u>J.A.</u>	DATE 5 8 67

ACCOUNT NO 1-00060-0870	19 68
CLASS 4 STORY 1 AREA 832	ADJ 1
ADDRESS 405 N. Stanton	BASE FACTOR 4400
FDA 501 Br WP BSMT 3 4 1 2 1 4	1600
BSMT ROOMS	
FLOORS 5 Lip Tile Hdw	
ROOF H F Alum Comp Shg Shk Tile Built-Up	
EXTER S Siding Blk Stuc Brk P D	
INTER L & P Drywall Trim Hdw	
PLUMB'G FACILITY Sink D.W. Toil W B Tub Enc Shower	
HEAT HW Pkge Pipe Floor Gas Elect. H.A 856	
FIREPLACE Ins OS S D T 1-5ty 2-5ty Flue	
ATTIC Unf Fin BR Bath Lav H 3 4 1 2 1 4	
2ND STY BR Bath Lav H	
BAYS 24	DORMERS 110
MISC VF & H. R & O. VF Tile	
OUTSIDE 600 Conc B.T. Sprinkler YI	300

FIRST FLOOR	GARAGE	AREA	REPL. COST	ADJ. REPL. COST	RG
Rec. Hall	Class				
Serv. Hall	Type Det				
Liv. Rm	Dim 12 x 22				
Din. Area	Fan Con	832	10,660	12	1279
Fam. Rm	Floor Con	264	1670	12	128
Nook	Const Frame				
Kitchen	Roof GCS				
Utility	Misc				
Bedroom					
Bath					
Lav					
Den					

TOTAL DEPRECIATED REPLACEMENT COST	1407
MISC	ADJUSTMENT 60
Dim. X	BUILT 1924 Age 51
Fdn.	PERM. NO. 19
Const.	PREV. APPR. 1962
Roof	ERRS -39
MISC	D-BA RM MO RENTAL
Dim. X	COND -
Fdn.	NET 121
Const.	19 APPR. VALUE
Roof	19 APPR. VALUE