

	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		

R E S U M E

DATE 5-5-72

NAME BERG, Johann

Mr. J. Berg has a hearing problem and has been a loner for many years. [REDACTED]  
[REDACTED] But, after working closely with him I find  
that after he hears what you are saying he is very responsive. Mr. J. Berg  
gets about very well on foot. I believe he will take care and live the rest  
of his life in decent comfort.

RECEIPT OF APPLICATION FOR HOUSING  
ASSISTANCE BY:  
HOUSING AUTHORITY OF PORTLAND, OREGON

NAME Johan Peter Berg  
ADDRESS 320 N Fargo  
DATE OF APPLICATION 4-13-72  
TIME 9:55 BEDROOM SIZE 1  
ADDRESS & PHONE CHANGE \_\_\_\_\_

(signed) [Signature]  
worker

INTERVIEWER'S NAME Marty Cochrane

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME BERG, Johan Peter RELOCATION ADVISOR C. Daniels  
 ADDRESS 320 N. Fargo PHONE 288-9455 PROJECT NAME Emanuel ORE R-20  
 SEX M ETHN W VETERAN \_\_\_\_\_ AGE 65 PARCEL NO. R 9-4  
 MARITAL STATUS Single TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT X OTHER X  
 INITIAL INTERVIEW 4/10/72 DATE INFO PAMPHLET DELIVERED 4/10/72  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Ernest Berg 654-6861

DATE ON SITE:	<u>January 1, 1952</u>
INITIATION OF NEGOTIATIONS:	<u>November 22, 1971</u>
DATE OF ACQUISITION:	<u>May 18, 1972</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_ 94 30  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 Trust fund U.S. National \_\_\_\_\_ 50.00  
**TOTAL MONTHLY INCOME** \$144.30

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>1943</u> No. Rooms <u>6</u> No. Bedrooms <u>3</u> Furn. <u> </u> Unfurn <u>X</u> Utilities \$ <u>21.75</u> Monthly Payments (Rent) \$ <u>-0-</u> Acquisition Price \$ _____ Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental		Multiple Family		X	
Public Housing		Duplex			
Private Rental	X	Mobile Home			
Private Sales					
Size of Habitable Area <u>1,090 sq. ft.</u>					

HOUSING REFERRALS

Address	Bedrooms
<u>H.A.F.</u>	<u>1</u>
<u>620 SW PARK</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 \_\_\_\_\_ LPA Referred \_\_\_\_\_

Address 4400 N.E. Broadway #709 Phone 288-9455 Date of Move May 1, 1972

WHERE RELOCATED:

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

Furnished \_\_\_ Unfurnished X Number of Rooms \_\_\_ Number of Bedrooms 1 Habitable Area \_\_\_

Utilities \$ \_\_\_ Monthly Payments (Rent) \$ 34.00 Purchase Price \$ \_\_\_

Age of Structure: 3-4 yrs Taxes \$ \_\_\_ Equity \$ \_\_\_ Distance Moved Away 60 blocks

Name of Moving Company Self Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)	402 EH	May 3, 72	\$ 1,000.00	Down Payment	\$
TACO (Rental)	748 EU	5-3-73	\$ 1,000.00	RHP	\$
TACO (Rental)			\$	Total Down	- \$
TACO (Rental)			\$	Total Mortgage	\$
TACO (Sales)			\$		
Fixed Moving	402 EH	5/3/72	\$ 46.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL RHP: \$4,000

TOTAL BENEFITS RECEIVED \$ ,460.00

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date

Relocation  
Worker

1/16/71 Flyer delivered by Marion Scott. "Not really" a member of EDPA. Wants to know "when".

3/1/71 Survey: Bank owns. He lives there and cares for house.

2/22/72 Talk with Jerry Sands of Trust Department about Joe Berg - He has a life time tenancy and only pays utilities. At present I believe he would qualify for benefits for a Owner/occupant.

2/25/72 Made appointment with Mr. Sand First National Bank to go out and see Mr. Berg.

4/10/72 Joe Berg & Brother came in and indicated that he wanted to live in the HAP Housing and would like as close to town as possible. They will be in tomorrow 3/11/72 at 11:00 to go and make HAP application.

4/28/72 Called HAP. They said the people were moving out that occupied unit. Hollywood 4400 Apt 709 \$34.00 rent

5/2/72 HAP called (Mrs. Jackson) offered Mr. Berg another apartment in Hollywood East, Apt #517. Can move in 5/3/72. Mr. Berg will need \$49.87 to move in.

5/3/72 Mr. Berg paid first months rent and \$20.00 security fee. He plans to start moving in.

5/4/72 Warrant #402 EH came in and I notified Mr. Berg's brother who will get in touch with Mr. Berg. He is very happy with new apartment and living conditions.

5/5/72 Closed the file on Mr. Berg after Mr. Berg and his brother Earnest Berg came in to pick up check #402 EH. Mr. J. Berg is very pleased with his new home and seems very able to live and care for himself. Mr. Berg's total rent and utilities are \$34.00 per month. This should allow him funds to support himself.

His brother, Earnest Berg, really gave a lot of help. He provided transportation for Joe and helped to explain the relocation benefits.

Mr. J. Berg has a hearing problem and has been a loner for many years. [REDACTED] But, after working closely with him I find that after he hears what you are saying he is very responsive. Mr. J. Berg gets about very well on foot. I believe he will take care and live the rest of his life in decent comfort.

P.D.C. has paid him his first installment of his rent assistance.

4-25-73 Filed claim for second TACO.

5-6-74 Claim filed and payment made for third TACO.

5-12-75 Filed claim for 4th TACO payment.

5-23-75 Mr. Berg came in and signed for his 4th and final TACO payment.

File closed.

*Please see as Resend*

SCD

SCD

HAP

RESIDENTIAL RELOCATION RECORD

Project Name EMANUEL Parcel No. R-9-4 Advisor SCD  
Client's Name BERG, JOHAN Phone 288-9455  
Address 320 N FARGO Ethn W Age 65

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

*Ernest Berg  
656-2084  
Mellelo, Ore*

Family Composition

Economic Data

Total Number in Family 1  
       wife, husband

Employer \$  
Address  
Other Source of Income \$ 94.30  
SS.  
TRUST FUND U.S. \$ 50.00  
Total Monthly Income \$ (144.30)

Other: Relation Age Relation Age


- 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 4-10-72 Date of Info pamphlet delivery 4-10-72

Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1-52

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

Date of initiation of negotiations for purchase of property 11-22-71

Date of Acquisition 4-7-72 (JMC)  
5-18-72

Date of letter of intent \_\_\_\_\_

Date of move 5-1-72

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 1943

Size of Habitable Area 1,090

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 6 Rent Paid \$ 21.75 Utilities -0-

Number of Bedrooms 3 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 4400 NE BROADWAY LPA Referred  Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit 3-4 yrs.

Size of Habitable Area \_\_\_\_\_

No. of Rooms \_\_\_\_\_ 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 \$ 34.00

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales

2 Standard Rent

Agency Referrals:

\_\_\_\_\_ MCW  HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )

\_\_\_\_\_ Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date 5-3-72 Ck # 402EH Type MC TACO Amount \$ \$1,460.-

Date 5-2-73 Ck # 748EH Type TACO Amount \$ 1,000

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1047 EH**

DATE May 21, 1975

PAY TO **Johan Berg**

**\$ 1,000.00**

**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
		Reimbursement per Claim for RHP for Tenants filed. Move from 320 N. Fargo (Parcel R-9-4) -  Total approved <span style="float: right;">\$4,000.00</span> 4TH & FINAL PAYMENT	<b>\$1,000.00</b>
<i>Johan P. Berg</i> 5/23/75			

**Account Distribution**

NO.      TITLE      AMOUNT



**RELOCATION PAYMENT**

PROJECT: Emanuel

PARCEL: \_\_\_\_\_

PAYABLE TO: Johan Berg

For: RHP for Homeowners . . . . .	_____	.\$	_____
Incidental Expenses for Homeowners or Tenants. . . . .	_____	.\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000.</u> ; Annual amount \$ <u>1000.</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 Johan Berg  Family Less - \$ \_\_\_\_\_ \*

Move from 320 N. Fargo  Individual Total \$ 1000.

-----

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

0600 X10 901

*Jhaw*

**NOTICE OF RHP-TACO YEARLY PAYMENT**

TO: S. C. Daniels  
(Relocation Advisor)

DATE May 1, 1975

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

RE: Johan Berg  
(Displacee)

4400 N. E. Broadway  
(Address)

No 4th and final  
(annual payment)

\$ 1,000  
(amount)

5-1-75  
(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 as above

Date Inspected: \_\_\_\_\_ Condition: \_\_\_\_\_ Standard \_\_\_\_\_ Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility: \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: Mr Berg still enjoys his apt. with H.A.P.

SIGNED: Johan F. Berg  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 5/12/75

DATE: 5/12/75

TO: Bob Douglas

DATE: 5/12/75

FROM: Chet Daniels

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: Johan Berg

PROJECT: Emanuel

FOR: 4th and Final TACO Payment

AMOUNT: 1000.<sup>00</sup>

*Handwritten initials*

*Handwritten signature*

SIGNED: Samuel Daniels

**CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS**

<b>NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:</b>	<b>PROJECT NAME (if applicable)</b>
Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	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**  
BERG, Johan P. \_\_\_\_\_ Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED** **PARCEL NO.** R-9-4

a. Address: <u>320 N. Fargo, Portland, Oregon 97227</u>	d. Monthly rental: \$ <u>-0-</u>
b. Apartment or room number: <u>--</u>	e. Date you moved out of this dwelling: <u>5/1/72</u>
c. Number of bedrooms: <u>3</u>	Month-Day-Year

**3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)**

a. Address (include ZIP Code): <u>4400 N. E. Broadway, Portland, Oregon 97206</u>	d. Monthly rental: \$ <u>34.00</u>
b. Apartment or room number: <u>709</u>	e. Date you moved into this dwelling: <u>5/1/72</u>
c. Number of bedrooms: <u>1</u>	Month-Day-Year

**4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)**

a. Address (include ZIP Code): _____	d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: _____	e. Date you purchased this dwelling: _____
c. Downpayment: \$ _____	

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

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

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

5/1/72

Date

*John P. Berg*  
Signature of Claimant (s)

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

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

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

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

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

NAME OF CLAIMANT BERG, Johan P.

Parcel No. R-9-4

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: January, 1952

Date of Acquisition: n/a

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: January, 1952

Date of Initiation of Negotiations: November 22, 1971

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 (HAP)

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 \$4,000.00 is authorized.

*WSD*

5-3-72  
Date

*J. B. V.*  
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>5/3/72</u>	<u>402 EH</u>	<u>\$ 1,000.00</u>
2nd Year	<u>5/2/73</u>	<u>748 EH</u>	<u>\$ 1,000.00</u>
3rd Year	<u>5/1/74</u>	<u>924 EH</u>	<u>\$ 1,000.00</u>
4th Year	<u>5/2/75</u>	<u>1047 EH</u>	<u>\$ 1,000.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emanuel Project

PROJECT NO. R-20

1. Full name of claimant: Johan Peter Berg Family  Individual
2. Dwelling unit from which you moved: Parcel No. R-94  
 a. Address 320 N Fargo c. Number of bedrooms 3  
Portland Oregon d. Monthly rental \$ -0-  
 b. Apartment or room number 1 e. Date displaced 5/1/72
3. Dwelling unit to which you moved (RENTAL)  
 a. Address 4400 N.E. Broadway c. Number of bedrooms 1  
Apt 709 - Portland, Ore. d. Monthly rental \$ 34.00  
 b. Apartment or room number \_\_\_\_\_ e. Date moved in 5/1/72
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 Jan 1952  
 Date of acquisition ?  
 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 \_\_\_\_\_  
 Date of initiation of negotiations Nov 22, 1971
3. Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard H.A.P.
4. Certification: H.A.P.  
 (Amount of this claim \$ 4000.00 )

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

NAME AND ADDRESS OF CLAIMANT:

Johan Peter Berg  
320 N. Fargo

COMPUTATION PREPARED BY:

C Daniels  
Name  
5/1/72  
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 162.70  
(cost based on:  Schedule  
 Comparative  
 Other)
  
  2. Base monthly rental for claimant's former dwelling, or  
25% of adjusted monthly income, whichever is less. \$ 32.94  
*Economic Rent  $\frac{1}{2}$  of 19% of 10,500 = 78.75 Value of Rent given  
Computation to Mr. Berg for maintaining property*
  
  3. Line 1 minus Line 2, multiplied by 48  

Line 1	\$ <u>162.70</u>	
Line 2	\$ <u>32.94</u>	34.27
	\$ <u>129.76</u>	128.43
	X <u>48</u>	
		\$ <u>6164.64</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.) \$ 4000.<sup>00</sup>
  
  5. Minus adjustments (Attach full explanation) - \$
  
  6. Amount of rental assistance payment  
(Line 4 minus Line 5) \$ 4000.<sup>00</sup>
  
  7. Annual Payment \$ 1000.<sup>00</sup>
- (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.

**PORTLAND DEVELOPMENT COMMISSION**

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

April 12, 1972

Housing Authority of Portland  
4400 N. E. Broadway  
Portland, Oregon 97213

Gentlemen:

This is to inform you that Johan Peter Berg  
of 320 N. Fargo, Portland, Oregon 97227,  
who wishes to file an application with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20.

Thank you for any help that you may render Mr. Berg  
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chester Daniels  
(Relocation Advisor) DATE 4/23/73

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

RE: Johan P. Berg 4400 N.E. Broadway  
(Displacee) (Address)

No. 2 \$ 1,000.00 5/3/72  
(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: 4400 N.E. Broadway #709

Date Inspected: H.A.P. Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mr. Berg still lives in H.A.P. Housing

SIGNED: X Johan P. Berg  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: May 1, 1973

DATE: 4/26/73

TO: Bob Douglas

DATE: 5-1-73

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: Johan P. Berg

PROJECT: Emanuel

FOR: T.A.C.O.

AMOUNT: 1000.00

*WJ*

SIGNED: Samuel Daniels

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

Nº 924 EH

DATE May 1, 19 74

PAY TO **Johan P. Berg**

\$ 1,000.00

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 320 N. Fargo (Parcel R-9-4).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
<i>Johan P. Berg</i> <i>May 2, 1974</i>			

**Account Distribution**

NO. TITLE AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels  
(Relocation Advisor)

DATE April 19, 1974

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

RE: Johan P. Berg (Emanuel)  
(Displacee)

4400 N.E. Broadway  
(Address)

No. 3rd  
(annual payment)

\$ 1,000.00  
(amount)

5/1/74  
(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: Same as above

Date Inspected: \_\_\_\_\_ Condition: \_\_\_\_\_ Standard \_\_\_\_\_ Substandard

If substandard: (1) Date re-inspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility: \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: very happy with apt.

SIGNED: Johan P. Berg  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: April 29 1974

DATE: 4/29/74

TO: Bob Douglas

DATE: 4/29/74

FROM: Chet Daniels

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: Johan P. Berg

PROJECT: Emanuel - R-20

FOR: Taco - 3rd payment

AMOUNT: 1000.00

SIGNED: WCB  
Shaw

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. B-20 PARCEL R 9-4  
 NAME Johan Peter Berg ADDRESS 320 N. ... APT NO. -  
 PHONE 654 6861 INITIAL INTERVIEW \_\_\_\_\_ SEX M W x NW \_\_\_\_\_ AGE 65  
Ernest Berg  
 U.S. CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE 20 + up

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Get's check of general Delivery \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker \_\_\_\_\_  
 Social Security \_\_\_\_\_ 88.70  
 Va. Fed. Mult Co. 221-3381  
 Pension: Name \_\_\_\_\_  
 Other: Name Trust US Nat'l 50.00  
 TOTAL MONTHLY INCOME 138.70

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 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
<u>Esquire Hotel 620 SW Park</u>		<u>Mr Berg's No</u>
<u>227-9819</u>		<u>288-9455</u>

NEW ADDRESS: 4400 N.E. Broadway Hollywood East Apt 519 Zip \_\_\_\_\_  
 Phone 288-9455 Moved May 3

1/16/71 files delivered by Marion Scott. "Not really" a member of EDPA. Wants to know "when."

3/1/71 survey: Barb owns. He lives there & cares for house.

Feb 22 Talk with Jerry Sands of Trust Diff. about Joe Berg - He has a lifetime tenancy and only pays Utilities. - At present I believe he would qualify for benefits for a Owner/occupant.

Feb 25 Made appointment with Mr. Sand First Nat'l bank to go out and see Mr Berg

4/10/72 Joe Berg & Brother came in and indicated that he wanted to live in the H.A.P. Housing and would like as close to town as possible - they will be in tomorrow 3/11/72 at 11:00 to go and Make HAP application

4/28/72 Called HAP - they said the people were moving out that occupied unit J. Berg was  
Hollywood 4400 Apt 709  
34. Rent

5/2/72 H.A.P. called (Mrs. Jackson) offered Mr. Berg another Apt. in Hollywood East, Apt. # 517  
Can Move in 5/3/72. Mr. Berg will need 49.87 to move in

5/3/72 Mr. Berg paid first Month's Rent and \$20. Security fee - Plans to start Moving in -

5/4/72 Warrant No 402 EH came in and I notified Mr. Berg's Brother who will get in touch with Mr. Berg. Very happy with new apt and living conditions

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 748 EH

DATE May 2, 1973

PAY TO **Johan P. Berg**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 320 N. Fargo (Parcel R-9-4).</p> <p>Total approved <span style="float: right;">\$4,000.00</span>                      2nd annual payment <span style="float: right;"><u>\$1,000.00</u></span></p> <p><i>Johan P. Berg</i>  <i>Rec. May 4, 1973</i></p>	

**Account Distribution**

AMOUNT



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

April 10, 1972

SOCIAL SECURITY ADMINISTRATION  
DISTRICT OFFICE  
1221 S. W. Twelfth  
Portland, Oregon 97205

Phone: 221-3381

Johan P. Berg  
620 SW Park  
Portland, OR 97205

Dear Mr. Johan P. Berg:

Re: 542-07-14406 A

Records in the social security office have established your  
date of birth as February 7, 1907  
your monthly benefit rate as \$94.30

Your first month of entitlement was January 1971.

Sincerely yours,

B. L. Lyday  
Service Representative

PDI-8

# 1 FIRST NATIONAL BANK OF OREGON

TRUST DIVISION, 400 S.W. SIXTH AVENUE P.O. BOX 2971, PORTLAND, OREGON 97208

JDS:pf

April 4, 1972

Mr. Det Daniels  
Portland Development Commission  
235 N. Monroe Street  
Portland, Oregon

Dear Mr. Daniels:

Maren Nielsen f.b.o. Joe Berg

Pursuant to our telephone conversation, I called Ernest Berg, the brother of Joe Berg, and Joe is presently living in a hotel. He will be staying there until other arrangements are made. Ernest Berg has indicated he would be willing to assist his brother in this matter, and he can be reached at 654-6661.

The trust is administered for Joe's benefit as income beneficiary. He does not have a life interest in the property but we have been maintaining the property for him as a matter of convenience. Joe's income is confined to the income from the trust and any odd jobs he is able to acquire. The trust, at the present time, is valued at approximately \$10,000, excluding the value of the Fargo Street residence. The income generated by the trust is currently about \$600 per year. We have discretionary powers to apply principal for Joe's ~~benefit~~ but this is, of course, limited by the size of the trust.

I hope this information will be helpful to you in determining what benefits are available on Joe's behalf. If you have any questions at all, please give me a call.

Sincerely,

Jerry D. Sands  
Assistant Trust Officer

JDS:pf

(50.00 month)



## Dwelling Unit Inventory

<u>QUANTITY</u>	<u>QUANTITY</u>
<u>3</u> Beds & Springs	_____ Night Stand
_____ Bedroom Chair	<u>1</u> Occasional Chair
<u>2</u> Breakfast Table	<u>1</u> Overstuffed Chair
<u>3</u> Breakfast Table Chairs	_____ Overstuffed Rocker
_____ Bridge Lamp & Shade	<u>1</u> Range
_____ Buffet	<u>2</u> Refrigerator: Brand _____
_____ Chest of Drawers	<u>1</u> Rocker
_____ Coffee Table	<u>2</u> Rug & Pad: Size _____
_____ Couch	_____ Stool
<u>1</u> Davenport	_____ Table Lamp & Shade
_____ Desk	_____ Table, small
<u>4</u> Dining Table	_____ Vanity & Bench
<u>1</u> Dining Chairs	_____ Suitcases
<u>2</u> Dresser	<u>1</u> Trunks
<u>2</u> End Table	<input checked="" type="checkbox"/> Cartons, Boxes, Etc.
<u>2</u> Floor Lamp & Shade	<input checked="" type="checkbox"/> Clothes
<u>2</u> Mirror	<input checked="" type="checkbox"/> Bedding & Linens

### Miscellaneous (List Items)

T.V.  
Washer  
Clothes hamper  
Garden tools  
Many other Misc. items

COMMENTS:

DATED this 13 day of April 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 320 1/2 Fargo St  
\_\_\_\_\_, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

John P. Berg  
(firm name)

by: \_\_\_\_\_

OK-Ann

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: R-9-4

Payable to: Johan P. Berg

Amount

For: <u>      </u> RHP for Homeowners . . . . .	\$	<u>          </u>
<u>      </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>          </u>
<u>  x  </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>4,000</u> ; Annual amount. . . . .	\$	<u>1,000</u>
or Purchase: . . . . .	\$	<u>          </u>
<u>  x  </u> Fixed Moving Payment <u>Individual - own furn.</u> . . . . .	\$	<u>260</u>
<u>  x  </u> Dislocation Allowance. . . . .	\$	<u>200</u>
<u>      </u> Actual Moving Costs. . . . .	\$	<u>          </u>
<u>      </u> Storage Costs (if separate claim). . . . .	\$	<u>          </u>
<u>      </u> Business: Moving Expenses. . . . .	\$	<u>          </u>
<u>      </u> Business: In Lieu Payment. . . . .	\$	<u>          </u>
<u>      </u> Business: Storage Costs. . . . .	\$	<u>          </u>
<u>      </u> Business: Loss of Property . . . . .	\$	<u>          </u>
<u>      </u> Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client Johan P. Berg Less - \$            \*

Move from 320 N. Fargo Total \$ 1,460

Accounting: Indicate symbol & Acct. No.

✓ E1501 Relocation Payment;            Project Cost \*(            )

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 402 EH

DATE May 3, 19 72

PAY TO **Johan P. Berg**

\$ 1,460.00

**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
		Reimbursement per Claim for RHP for Tenants. 320 N. Fargo (R-9-4).	
		Total approved \$4,000.00	
		Fast Annual Payment \$1,000.00	
		Fixed payment - own furniture 260.00	
		Dislocation Allowance 200.00	
			<u>\$1,460.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$1,460.00
	(RHP \$1,000.00)	
	(Fixed Payment - Individual \$460.00)	

*JA*

*Johan P. Berg*

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission  
1700 SW 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 BERG, Johan P.  Family  Individual

2. DATE(S) OF MOVE May 1, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-9-4  
a. Address 320 N. Fargo, Portland, Oregon 97227  
b. Apartment, Floor, or Room Number ---  
c. Was it furnished with your own furniture?  
 Yes  No  
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6  
e. Date you moved into this address: January, 1952

4. DWELLING UNIT TO WHICH YOU MOVED  
a. Address (include ZIP Code) 4400 N. E. Broadway, Portland, Oregon 97206  
b. Apartment, Floor, or Room Number 709  
c. Were household goods moved to or from storage?  
 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 260.00  
(Consult local agency) Total \$ 460.00

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.

5/1/72

Date

Johan P. Berg  
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:

BERG, Johan P.  
4400 NE Broadway #709  
Portland, Oregon 97206

NAME OF LOCAL AGENCY:

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: \_\_\_\_\_  
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 \$ <u>260.00</u>			<u>5-3-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</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>5/3/72</u>	<u>402 EN</u>	<u>\$ 460.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Johan Peter Berg Project Emmanuel Project  
 2. Date(s) of move 5/1/72 Parcel No. R-9-4  
 3. Dwelling unit from which you moved:  
 Address 320 N. Fargo No. of rooms 6  
 Furnished  Unfurnished Date you moved into this unit 1/52  
 4. Dwelling unit to which you moved:  
 Address 4400 N.E. Broadway # 709 97206  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 260.00

-----  
 FIXED PAYMENT: \$200 + \$ 260 = \$ 460  
 -----

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 Approved  

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)





# Pioneer National Title Insurance Company

421 S.W. STARK STREET • PORTLAND, OREGON 97204 • TELEPHONE 224-0550

OREGON DIVISION

A consolidated statement of all charges and advances in connection with this order will be provided at closing.

Portland Development Commission  
1700 S.W. 4th  
Portland, Oregon

O.P. \$	Prem. \$
M.P. \$	Prem. \$
<b>Report</b>	<b>\$50.00</b>

ATTN: Dorothy Lyon

Gentlemen:

We are prepared to issue title insurance policy in the usual form insuring the title to the land described on the attached description sheet:

Vestee: **FIRST NATIONAL BANK OF OREGON, Trustee under the Last Will and Testament of Maren Nielsen, deceased.**

Dated as of **March 27**, 19**72** at 8:00 a.m.

cc: **First National Bank**

Pioneer National Title Insurance Company

By *Max deSully*  
**Max deSully**

Subject to the usual printed exceptions and stipulations.

**Note: 1971-72 taxes, \$233.50; paid.  
(Account No. 71080-2430, Code 001)**

**Note: Said vestee has full power of sale under said Trust.**

**Note: We find no unsatisfied judgments of record against First National Bank of Oregon, Trustee, as of the date hereof.**

Report No. **392124**  
**MdeS:jlj -- UNIT 2**

-----END OF REPORT-----

PRELIMINARY REPORT ONLY

DESCRIPTION SHEET

See page 1 for vesting and encumbrances, if any.

Description of the tract of land which is the subject of this report:

**Lot 3, Block 9, SUBDIVISION OF RIVERVIEW ADDITION TO ALBINA, in  
the City of Portland, County of Multnomah and State of Oregon.**

Report No.

**392124**

# PORTLAND DEVELOPMENT COMMISSION

SEVA OFFICE  
EMANUEL HOSPITAL PROJECT  
833 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 255-0100

September 1, 1971

Mr. Johan Berg  
320 N. Fargo  
Portland, Oregon

Dear Mr. Berg:

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 plans. We will be in the office during our regular office hours - 9:00 a.m. to 5:00 p.m. on weekdays, or please call our office at 255-0100. Our office is located at 833 N. Monroe St.

We look forward to serving you.

SDM:ch  
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 \_\_\_\_\_ Date of survey 3-1-71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 27 Census Tract No. 22A  
 Street Address 320 N. Fargo 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>Joe Berg</u>	<u>Head of household</u>	<u>64</u>	<u>M</u>	<u>None</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:

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Joe Berg</u>	<u>None</u>	<u>None</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>Joe Berg Social Security</u>	<u>\$ 84</u>	<u>\$ 72.00</u>
<b>Total family or household income per month</b>	<b>\$ <u>84</u></b>	<b>\$ <u>72.00</u></b>

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

1. Location (indicate approximate cross streets) \_\_\_\_\_
2. Transportation, number of autos owned , 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 1, kitchen , dining room \_\_\_\_\_, living room , number of bathrooms 1, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O B L M

*Moved in 20 yrs +*

**HOUSING RESOURCES SURVEY**

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

Analyst \_\_\_\_\_ Date \_\_\_\_\_  
 Surveyed \_\_\_\_\_ Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 29 Census Tract No. 22A  
 Street Address 320 N. Fargo Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Joe Berg NAME & ADDRESS OF OWNER: First National Bank NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
P.O. Box 3131  
 TELEPHONE: 281-3493 TELEPHONE: 225-2376 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**

1090 Sq. ft. in first floor (county figure)  
1090 Sq. ft. in dwelling unit (if more than 1 floor)  
5 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  
1967 Date of last appraisal  
1929 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>\$ 4000</u>	\$ _____
Improvements	<u>3950</u>	_____
Total	<u>7950</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	_____	<u>\$ 4.00</u>	_____
Gas	_____	_____	_____
Water	_____	<u>1.75</u>	_____
Heat (oil, or other)	_____	<u>16.00</u>	_____
Total	\$ _____	<u>\$ 21.75</u>	\$ <u>21.75</u>

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 1-71080-2430

FIRST NATIONAL BANK  
OF OREGON TR

MAP: 2730

ZONE: A25

RATIO: 1401

LVY C:001

P O BOX 3131  
PORTLAND, OREGON

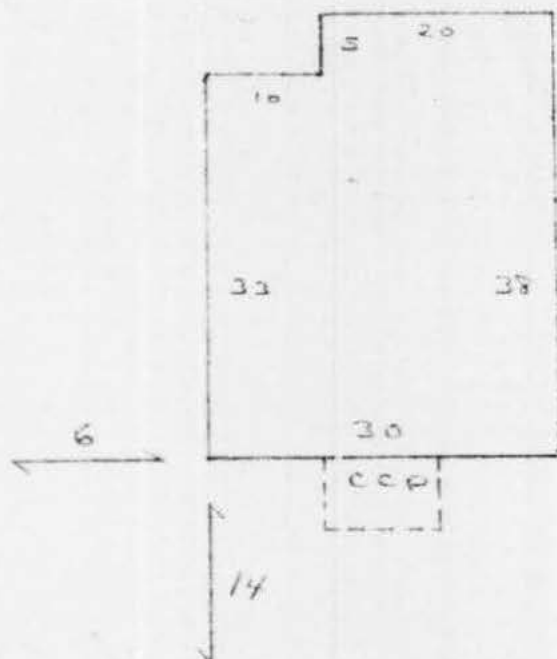
97208

RIVERVIEW SUB

LOT BLOCK

3

9



AVE OR ST

PROPERTY ADDRESS: 320 N FARGO ST  
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	ACQ. DATE
1968			3850	3800	7650	2/20/68
1971			4000	3950	7950	4/1/71

320 N Fargo

AVE OR ST



Handwritten note: 7 modern built home in old high school  
- Not best land use

DATE FEB 22 1988

S. MILLER

BY BEASLEY

1988

R E C E I P T

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

Johan P. Berg

4/10/72  
date