

	DESCRIPTION	ROLL NO	ODOMETER
R-14-7	BRENT, RICHARD 527 N. MORRIS		
E-2-4	BROWN, ELIJAH 2742 N. KERBY		
A-3-9	BROWN, JESSIE MAE (MRS.) 3222 N. GANTENBEIN		
A-3-10	BROWN, JOE 3216 N. GANTENBEIN		
E-2-4	BROWN, RUTH 2742 N. KERBY		
A 3-17	BROWNING, DEMETRIAS 217 N. FARGO		
A 3-17	BROWNING, LOUIS 217 N. FARGO		
A 3-17	BROWNING, ROBERT LOUIS 217 N. FARGO		
R-14-2	BRYSON, DOVIE (MRS.) 536 N. MONROE		
R-8-8	RUFFINGTON, JOHNNY 405 N. FARGO		
A-3-1	BURNS, MABEL (MRS.) 3233 N. VANCOUVER		
E 4-8	CAGE, ANNA 325 N. RUSSELL		
A -4-4	CALDWELL, EDWARD 260 N. IVY		
R-8-3	CALDWELL, HORACE 3247 N. GANTENBEIN		
R-15-3	CATLIN, A.W. 409 N. MORRIS		
R-15-3	CATLIN, ARTHUR 409 N. MORRIS		
E-4-1	CLARK, GEORGE 2651 N. GANTENBEIN		
RS-4-9	CLARK, HUGH E. 7 N. RUSSELL		

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME BURNS, Mabel RELOCATION ADVISOR JC

ADDRESS 3233 N. Vancouver PHONE 289 1947 (N 34) PROJECT NAME Emanuel Ore. R-20

SEX F ETHN black VETERAN \_\_\_\_\_ AGE 67 PARCEL NO. A-3-1

MARITAL STATUS widow TENURE owner

DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_

RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_

DATE ON SITE: _____
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

INITIAL INTERVIEW \_\_\_\_\_ DATE INFO PAMPHLET DELIVERED \_\_\_\_\_

NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_ 120.00  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 120.00

Name	Relation	Age

**DWELLING UNIT FROM WHICH RELOCATED**

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

Age of Structure 1902 No. Rooms 5  
 No. Bedrooms 2 Furn.   Unfurn    
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 924 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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 2035 N.E. Juniper Phone 289-1947 Date of Move Aug 20, 1971

WHERE RELOCATED:

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

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

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

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

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

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	885G	6-30-71	\$ 6,250 -
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26842G	9-10-71	\$ 460 -
Actual Move			\$
Storage			\$
Incidental <small>Services</small>	947G	7-29-71	\$ 33.50
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

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

**RESIDENTIAL RELOCATION RECORD**

RELOCATION WORKER Jim Crolley

PROJECT NO. Ore. R-20 PARCEL A-3-1

NAME BURNS, <sup>MABEL</sup> Mable (Mrs.) ADDRESS 3233 N. Vancouver APT NO.       

PHONE 282-7983 INITIAL INTERVIEW 6/22/71 SEX F W NW B AGE 67

U.S. CITIZEN        ALIEN        VETERAN        SERVICEMAN        DATE ON SITE 19 yrs.

**FAMILY COMPOSITION**

Name	Relation	Age

Employer: Name Housewife \$         
 Address         
 MCW        Caseworker         
 Social Security        120.00  
 VA.        Fed.        Mult Co.         
 Pension: Name         
 Other: Name         
 \_\_\_\_\_  
 TOTAL MONTHLY INCOME       

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
<u>22nd and Prescott</u>		
<u>Union - Dean St.</u>		

NEW ADDRESS: 2035 N. E. Junior Zip        Phone       

289-1947



DATE	NOTES	C/W
1/15/71	Flyer delivered by Ted Parker. Would like meeting. Was receptive. Mrs. Burns is a widow.	
2/10/71	Survey: Will buy comparable housing N.E. Ainsworth area. 2 Bedroom-full basement	WSJ
6/22/71	Visited with Mrs. Burns and family to discuss signing of option. She wanted them to understand what she was signing. She was satisfied but wanted them to give their blessings. They were very pleased and satisfied with what Mrs. Burns had done up to now, and agreed that she should go ahead and sign Option. We set a date for 6/28/71 to sign the Option.	JC
6/28/71	Made date with Real Estate to sign Option	JC
6/26/71	Met with Mrs. Burns and Real Estate Representative and discussed a house she had looked at, (2035 N.E. Junior). We went to the house to inspect it. Arranged for a City Inspection for Thursday, 10:00 a.m. Mrs. Burns signed Earnest Money Agreement.	JC

MEMORANDUM

Date June 19, 1974

TO: Ben Webb  
FROM: Jim Crolley  
SUBJECT: Nabel Burns

Mrs. Burns moved from 3233 N. Vancouver Avenue in the Emanuel Project area to 2035 N. E. Junior Street August 22, 1971 at which time the cost based on the schedule for average price of comparable sales housing was \$14,639. At the time of the inspection by the City of Portland, Housing Division, the roof was not cited as substandard. Subsequent to her occupancy it was discovered that the roof did indeed leak and was badly worn. Estimates were called for on the roof; the lowest being \$400.00 by Clow Roofing.

The additional cost for replacing the roof will not exceed the maximum allowed from the schedule cost of a comparable dwelling. A claim is now being submitted for the cost of replacing the roof as being a reasonable and just increase to the initial claim. Regulation covering this adjustment is referred to in the Uniform Relocation Act, Chapter 6, Sec. 3, para. 33 b, 2.



**A. COMPUTATION OF DIFFERENTIAL PAYMENT**

Required Information

- Cost of Rehab*
1. Actual purchase price of replacement housing: \$ 13500  
*400,*  
13900
  2. Cost of comparable replacement dwelling (cost based on:  

<u>X</u> Schedule	<u>      </u> Comparable	<u>      </u> Other)
Sq.Ft. of former dwelling <u>924</u>	No. of bedrooms <u>2</u>	

Computation

- amount necessary to replace roof*
4. Line 1 or Line 2, whichever is less \$ 13900
  5. Minus Line 3 - \$ 7250
  6. Amount of differential payment or \$15,000, whichever is less \$ 6650  
*Amount previously Paid*
  7. Total approved \$ 6250 \$ 400<sup>00</sup>

**B. REQUIRED DOCUMENTATION**

1. If claimant purchased and occupies replacement dwellings:
  - a) Date purchase agreement signed (earnest money) Date: \_\_\_\_\_
  - b) Date of settlement (closing) Date: \_\_\_\_\_
2. If claimant has purchased but does not occupy replacement dwelling:
  - a) Purchase contract signed Date: \_\_\_\_\_
  - b) Date of settlement Date: \_\_\_\_\_
  - c) Date of expected occupancy Date: \_\_\_\_\_

**C. INCIDENTAL EXPENSES (List incidental expenses incurred by claimant in connection with purchase of replacement dwelling.)**

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

Listing of documents submitted herewith in support of amounts entered in Column (d) above:  
(Documentation for the above claim must be submitted.)

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 190  
 Size of Habitable Area 924 ft  
 Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ \_\_\_\_\_ Utilities \_\_\_\_\_  
 Number of Bedrooms 2 Monthly Housing Payments \$ F/C Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 2035 N.E. Juniper LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_

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

Outside city  Outside state   
 Age of Housing Unit 1943  
 Size of Habitable Area 900 ft  
 No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 13500.  
 Taxes \$ \_\_\_\_\_  
 RHP or TACO (including incidental costs) \$ 62.50

For Claimants Who Rented

Rent \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ \_\_\_\_\_  
 Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

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

Agency Referrals:

\_\_\_\_\_ MCV \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )  
 \_\_\_\_\_ Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date 6-30-71 Ck # 8856- Type RHP Amount \$ 6250.  
 Date 7-29-71 Ck # 9476 Type INC COST Amount \$ 3550  
 Date 9-10-71 Ck # 268426 Type MC Amount \$ 460.00



RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A-3-1 Advisor JL  
 Client's Name Burns, Mable (mw) Phone 282-7983  
 Address 3233 N. Vancouver Ethn B Age 67

- 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 S.S \$ 120.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Income \$ (120.00)

- 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

194RS

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

Date of initiation of negotiations for purchase of property 5-14-71  
 Date of Acquisition 7-20-71  
 Date of letter of intent \_\_\_\_\_  
 Date of move 8-22-71

STATEMENT



ROOF & GUTTERS

# CLOW

ROOFING AND  
SIDING CO

281-1238

434 N. Tillamook Street  
Portland, Oregon 97227



ASEBESTOS, CEDAR &  
ALUMINUM SIDING

Mr Jim Crolley  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

---

To Balance Forward

April 8, 1974

Job: 2035 N.E. Junior, Mabel Burns

Reroofing house, as per our letter  
of March 8th - - - - - \$385.00

15.00  
        
\$ 400.00



# AMERICAN FRIENDS SERVICE COMMITTEE

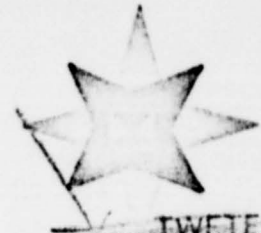
COMMUNITY RELATIONS OFFICE

106 N. E. MORRIS

PORTLAND, OREGON 97212 • 287-3736

REC'D. HSG. MGT.

JAN 03 1974



December 31, 1973

\_\_\_\_ TWETEN  
\_\_\_\_ DUZY  
\_\_\_\_ MARCUS  
\_\_\_\_ L. WATSON  
\_\_\_\_ OLSON  
3 OSBORNE  
\_\_\_\_ R. ANDO  
2 BEV

Mr. Russell Dawson  
Department of Housing and Urban Development  
520 Southwest Sixth Avenue  
Portland, Oregon 97204

Dear Mr. Dawson:

Mrs. Mabel <sup>Byrne</sup> ~~Byrne~~, who lives at 2035 Northeast Junior Street, called several days ago and asked that I come over and take a look at her place.

This was a house she bought when she was displaced by the Emmanuel Project. She's well satisfied with the house except that it has a very poor rook which leaks. There are also a couple of leaks in the basement where pipes come in that should be able to be repaired fairly immediately.

Mrs. Byrne said that she has complained to the Portland Development Commission several times about the poor condition of the roof and they said there was not too much they could do about it. It would seem that any house with a leaking roof would not come under the heading of safe, sanitary housing.

I don't know what needs to be done except that something should be done to make the roof solid. The thing is now---one of these days she's going to lose the plaster in the living room because the roof leaks that badly; the water comes through and seeps into the plaster.

Would it be possible to have somebody from your office check with Mrs. Byrne and look at her house to suggest to her what might be done to bring the house up to an acceptable level?

Sincerely yours,

Robert E. Nelson, Community Advocate

REN/lem

copies: Mrs. Mabel Byrne  
Portland Development Commission

*Ref by due 1/15/74*

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

*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."

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i>	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

<p>4. DWELLING UNIT FROM WHICH YOU MOVED</p> <p>a. Address: <u>3233 N. VANCOUVER</u></p> <hr/> <p>b. Date you first occupied this dwelling unit as the owner: <u>JUN 1957</u> <i>Month-Day-Year</i></p> <p>c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit</p> <p>d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. DWELLING UNIT TO WHICH YOU MOVED</p> <p>a. Address (Include ZIP Code): <u>2035 N.E. JUNIOR</u></p> <hr/> <p>b. Number of bedrooms: <u>2</u></p> <p>c. Purchase price: \$ <u>13,500</u></p> <p>d. If you have purchased and occupied this dwelling</p> <p>(1) Date you signed purchase contract: _____ <i>Month-Day-Year</i></p> <p>(2) Date you moved into this dwelling: _____ <i>Month-Day-Year</i></p> <p>e. If you have purchased but not occupied this dwelling:</p> <p>(1) Date you signed purchase contract: _____ <i>Month-Day-Year</i></p> <p>(2) Date of settlement: _____ <i>Month-Day-Year</i></p> <p>(3) Date you expect to occupy: _____ <i>Month-Day-Year</i></p>
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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.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner-Occupant



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  <b>DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT</b>	NAME OF CLAIMANT  <hr/> NAME OF DISPLACING AGENCY				
<i>INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.</i>					
<b>DETERMINATION OF ELIGIBILITY.</b> <i>(Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)</i>					
1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of Acquisition: _____ <i>Month-Day-Year</i>				
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of Initiation of Negotiations: _____ <i>Month-Day-Year</i>				
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Initial Date of Ownership: _____ <i>Month-Day-Year</i>	Date of HUD Approval of the Project: _____ <i>Month-Day-Year</i>				
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Date of Displacement: _____ <i>Month-Day-Year</i>	Date of Purchase of Replacement Housing: _____ <i>Month-Day-Year</i>	Date of Occupancy of Replacement Housing: _____ <i>Month-Day-Year</i>			
5. Has the replacement housing been inspected and found to be standard? <i>(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i>					
<b>NOTE:</b> The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.					

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. (From approved Form HUD-6155)	\$ 14,639.
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 7,250.
3. Line 1 minus line 2.	\$ 7,389.
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.) <i>* Uniform Relocation Act of 1970 - max. \$15,000</i>	\$ 6,250
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total (line 5 and 6)	\$ _____
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ 6,250.

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING 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.

Date of Displacement:

Date Occupancy Established:

\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT





SIDING • ROOFING • GUTTERS

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## CLOW ROOFING AND SIDING COMPANY

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434 N. Tillamook Street • Portland, Oregon 97227 • 281-1238

March 8, 1974

Mr. Jim Crolley,  
Portland Development Commission,  
235 N. Monroe,  
Portland,  
Oregon.

Dear Jim,

This will confirm your order with the writer whereby we will reroof the house only of Mabel Burns, located at 2035 N.E. Junior using Certain-tyed Mint Frost Angle Lap Shingles to be both nailed and cemented. This roof will be installed as outlined in our letter dated January 28, 1974. Total cost for the above work will be \$385.00.

We thank you for this order and assure your complete satisfaction.

Very truly yours,

Ernie Chapman,  
CLOW ROOFING AND SIDING CO.

EC/yw





SIDING • ROOFING • GUTTERS

## CLOW ROOFING AND SIDING COMPANY

434 N. Tillamook Street

Portland, Oregon 97227

281-1238

January 28, 1974.

Rec'd  
1/31/74  
96

Mr. Jim Crolley,  
Portland Development Commission,  
235 N. Monroe,  
Portland,  
Oregon.

Dear Jim,

We are more than happy to submit to you this estimate for reroofing the house and garage located at 2035 N.E. Junior.

Based on our more than 50 years business experience in the Portland area we would recommend the following:

Reroof the house and garage complete using Certain-teed Angle Lap shingles (color to be determined) being both nailed and cemented. We will also install 1½" x 3" Aluminum gutter flashing at all drip edges (this is to prevent water getting back into the old shingles and causing leaks and deterioration in the over hang areas). We will install 1½" x 2" galvanized rake metal at all gable ends of the roof which will be painted with a rust retardent paint to match the roof. We will reseal all roof outlets, all exposed cement will be coated with matching roof granules and all exposed metal will be painted as described above. We will reseal all chimneys with fiberglass cement and coat it with matching roof granules, metal chimney flashings will also be painted as described above. We will reline all valleys with matching valley roll. Cost for the above work will be ~~\$495.00.~~ <sup>385.00</sup>

We will also replace all the existing gutters and downspouts with 4" 26 gauge galvanized metal gutters and downspouts for a cost of \$165.00, making the total cost for all the above work \$660.00.

All work agreed upon is GUARANTEED AGAINST DEFECTS IN MATERIALS AND WORKMANSHIP. (In other words if the roof should ever leak, a shingle or shingles blow off in a windstorm or the metal edge come off the necessary repairs will be made at no additional cost to you).

We thank you for the opportunity of submitting this estimate and assure you of complete satisfaction with all work agreed upon.

Very truly yours,

Ernie Chapman,  
CLOW ROOFING AND SIDING CO.

EC/yw



1 INVOICE COPY

# SEARS, ROEBUCK AND CO.

GENERAL ORDER TO THE CONTRACTOR

No. 108279

INSTALLER'S NAME

187-

Store

Customer's Name

Part. Development

Address

235 N. Monroe

City

Part.

State

Ore

MERCHANDISE SHIPPED FROM: FLOOR  WHSE.  RETAIL DIST. CENTER

C. O. POOL  SOURCE  INSTALLER  INSTALLER PICKUP

SALES CHECK NO(S.)

Installation Address

2035 N. E. ~~Monroe~~ Junior

Nearest Cross Street

Phone

Home

Business

Del. Date

Permit #  
No's. #

#  
#

### SPECIFICATIONS

Fe - Roof	House	\$ 483.00	owns carriage	205 lb. Glastar
	Gar.	\$ 162.00		
Total		\$ 645.00		
Continuous Alum. Gutters & Downspouts & Drip metal - House				
	House	\$ 203.50		
	Gar.	\$ 118.40		
		\$ 321.90		

(PROVISIONS ARE STATED ON REVERSE)

DATE OF SALE

Mo.	Day	Year
-----	-----	------

By SEARS, ROEBUCK AND CO.

Approved and Accepted (Customer)

By

Authorized Representative (Div. Mgr.)

Michael Harrington  
Salesman



June 27, 1974

Clow Roofing and Siding Company  
434 N. Tillamook Street  
Portland, Oregon 97227

Gentlemen:

Enclosed is our Warrant No. 947EH in the amount of \$400.00 representing payment per your invoice dated June 5, 1974 for reroofing and installing deflector at 2035 N. E. Junior, for Mrs. Mabel Burns, our client.

Thank you for your cooperation.

Very truly yours,

James C. Crolley  
Relocation Advisor

JCC:b  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº

947

EH

DATE June 26, 1974

PAY TO **Clow Roofing and Siding Company**

\$ 400.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission • 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Roofing work, 2035 N.E. Junior, Nabel Burns. Reimbursement per Claim for RHP for Homeowners filed. Move from 3233 N. Vancouver (Parcel A-3-1).  <i>Mailed</i> <i>6-27-74</i>	\$400.00

**Account Distribution**

NO.

TITLE

AMOUNT



RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-1<sup>^</sup>

PAYABLE TO: Clow Roofing and Siding Company

For: <u>xx</u> RHP for Homeowners . . . . .	\$ 400.00
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$
<u>    </u> RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount \$	\$
<u>    </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$
<u>    </u> Interest Expense . . . . .	\$
<u>    </u> Fixed Moving Payment . . . . .	\$
<u>    </u> Dislocation Allowance. . . . .	\$
<u>    </u> Actual Moving Costs. . . . .	\$
<u>    </u> Storage Costs. . . . .	\$
<u>    </u> Business: Moving Expenses. . . . .	\$
<u>    </u> Business: In Lieu Payment. . . . .	\$
<u>    </u> Business: Storage Costs. . . . .	\$
<u>    </u> Business: Loss of Property . . . . .	\$
<u>    </u> Business: Searching Expenses . . . . .	\$

Name of Client Mabel Burns  Family Less - \$ \_\_\_\_\_ \*

Move from 3233 N. Vancouver  Individual Total \$ 400.00

Accounting: Indicate symbol and Accounting No.  
0600 E 60 ~~250~~ Relocation Payment; 400.00 Project Cost \*( \_\_\_\_\_ )  
901

*OK 5/11/68*  
*BD*

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

<u>NAME AND ADDRESS OF DISPLACING AGENCY</u>	<u>PROJECT NAME</u>
Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NO. Emanuel ORE-R-20 PARCEL NO. A-3-1

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 OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding)      2. DATE OF DISPLACEMENT:

Mabel Burns

Family       Individual

Amount of differential payment claimed	\$ <u>400.00</u>	
Amount of interest payment claimed	\$ _____	
Costs incidental to purchase	\$ _____	
	TOTAL	\$ <u>400.00</u>

Minus adjustments

Explanation: \_\_\_\_\_ - \$ \_\_\_\_\_

Total Replacement Housing Payment for Homeowner: . . . . . \$ 400.00

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, 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.

June 17, 1974  
Date

Mabel Burns  
Signature of Owner-Occupant(s)

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 \$ 400.00 is authorized.

6-25-74  
Date

[Signature]  
Authorized Signature

RECORD OF PAYMENT

Date of Payment: 6/26/74 Check No. 947EH Amount: \$ 400.00



**A. COMPUTATION OF DIFFERENTIAL PAYMENT**

Required Information

	COST OF REHAB.	400.00
1. Actual purchase price of replacement housing:		\$ <u>13,500.00</u>
		13,900.00
2. Cost of comparable replacement dwelling (cost based on:		
<u>      </u> x Schedule <u>      </u> Comparable <u>      </u> Other)		\$ <u>14,639.00</u>
Sq.Ft. of former dwelling <u>924</u> No. of bedrooms <u>      </u>		
3. Acquisition payment made by agency for claimant's former dwelling		\$ <u>6,250.00</u>

Computation

	Amount necessary to replace roof.....	400.00
		6,650.00
4. Line 1 or Line 2, whichever is less		\$ <u>13,900.00</u>
5. Minus Line 3		- \$ <u>7,250</u>
6. Amount of differential payment or \$15,000, whichever is less		\$ <u>6,650.00</u>
	Amount previously paid	<u>6,250.00</u>
7. Total approved		\$ <u>400.00</u>

**B. REQUIRED DOCUMENTATION**

1. If claimant purchased and occupies replacement dwellings:
  - a) Date purchase agreement signed (earnest money) Date: \_\_\_\_\_
  - b) Date of settlement (closing) Date: \_\_\_\_\_
2. If claimant has purchased but does not occupy replacement dwelling:
  - a) Purchase contract signed Date: \_\_\_\_\_
  - b) Date of settlement Date: \_\_\_\_\_
  - c) Date of expected occupancy Date: \_\_\_\_\_

**C. INCIDENTAL EXPENSES (List incidental expenses incurred by claimant in connection with purchase of 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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

Listing of documents submitted herewith in support of amounts entered in Column (d) above: (Documentation for the above claim must be submitted.)

STATEMENT



ROOF & GUTTERS

# CLOW

ROOFING AND  
SIDING CO

==== 281-1238 ====

434 N. Tillamook Street  
Portland, Oregon 97227



ASEBESTOS, CEDAR &  
ALUMINUM SIDING

Mr Jim Crolley  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon

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To Balance Forward

June 5, 1974

Job: 2035 N.E. Junior, Mabel Burns

Reroofing house , as per our letter  
of March 8th - - - - - \$385.00

Installing deflector 15.00

Total due \$400.00



June 19, 1974

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

Gentlemen:

You are hereby authorized to make my additional Replacement Housing Payment payable to Clow Roofing and Siding Company in the amount of \$400.00.

Mabel Burns  
Mabel Burns

MEMORANDUM

Date June 19, 1974

TO: Ben Webb  
FROM: Jim Crolley  
SUBJECT: Mabel Burns

Mrs. Burns moved from 3233 N. Vancouver Avenue in the Emanuel Project area to 2035 N. E. Junior Street August 22, 1971 at which time the cost based on the schedule for average price of comparable sales housing was \$14,639. At the time of the inspection by the City of Portland, Housing Division, the roof was not cited as substandard. Subsequent to her occupancy it was discovered that the roof did indeed leak and was badly worn. Estimates were called for on the roof; the lowest being \$400.00 by Clow Roofing.

The additional cost for replacing the roof will not exceed the maximum allowed from the schedule cost of a comparable dwelling. A claim is now being submitted for the cost of replacing the roof as being a reasonable and just increase to the initial claim. Regulation covering this adjustment is referred to in the Uniform Relocation Act, Chapter 6, Sec. 3, para. 33 b, 2.

JCC:b



RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-3-1 Advisor JCC  
 Client's Name BURNS, MABLE (MRS.) Phone 282-7983  
 Address 3233 N. VANCOUVER Ethn B Age 67

- 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  
SS \$ 120-  
 Total Monthly Income \$ (120-)

- 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

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

Date of initiation of negotiations for purchase of property 19 yrs  
 Date of Acquisition 5-14-71  
 Date of letter of intent 7-20-71  
 Date of move 8-22-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1902

Size of Habitable Area 924

Furnished with claimant's furniture  
 YES  NO

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

Number of Bedrooms 2 Monthly Housing Payments \$ F/C Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 2035 N.E. JUNIOR LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

Age of Housing Unit 1943

Size of Habitable Area 900

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 13,500

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ 6,250  
 " " " " " " 33.50

For Claimants Who Rented

Rent \$ \_\_\_\_\_

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

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

3 Standard Sales

\_\_\_\_\_ Standard Rent

Agency Referrals:

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

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

Benefits Received

Date 6-30-71 Ck # 8856 Type RHP Amount \$ 6,250.00

Date 7-29-71 Ck # 9476 Type SET.C Amount \$ 33.50

Date 9-10-71 Ck # 268426 Type M.C. Amount \$ 460.00



# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

No. 885 G

DATE June 30, 1971

PAY TO **Pioneer National Title Insurance Co.**

\$ **6,250.00**

**DOLLARS**

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Mabel Burns, replacement housing payment per claim filed. Parcel A-3-1. From 3233 N. Vancouver to 2035 N. E. Junier	\$6,250.00

### Account Distribution

NO.	TITLE	AMOUNT
E 1501	Reho Payment (Rep. Housing)	\$6,250.00

*130*

*EQ 20X*

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  <b>DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NAME OF CLAIMANT  Mrs. Mabel Burns</td> </tr> <tr> <td style="padding: 5px;">NAME OF DISPLACING AGENCY  Portland Development Commission</td> </tr> </table>	NAME OF CLAIMANT  Mrs. Mabel Burns	NAME OF DISPLACING AGENCY  Portland Development Commission		
NAME OF CLAIMANT  Mrs. Mabel Burns					
NAME OF DISPLACING AGENCY  Portland Development Commission					
<i>INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.</i>					
<b>DETERMINATION OF ELIGIBILITY.</b> ( <i>Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.</i> )					
1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Initial Date of Ownership: _____ <i>Month-Day-Year</i> <u>June 1952</u>	Date of Acquisition: _____ <i>Month-Day-Year</i> _____				
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Initial Date of Ownership: _____ <i>Month-Day-Year</i> <u>June 1952</u>	Date of Initiation of Negotiations: _____ <i>Month-Day-Year</i> <u>June 22, 1971</u>				
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> </tr> </table>	YES	NO		X
YES	NO				
	X				
Initial Date of Ownership: _____ <i>Month-Day-Year</i> _____	Date of HUD Approval of the Project: _____ <i>Month-Day-Year</i> _____				
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date of Displacement: _____ <i>Month-Day-Year</i> _____	Date of Purchase of Replacement Housing: _____ <i>Month-Day-Year</i> _____				
_____	Date of Occupancy of Replacement Housing: _____ <i>Month-Day-Year</i> _____				
5. Has the replacement housing been inspected and found to be standard? <i>(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i> _____					
<b>NOTE:</b> The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.					



**COMPUTATION OF REPLACEMENT HOUSING PAYMENT**

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	13,500 \$ 14,639.
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	7250 \$ 7,250.
3. Line 1 minus line 2.	6,250 \$ 7,389.
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i> *Uniform Relocation Act of 1970 - Max. \$15,000.	\$ 6,250.
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ --
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ --
7. Total <i>(line 5 and 6)</i>	\$ --
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 6,250.

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

**CERTIFICATION OF THE DISPLACING 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.

Date of Displacement:

Date Occupancy Established:

6-29-71  
Month-Day-Year

                      
Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

6-29-71  
Date

*[Handwritten Signature]*  
Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT	
		CHECK NO.	AMOUNT
	6/30/71	8856	\$ 6,250.00

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (If Applicable)

Emanuel Project

PROJECT NUMBER

Oregon 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."

*MAKE WARRANT PAYABLE TO PIONEER NATIONAL TITLE INS. ORG.*

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT.

*(as shown in deed to displacing agency or in condemnation proceeding)*

Mrs. Mabel Burns

3. DATE OF DISPLACEMENT

2. Family

Individual

4. DWELLING UNIT FROM WHICH YOU MOVED *A-3-1*

a. Address: 3233 N. Vancouver  
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:

June 1952  
*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): 2035 N.E. Junior  
Portland, Oregon 97211

b. Number of bedrooms: 2

c. Purchase price: \$ 13,500.

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: \_\_\_\_\_  
*Month-Day-Year*

(2) Date you moved into this dwelling: \_\_\_\_\_  
*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.

6-28-71

Date

Mabel Burns

Signature of Owner-Occupant



Ira C. ...  
Chairman

Harold Halvorsen  
Secretary

Vincent Raschio  
Edward H. Look  
John S. Griffith

## PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

July 1, 1971

John B. Kenward  
Executive Director

Mrs. Mabel M. Burns  
3233 N. Vancouver Avenue  
Portland, Oregon 97227

Re: Parcel No. A-3-1  
Emanuel Hospital Project

Dear Mrs. Burns:

Your Real Estate Option, dated June 28, 1971, has been approved for processing. We are today depositing into an escrow with Pioneer National Title Insurance Company the amount stated in the Option with instructions to close. It will be necessary for you to sign additional papers from time to time as requested by the title company or this office. Your prompt compliance with such requests will assist you in receiving payment at an early date.

Your cooperation in this matter is greatly appreciated.

Yours very truly,

John B. Kenward  
Executive Director

JBK:d1

**CITY OF PORTLAND, OREGON**  
**PORTLAND DEVELOPMENT COMMISSION**  
**REAL ESTATE OPTION**

GRANTOR MABEL M. BURNS MAIL ADDRESS 3233 N. Vancouver Avenue  
GRANTOR \_\_\_\_\_ MAIL ADDRESS Portland, Oregon  
\_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_  
AGENT OF GRANTOR \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_

IN CONSIDERATION of the payment of one dollar (\$1.00) by the PORTLAND DEVELOPMENT COMMISSION, the duly designated Urban Renewal Agency of the City of Portland, hereinafter referred to as "Commission", to the undersigned, the receipt of which is hereby acknowledged by the undersigned, and in consideration of the plans and purpose of the Commission to use, develop, operate and sell the real property hereinafter described for private or public purposes, and in consideration of the hereby acknowledged benefit that will inure thereby to the undersigned or to the public, whether tangible or not, we the undersigned, jointly and severally, for ourselves and our heirs, executors, administrators, successors and assigns, hereby give and grant to the Commission, upon the terms and conditions hereinafter stated, the option to buy the following described real property in the City of Portland, County of Multnomah and State of Oregon, to-wit:

The East 60 feet of Lot 1, Block 3, ALBINA  
ADDITION, in the City of Portland, County of  
Multnomah and State of Oregon (PDC Parcel No. A-3-1),

for the sum of SEVEN THOUSAND TWO HUNDRED FIFTY and NO/100 - Dollars (\$ 7,250.00 )  
to be paid as follows: SEVEN THOUSAND TWO HUNDRED FIFTY and NO/100 Dollars (\$ 7,250.00 )  
upon conveyance of marketable title and delivery of a title insurance policy to the Commission as hereinafter provided; and \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ )  
upon delivery of possession to and acceptance by the Commission as hereinafter provided.

The Commission shall have the irrevocable right at any time within sixty (60) days from date hereof to elect to purchase under this option. Such election to purchase shall be made by the Commission by delivering to the undersigned, or by mailing by registered mail at any United States post office to the undersigned, addressed as follows:

Mrs. Mabel M. Burns  
3233 N. Vancouver Avenue  
Portland, Oregon

written notice of such election. Such notice shall be deemed to have been given the day of such delivery, or the day following such mailing by registered mail. Upon the giving by the Commission of such notice, the undersigned agree AT OUR OWN EXPENSE AND WITHIN TEN (10) DAYS OF THE GIVING OF SUCH NOTICE TO:

(1) Convey said property with appurtenances, hereditaments and tenements to the Commission by Warranty Deed in such name as it may prescribe, with proper documentary stamps affixed thereto, free and clear of all liens and encumbrances, rights of possession, claims to rights of possession, and recorded and/or unrecorded leasehold interests, except building restrictions of record and zoning ordinances, and quitclaim all right, title and interest which the undersigned may have in any alleys, roads, streets, ways, strips, easements, gores or rights of way abutting or adjoining said property and in any means of ingress or egress appurtenant to said property.

(2) Furnish to the Commission an owner's policy of title insurance in the amount of said purchase price prepared by at Commission expense insuring the Commission as fee simple owner of said property free and clear of all liens and encumbrances except said building restrictions of record and zoning ordinances.

(3) Pay all delinquent taxes and assessments against said property for the preceding tax years, and pay proportional part of current real property taxes prorated as of date of closing of escrow.

(4) Pay all water bills charged to the property as of date of closing of escrow.

(5) Deliver to the Commission possession of said property at the closing of escrow, provided that with respect to property or portion thereof which the undersigned occupies for his own use, possession of such occupied property or portion shall be delivered to the Commission within sixty (60) days of closing of escrow.

(6) Deliver to the Commission or its order a full set of keys for property, including outside keys and separate keys for each apartment or compartment, if applicable, and furnish the Commission complete list of tenants, amounts of rents paid by each, dates rents are due, amounts paid in advance, all advance rents to be prorated as of date of closing of escrow.



The purchase hereunder will be closed in an escrow, and the escrow fee shall be paid by the purchaser. The undersigned hereby authorize \_\_\_\_\_ to sign the escrow instructions or amendments thereto, or any other statements required by the Commission other than Warranty Deed on behalf of all sellers in this transaction.

In the event that any portion of this property is vacant at the date of notification of the acceptance of this option by the Commission, or becomes vacant subsequent thereto, the undersigned agree not to re-rent or re-lease such vacated or vacant property.

It is specifically understood and agreed that the real property herein agreed to be conveyed, unless stated to the contrary herein, includes all structures, buildings, fixtures, trees, shrubbery and all other real property improvements of every nature whatsoever which are on the said property, and the undersigned agree to keep the same in good condition without waste, damage or destruction prior to delivery of possession thereof to the Commission.

It is understood and agreed that Grantor shall deposit, until the Commission authorizes in writing the release of said deposit, the sum of \$200 to the escrow established for purpose of closing subject transaction for the benefit of the Commission to insure payment of unliquidated obligations against subject property which may occur and shall be payable to or by the Commission subsequent to conveyance of said property to the Commission.

Under the provisions of Public Law 91-646 it is understood that the price stated herein is the estimated just compensation for the fee title based upon two independent fee appraisals and concurred in by the Department of Housing and Urban Development.

*[Faint, illegible text]*

The undersigned agree that loss or damage to the property by fire or other casualty shall be at the risk of the undersigned until the title to the land and deed to the Commission shall have been accepted by the Commission; and in the event that such loss or damage occurs, the Commission may, without liability, refuse to accept conveyance of title. Or, in the event of loss or damage to said property from fire, which property is covered by insurance held by or on behalf of the undersigned or in which the undersigned may have rights, the Commission may elect to take the proceeds from said insurance upon exercise of this option, and the undersigned shall assign such proceeds to the Commission, which proceeds shall be applied to reduce the sale price of the property by amount of such proceeds.

In the event the Commission does not deposit the purchase price with the escrow holder within a period of sixty (60) days from date hereof, this option shall remain in force thereafter until the undersigned shall terminate this option by giving thirty (30) days prior written notice to the Commission of such termination.

The undersigned agree that the Commission may, at its election, and notwithstanding the Commission's prior election to purchase under this option, acquire title to said land or any portion thereof or any interest therein, by condemnation or other judicial proceedings, in which event the undersigned agree to cooperate with the Commission in the prosecution of such proceedings and also agree that the said purchase price shall be the full amount of the award of just compensation, including interest, for the taking of said property, and that any and all awards of just compensation that may be made in the proceedings to any defendant shall be payable and deductible from the said purchase price.

Entry by the Commission, its employes or agents, upon said property for the purpose of inspection or survey or any slight or inadvertent entry without material damage or injury to the realty, or without the exercise of dominion thereover to the exclusion of the undersigned, shall not be construed as a final election to close this option.

It is further agreed that no statements, expressions of opinion, representations or agreements of any nature whatsoever, not herein expressly stated, made by any representative or agent of the Commission shall be binding on, or of any effect against, the Commission.

The undersigned expressly acknowledge that all items of damages, all sums of money to be paid, and all things to be done by the Commission are included in this option. All claims for damages, injury, or loss on account of failure to close this option are, hereby, expressly waived by the undersigned. The undersigned agree that they shall have no claim or cause of action against the Commission or any of its employes except such as may arise by reason of this agreement.

If the undersigned shall fail, due to fault or neglect of the undersigned, to comply with the provisions of this option, and suit or action is instituted by the Commission to enforce the same or to condemn the property, the undersigned agree to pay, in addition to the costs and disbursements provided by statute, such additional sum as the Court may adjudge reasonable for attorney's fees to be allowed in said suit or action.

Dated this 28<sup>th</sup> day of June, 1971.

Xmabel Burns (SEAL)

WITNESSES: \_\_\_\_\_ (SEAL)  
\_\_\_\_\_ (SEAL)  
\_\_\_\_\_ (SEAL)

Ira C. Keller  
Chairman

Harold Halvorsen  
Secretary

Vincent Raschio

Edward H. Look

John S. Griffith

## PORTLAND DEVELOPMENT COMMISSION

1700 S. W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

July 1, 1971

John B. Keenward  
Executive Director

Pioneer National Title Insurance Company  
421 S. W. Stark Street  
Portland, Oregon 97204

Jean Egberg

ATTENTION: Escrow Department

Re: Parcel No. A-3-1  
Emanuel Hospital Project

Gentlemen:

The following documents are enclosed:

1. Conformed copy of Real Estate Option.
2. Warrant No. 891 G in the amount of \$ 7,250.00.
3. Copy of Preliminary Title Report No. 41-25167  
prepared by Transamerica Title Insurance Company

Please open an escrow and deposit the enclosed warrant for the purpose of closing a transaction whereby the Portland Development Commission will acquire title to the property described in the enclosed copy of preliminary title report in accordance with the terms of the enclosed Option and the instructions contained in the Master Escrow Instructions previously delivered to you.

You are hereby instructed and authorized to distribute the funds made available by the enclosed warrant when the title company which prepared the preliminary title report is prepared to issue an Owner's Title Insurance Policy in accordance with the Master Escrow Instructions. In this connection your attention is called to the provision in the Master Escrow Instructions for the Portland Development Commission to make an inspection of the property just prior to closing and advise you in writing to proceed with the recordation of the deed.



Parcel No. A-3-1

Page 2

Distribution of the enclosed warrant shall be made to the Seller upon recordation of a Warranty Deed.

You are to pay from the amount due the Seller upon recordation all sums of money necessary to clear title and pay other charges prescribed by the Master Escrow Instructions. The only charges to be paid by the Portland Development Commission in connection with this transaction are the fee for recording warranty deed, if any; the prorated unearned current real property taxes at time of closing; and the amount of the premium of the Owner's Title Insurance Policy. These charges are to be billed to the Portland Development Commission as provided in the Master Escrow Instructions.

Additional or amended instructions:

Grantor shall deposit to subject escrow the sum of \$200 until the Commission authorizes in writing the release of said deposit.

Enclosed is Warrant No. 885 G in the amount of \$6,250 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Grantor upon written authorization by the Commission that the Seller has purchased and does occupy standard housing.

Please receipt for the enclosed documents and indicate your escrow number on the duplicate copy of these instructions and return to the Portland Development Commission.

Yours very truly,

John B. Kenward  
Executive Director

RECEIPT OF DOCUMENTS TRANSMITTED  
HEREWITH IS ACKNOWLEDGED AND  
ESCROW NO. \_\_\_\_\_  
IS HEREBY ASSIGNED.

By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

PDC-RE-5  
5/1/71

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

June 25, 1971

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director  
Building Division  
C. C. Crank, Chief  
Electrical Division  
R. A. Niedermeyer, Chief  
Plumbing Division  
George W. Wallace, Chief  
Permit Division  
Albert Clerc, Chief  
Housing Division  
S. J. Chegwiddden, Chief

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

Attn: Mr. Crowley

Re: 2035 N.E. Junior Street

*BURNS*

Gentlemen:

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

Our inspection indicates the structures comply with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chegwiddden*

S. J. Chegwiddden  
Chief Housing Inspector

DKD:mfm  
cc: W. A. Wright  
2035 N.E. Junior St.



# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

No. 947 G

DATE July 29, 1971

PAY TO Pioneer National Title Insurance Co.

\$ 33.50

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in Escrow Account for Nabel M. Burns, 3233 N. Vancouver, settlement costs per Claim for Relocation. Escrow #384448 to be released to Escrow #384433.	\$33.50

### Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payments - EH (Settlement Costs)	\$33.50

7/30/71  
*[Handwritten Signature]*  
Escrow Officer

*[Handwritten Signature]*

*[Handwritten Signature]*



## CLAIM FOR RELOCATION PAYMENT

HUD-6147  
(4-66)

(Settlement Costs Incurred by ~~BXXXX~~ Displacee upon Purchase of Replacement Housing)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) <p style="text-align: center; font-size: 1.2em;">Emanuel Project</p> PROJECT NUMBER <p style="text-align: center;">Ore. R-20</p>
---	---

**INSTRUCTIONS:** Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted 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."

**1. IDENTIFICATION OF CLAIMANT**

Name (as shown in deed to local agency or in condemnation proceeding) <p style="text-align: center;">Mabel M. Burns</p>	Address (Include ZIP code) <p style="text-align: center;">3233 N. Vancouver Portland, Oregon 97227</p>
--	---

**2. IDENTIFICATION OF PROPERTY**

a. Address or Legal Description <p style="text-align: center;">New House: 2035 N. E. Junior</p>	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s)	

**3. SETTLEMENT COSTS INCURRED BY CLAIMANT**

ITEM  (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
Escrow fee share-Half	\$ 32.00	\$	\$ 32.00	\$
Deed - Wright to Burns	1.50		1.50	
<b>TOTAL</b>	<b>\$ 33.50</b>	<b>\$</b>	<b>\$ 33.50</b>	<b>\$</b>

**4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)**

**5. 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 this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

July 26, 1971  
 Date
 

Mabel Burns  
 Signature of claimant



FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes  No

If "No," explain:

B. DETAIL OF COSTS COVERING MORTGAGE PREPAYMENT PENALTY AND COSTS ALLOCABLE TO PERIOD SUBSEQUENT TO TRANSFER OF TITLE (Show basis for, and amount of, reimbursement due claimant for (1) any mortgage prepayment penalty, or (2) any taxes or public service charges paid by, or charged to, claimant for any period subsequent to vesting title or possession in the local agency, if the amount claimed was paid directly by claimant or if the computation is not shown on the settlement statement.)

C. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNT OF REIMBURSEMENT CLAIMED AND AMOUNT APPROVED FOR PAYMENT

D. CERTIFICATION

I CERTIFY that I have examined this 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, this

claim is hereby approved and payment is authorized in the total amount of \$ 33.50.

7-28-71

Date

  
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 33.50 by check No. WARRANT 9476 dated 7/29/71

# Pioneer National Title Insurance Company

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

Branch Telephone: \_\_\_\_\_

## ESCROW STATEMENT

Esc. No. 384433

19 71

MABEL BURNES

DESCRIPTION	Debit	Credit
Lot 2 Block 3 Columbia Heights		\$
TRANS FROM 384448		7032 83
when Released by PDC		6750 00
<del>Demand</del> Deposit		
or for E. Money paid Paul Daughtery		500
Title Insurance Policy No.		
Escrow Fee <u>Share</u>	3200*	
Taxes 1971-72 pro rata 7-1-71 to 8-1-71		2700 ✓
at #323.98 based on 1970-71		
City Liens		
RECORDING		
Deed <u>Wright</u> to <u>Burns</u>	150*	
Deed		
Mortgage		
Trust Deed		
Release of Mortgage		
Reconveyance		
Contract between		
Interest Adjustment on \$	from	to
Insurance pro rata on \$	from	to
Paid <u>William A. Wright</u> for real estate commission	13,500.00	
Paid <u>for deed</u>		
Paid		
Balance - Our Check Herewith		
Balance - Debit		
TOTAL		

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

Pioneer National Title Insurance Company

By \_\_\_\_\_



MEMORANDUM

August 26, 1971

TO: Ben Webb  
FROM: Escrow Sales Office  
SUBJECT: Release of EOP from Escrow

Escrow Company Planner-Belmont Title Insurance Co.

Escrow No. 18554

Parcel No. A-3-1

Name BURNS, Rebel

Moving Date 8/29/71

The above client has released and does occupy the property which they purchased at 2075 N.E. Juniper. The City of Building reports that the structure complies with City Building Regulations.

Please authorize the release of the Escrowed Money to the client of Ben Webb.

je



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 26842 G

DATE September 10, 19 71

PAY TO THE  
 ORDER OF

**Mabel Burns**

\$460.00

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 - move from 3233 N Vancouver (Parcel A 3-1) to 2035 NE Junior Dislocation allowance \$200.00 Fixed payment - own furn. <u>260.00</u>	\$460.00

**Account Distribution**

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Fixed - own furn. - Ind.)	EH	\$460.00

*Mabel Burns*  
*Rec'd 9-14-71*

*AL*  
*q*

*mwa*



**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Mabel Burns  
2035 N.E. Junior  
Portland, Oregon

NAME OF LOCAL AGENCY

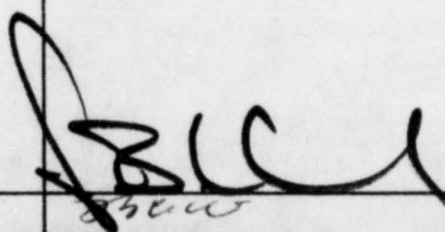
Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		9-10-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9-10-71	26842 X	\$ 200.00			\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

\*\* DISLOCATION ALLOWANCE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project  PROJECT NUMBER Ore. R-20
---	--

*INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.*

**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 (1) Mabel Burns	2. DATE(S) OF MOVE 8/20/71
---	-------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-3-1 3233 N. Vancouver b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>June 1952</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 2035 N.E. Junior b. Apt., Floor, or Room No. <u>House</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	---

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> <b>DISLOCATION ALLOWANCE</b>
--	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 200.00
---	-----------

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.		
<table style="width:100%;"> <tr> <td style="width:40%; text-align: center;"> <u>8-20-71</u> Date         </td> <td style="width:60%; text-align: center;"> <u>Mabel Burns</u> Signature of claimant         </td> </tr> </table>	<u>8-20-71</u> Date	<u>Mabel Burns</u> Signature of claimant
<u>8-20-71</u> Date	<u>Mabel Burns</u> Signature of claimant	



**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Mabel Burns  
2035 N.E. Junior  
Portland, Oregon

NAME OF LOCAL AGENCY

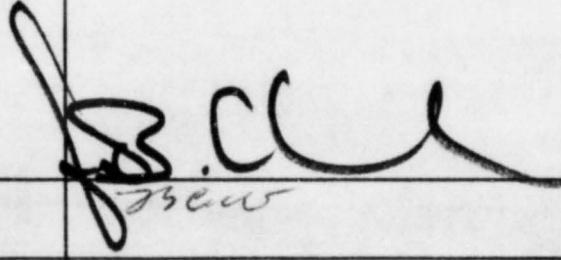
Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 260.00		9-9-71
b. Reimbursement for actual direct loss of property	\$	<i>See</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9-10-71	26842 2	\$ 260.00			\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)  
 Portland Development Commission  
 1700 S.W. Fourth Avenue  
 Portland, Oregon 97201

PROJECT NAME (If applicable)  
 Emanuel Project

PROJECT NUMBER  
 Ore. R-20

**INSTRUCTIONS:** If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

**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 (1)  
 Mabel Burns

2. DATE(S) OF MOVE  
 8/20/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address  
 3233 N. Vancouver

b. Apt., Floor, or Room No. house

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6 (EXTRA RM. FOR BASEMENT + STORAGE BACK PORCH)

e. Date you moved into this address: June 1952

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)  
 2035 N.E. Junior

b. Apt., Floor, or Room No. House

c. Were household goods moved to or from storage?  
 Yes  No  
 If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved) (6 rooms)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 260.00

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

8-20-71  
Date

Mabel Burns  
Signature of claimant



RESIDENTIAL ADDITIVE DETERMINATION

File No. \_\_\_\_\_

Sale  Rental

Owner BURNS, MABEL Address \_\_\_\_\_  Occupant

Tenant \_\_\_\_\_ Address \_\_\_\_\_  Occupant

ITEM	SUBJECT	OFFERING #1	OFFERING #2	OFFERING #3
Address	3233 W VANCOUVER	2035 N.E. JUNIOR		
No. of Rooms	BR Bath Total Rooms 3 1 5	BR Bath Total Rooms 2 1 5		
Type	Bungalow	Bungalow		
State of Int. Repairs	GOOD GOOD	EXCELLANT EXCELLANT		
Type of Neighborhood	Blighted	RESIDENTIAL		
Street Improvements	YES	YES		
Availability of Public Utilities	EXCELLENT	GOOD		
Lot Size	50 x 100	50 x 100		
Year Built	1902	1941		
Foundation	NO	YES		
Water System	OIL	OIL		
Basement	FCB	FCB		
Garage	SINGLE	SINGLE		
Habitable Area	924	900		
Total Area				
Furnished or Unfurnished				
Extraordinary Amenities				

(Continue on Part 2)

August 27, 1971

Pioneer National Title Insurance Co.  
421 S. W. Stark Street  
Portland, Oregon 97204

ATTENTION: Jean Egberg  
Escrow Officer

Re: Escrow No. 384448  
BURNS, Mabel M.

Gentlemen:

You have in the above-identified escrow account a \$6,250 Replacement Housing Payment in accordance with our instructions of July 1, 1971.

This is to certify that Mrs. Burns has acquired and moved into a standard structure located at 2035 N. E. Junior Street. You are hereby authorized to release said payment and disburse it in such manner as directed by Mrs. Burns.

Yours very truly,

John B. Kenward  
Executive Director

JBK:dl

A-3-1



Own/occ.

1

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER \_\_\_\_\_

PROJECT NO. R 20 PARCEL A3-1

NAME Burns Mabel (Mrs) ADDRESS 3233 N Vancouver APT NO. —

PHONE 282-7983 INITIAL INTERVIEW 6/22/71 SEX F W — NW B AGE 67

U.S. CITIZEN — ALIEN — VETERAN — SERVICEMAN — DATE ON SITE 19 1/20

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Huswife/c \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker \_\_\_\_\_  
 Social Security X \_\_\_\_\_ 120.00  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_

TOTAL MONTHLY INCOME \_\_\_\_\_

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

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62 X 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>22+ Parrott (Daughter)</u>		
<u>Union Dean St (Aunt of Trust)</u>		

NEW ADDRESS: 2035 N.E. JUNIOR Zip \_\_\_\_\_ Phone \_\_\_\_\_

OFFICIAL EARNEST MONEY AGREEMENT

PORTLAND, Oregon, 22 JUNE, 1971

Received of MABEL BURNS hereinafter called "purchaser," in the form of (check, cash, note) \$ 200.00 as earnest money and part payment for the purchase of the following described real estate situated in the City of PORTLAND, County of MULTNOMAH and State of Oregon, to-wit: LT 24, BK 3, COLUMBIA HEIGHTS OTHERWISE KNOWN AS 2035 N.E. JUNIOR

together with the following described personal property: PAPERS (VALUE LESS THAN \$50.00) IN LIVING ROOM

which we have this day sold to the said purchaser, subject to the approval of the seller, for the sum of THIRTEEN THOUSAND, FIVE HUNDRED Dollars (\$ 13,500.00) on the following terms, to-wit: The sum, hereinabove received for, of TWO HUNDRED Dollars (\$ 200.00) on Owner's acceptance { as additional earnest money, the sum of Dollars (\$ ) Upon acceptance of title and delivery of deed or contract, the sum of Dollars (\$ ) The balance of THIRTEEN THOUSAND, THREE HUNDRED Dollars (\$ 13,300.00) payable as follows: THIS PURCHASE CONTINGENT UPON THE HOUSE PASSING INSPECTION AND APPROVAL OF PORTLAND DEVELOPMENT COMMISSION AND BUYER TO OBTAIN PURCHASE PRICE

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and 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 ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents, and NONE

All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except RECEPTIONS

are to be left upon the premises as part of the property purchased.

Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other matters as of the date of delivery of possession, unless otherwise stated. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by Seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

SELLER AND PURCHASER AGREE THAT SUBJECT SALE { will } be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of the above described premises is to be delivered to the purchaser 30 days from the delivery of deed or contract above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: PAUL DAUGHTREY 4413 N.E. FREMONT PORTLAND, ORE. PAUL DAUGHTREY Realtor's Phone: 888-6436 By: Francis G. Burns

AGREEMENT TO PURCHASE

Date 22 JUNE, 1971

I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a period of 2 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of MABEL BURNS

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

Address 3233 N. VANCOUVER AVE PURCHASER: Mabel Burns Phone 282-7983 PURCHASER:

AGREEMENT TO SELL

Date 22 JUNE, 1971

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named Realtor for services a commission of \$ 810.00

I authorize said Realtor to order title insurance and, if sale not completed, to pay any cost thereof and to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients Trust Account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor.

Address 2035 N.E. JUNIOR SELLER: William A Wright Phone 282-4326 SELLER: Virginia M. Wright



### Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>3</u>	Beds & Springs
<u>5</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>4</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
<u>1</u>	Buffet
<u>1</u>	Chest of Drawers
<u>2</u>	Coffee Table
<u>1</u>	Couch
	Davenport
<u>1</u>	Desk
<u>1</u>	Dining Table
<u>4</u>	Dining Chairs
<u>1</u>	Dresser
<u>7</u>	End Table
<u>1</u>	Floor Lamp & Shade
<u>1</u>	Mirror

<u>QUANTITY</u>	
<u>1</u>	Night Stand
<u>1</u>	Occasional Chair
<u>1</u>	Overstuffed Chair
<u>2</u>	Overstuffed Rocker
<u>1</u>	Range - elec
<u>1</u>	Refrigerator: Brand <u>GE</u>
<u>1</u>	<u>Porch Chair</u> Rocker
<u>2</u>	<u>9x12</u> Rug & Pad: Size <u>used to wall (To go)</u>
<u>2</u>	Stool
<u>3</u>	Table Lamp & Shade
<u>4</u>	Table, small
<u>1</u>	Vanity & Bench
<u>1</u>	Suitcases
<u>1</u>	Trunks
<u>30</u>	Cartons, Boxes, Etc.
<u>3</u>	<u>Closets</u> Clothes
<u>4</u>	<u>Boxes</u> Bedding & Linens

#### Miscellaneous (List Items)

- 3 T.V
- 1 Washer -
- 1 Tools (Garden)
- 1 Garbage Can
- 1 Oil Circulator
- 1 Lawn mower

- 1 Book case
- 1 Cedar Chest
- 1 Portable Closet Closet
- 1 bath room Rack

COMMENTS:

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

4-26-71

Date

Isabel Burns

Signature of Claimant

(If more than one claimant, each should sign)

(Return this form to PDC)



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.

Imbel. Burns

6-26-71

date

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a displacement allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.



In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and  
Property Management

**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 W.S.G. Date of survey 2/10/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 8 Structure No. 7 Census Block No. 23 Census Tract No. 22A  
 Street Address 3233 N. Vancouver Apartment No. \_\_\_\_\_

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

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

*Mrs. Burns  
is widow*

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>MRS. Mabel Burns</u>	<u>Head of household</u>	<u>67</u>	<u>F</u>	<u>RETIRED</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

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

1. Jobholders in this household, employers and location of jobs: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>		
		<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>S.S.</u>	<u>estimated</u>	<u>\$ 125</u>	<u>\$ ?</u>
_____	_____	_____	_____
<u>Total family or household income per month</u>	_____	<u>\$ 125</u>	<u>\$ _____</u>

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

1. Location (indicate approximate cross streets) NE - Ainsworth
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 \$ 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 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O B I M

*Full Basement*



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

Date \_\_\_\_\_

Analyst \_\_\_\_\_ Surveyed \_\_\_\_\_ Tabulator \_\_\_\_\_ Date \_\_\_\_\_

Dwelling Unit No. 8 Structure No. 7 Census Block No. 23 Census Tract No. 22A

Street Address 3233 N. Vancouver Apartment No. \_\_\_\_\_

Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Mrs. Mabel Burns NAME & ADDRESS OF OWNER: Burns, Mabel NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_

3233 N. Vancouver

TELEPHONE: \_\_\_\_\_ TELEPHONE: 282-7989 TELEPHONE: \_\_\_\_\_

INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? () Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

<u>X</u> One-family house	No. of units in bldg. _____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1+A stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

X Owner occupied  
 \_\_\_\_\_ Renter occupied  
 \_\_\_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

924 Sq. ft. in first floor (county figure)  
924 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  
1902 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2180</u>	\$ _____
Improvements	<u>2910</u>	_____
Total	<u>5090</u>	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
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**

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

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

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

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

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

**VII. REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_

MAP: 2730  
 ZONE: M3  
 RATIO: 1301  
 LVY C: 001

BY BURNS ECKER  
 3233 N VANCOUVER AVE  
 PORTLAND OREGON 97227

*HIR*

ALBINA ADD

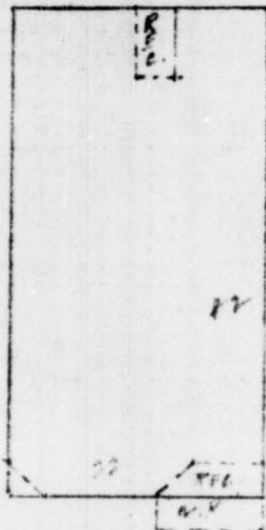
LOT BLOCK

E 60' OF

1 3

PROPERTY ADDRESS: 3233 N VANCOUVER AVE  
 PORTLAND

APPEALS:

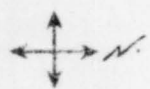


AVE OR ST

ASSESS. YEAR	MIN RIGHTS	SUMMARY - ASSESSED VALUATION - REAL PROPERTY			SIS	
		TIMBER	LAND	IMPS		
67			280	610	890	
68			2,100	2,800	4,900	060 \$ 15.00
1991			2,180	2,910	5,090	UJ

AVE OR ST

1500 N. VANCOUVER AVE OR ST  
 FRONT OF BUILDING



PLANET *OLD TYPE*

REMARKS *VERY HEAVY TRAFFIC & NOISE. VERY SH. LOT. INDUSTRIAL LAND.*

*NEEDS MAINT*

REMARKS *1968 Dist. G.A. No RESERVE I.C.*

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	NOTIFIED
	JUN 8 67	AUG 7 67			AUG 3 67	
BY	BAS	BASTIN			GREEN	

FORM 67 REV. 3-66



72 252 CONT 200 tons

M-3 ROAD TYPE G  
 TOPOGRAPHY Level - 4 ft. above street  
 VIEW  
 OTHER Corner  
 DEPTH FACTOR  
 STANDARD DEPTH  
 EFFECTIVE DEPTH

LAND DESCRIPTION	ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE	VALUE
3,000#		\$ .60	+ 15% Corner	.70	2,100

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ.
	TOTAL APPR VALUE 2,100
	19 APPR VALUE
	19 APPR VALUE
	10 APPR VALUE
	19 APPR VALUE
APPRAISE	DATE 4/13/67

ACCOUNT NO. 60990-0090

CLASS 3 STORY HA AREA 924

ADDRESS 2233 N. VAN LOUVE AVENUE BASE FACTOR 2330

FDM. Con. Br. Y-FRM. BSM. Fct 3 4 1 2 1 4 10 93

BSMT ROOMS GARAGE. Lav Bath

FLOORS D LWC Tile Hdw. Con. 15 170

ROOF H F Alum. Comp. Shk. Tile Built-Up

EXTER. S Shks. Siding Blk. Stuc. P.D.

INTER. LWP Drywall Lint Hdw. BT Avg

PLUMBING FACILITY Sink D.W. Toilets W.B. Toilets Enc. Shower OT Enc. St. Lavn. WTT

Quantity 1 1 1 1 1 1 1 1 1 1

HEAT H.W. Pipe Floor 900 Oil Gas Elect H.A.

FIREPLACE Ins. O.S. S D T 1-Story 2-Story Flue

ATTIC Fin. B.R. Bath Lav. H 3 4 2-2 1 4

2ND STY. B.R. Bath Lav H

BAY DORMERS

MISC V.F. & H. R & O. V.F. Tile

OUTSIDE 200 Cont. B.T. Sprinkler Y.L.

FIRST FLOOR	GARAGE	TOTAL
Rec. Hall Class		
Serv. Hall Type B		
Liv. Rm Dim. A		
Din. Area Dim. A		
Fam. Rm Fdn. S		
Nook Floor M		
Kitchen Floor T		
Bedroom Const. T		
Bath Roof		
Lav		
Den Misc		
TOTAL DEPRECIATED REPLACEMENT COST		2820

MISC.	BUILT 1902	ADJUSTMENT	19.68
Dim. X		Age 37	APPR. VALUE
Fdn.		Func. 19	APPR. VALUE
Const.		Econ. 7	APPR. VALUE
Roof		Cond. 19	APPR. VALUE
MISC.	RENTAL	NPT 30	APPR. VALUE
Dim. X			APPR. VALUE
Fdn.			APPR. VALUE
Const.			APPR. VALUE
Roof			APPR. VALUE