

	DESCRIPTION	ROLL NO	ODOMETER
AB 1-3	DOWNING, JACK L. 2803 N. COMMERCIAL		
A 2-4	DREW, JOHN 3102 N. GANTENBEIN		
A 4-7	DUMAS, LUCILLE 3316 N. GANTENBEIN		
A 4-7	DYE, JONAS 3316 N. GANTENBEIN		
RS 3-4	EADEN, ALEX, JR. 2740 N. VANCOUVER		
A 2-5	EDWARDS, CHESTER 227 N. MONROE		
A 4-11	ELLIS, ROSCOE 233 N. COOK		
R 8-9	FAULKNER, FANNIE 327 N. FARGO		
E 2-5	MACK, FERRELL A. 2732 N. KERBY		
R 9-7	FIELD, HERBERT 417 N. MONROE		
E 2-7	FISCHMAN, STEPHEN M. 553 N. KNOTT		
E 3-7	FLORES, JESSIE 540 N. KNOTT		
E-4-7	FLOWERS, LONNIE 423 N. RUSSELL		
A 2-8	FRAHS, THEODORE 3111 N. VANCOUVER		
AB 3-2	FRARY, MYRA L. 2932 N. COMMERCIAL		
R 10-2	FRYKMAN, MARGARET 3137 N. COMMERCIAL		
R 10-10	GARNETT, ALBERT 529 N. MONROE		
RS 3-6	GLASS, LILLIAN (CONLEY) 2728 N. VANCOUVER		

RESIDENTIAL RELOCATION RECORD

Project Name Eman Parcel No. A-4-7 Advisor SCD

Client's Name Dumas, Lucille Phone \_\_\_\_\_

Address 5227 N.E. 15<sup>th</sup> Ethn B Age 42

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

Family Composition

Total Number in Family \_\_\_\_\_

\_\_\_\_\_ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

Other Source of Income

MOU \$ 143-

Total Monthly Income \$ (143-)

Eligible for Public Housing  YES  NO

Eligible for Welfare  YES  NO

Eligible for (Other)  YES  NO

Presently Receiving Welfare  YES  NO

Other Assistance \_\_\_\_\_

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

YES  NO

Date of initial interview 11-12-71 Date of info pamphlet delivery 11/12/71

Date Notice to Move given NO Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

8-1-49

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

Date of initiation of negotiations for purchase of property 5-26-71

Date of Acquisition 10-12-71

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

Date of move 1-4-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Age of Housing Unit 1905

Size of Habitable Area 100

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 1 Rent Paid \$ 50- (1 ROOM) Utilities \_\_\_\_\_

Number of Bedrooms 0 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 1035 N SKIDMORE LPA Referred 3 Self Referred \_\_\_\_\_

Private Sales		Single Family	X
Private Rental	X	Duplex	
Other		Multiple Family	

Outside city  Outside state

✓ Age of Housing Unit OVER 40yr

✓ Size of Habitable Area 1000-1200 Sq Ft.

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 10,000

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

RHP or TACO (including incidental costs) \$ 2000-

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: 0

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

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

Benefits Received

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

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

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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DUMAS, Lucile RELOCATION ADVISOR SCD McIntosh  
 ADDRESS 5227 N.E. 15th PHONE 284-8401 PROJECT NAME Emanuel ORE R-20  
 SEX F ETHN B VETERAN \_\_\_\_\_ AGE 42 PARCEL NO. A 4-7  
 MARITAL STATUS Single TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW November 12, 1971 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE No DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Jewell Denson 5227 N.E. 15th 284-8401

DATE ON SITE:	<u>August 1, 1949</u>
INITIATION OF NEGOTIATIONS:	<u>May 26, 1971</u>
DATE OF ACQUISITION:	<u>October 12, 1971</u>

ECONOMIC DATA

Employer Disabled \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Murray 143.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 143.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1905 No. Rooms 7  
 No. Bedrooms \_\_\_\_\_ Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 50.00 (1rm)  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1,177 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>Medark Real Estate</u>	
<u>Moore Real Estate</u>	
<u>1035 N.E. Skidmore</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred     X     LPA Referred \_\_\_\_\_

Address 1035 N Skidmore Phone \_\_\_\_\_ Date of Move January 4, 1972

WHERE RELOCATED:

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms 2 Habitable Area \_\_\_

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

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

Name of Moving Company \_\_\_\_\_ Name of Realtor John D. Medak

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Sales)	314 EH	2/29/72	\$ 2,000.00
Fixed Moving	314 EH	2/29/72	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price	\$ 10,000.00
Down Payment	\$ 2,000.00
RHP	\$ 2,000.00
Total Down	- \$ 2,000.00
Total Mortgage	\$ 8,000.00

TOTAL BENEFITS RECEIVED \$ 2,215.00

REALTOR: John D. Medak ESCROW CO. Security Escrows Co. OFFICER Pat Akers

INTERVIEW REGISTER

Date		Relocation Worker
2/9/71	<p>Survey: Would like to relocate - similar situation. Called and arranged for meeting with Lucile Dumas.</p> <p>Note to File:                      Lucile Dumas, daughter of Jewell Denson, has been living with her mother for the past few years. Jewell Denson was found eligible to receive certain benefits under the Uniform Relocation Act of 1970. During the initial survey when the commission computed income received by Mrs. Jewell Denson, it was determined that she received rental income from three renters one of those being Lucile Dumas. However, the question has been raised concerning Lucile Dumas' eligibility to receive any benefits under the Act. Since Lucile is related to Mrs. Denson and is currently occupying living quarters in the same dwelling as Mrs. Denson, the prevailing opinion is to treat them as a family and award benefits only to Jewell Denson. The problem with this opinion lies in the fact that Mrs. Dumas pays room and board and therefore could qualify as a tenant. Stan Jones, Project Supervisor, has determined that Mrs. Dumas will be eligible to receive certain benefits if and when she moves into a unit not occupied by her mother. I called Mrs. Dumas and asked that she come into our office on 11/12/71 to discuss the above matter.</p>	WSJ
11/12/71	<p>Lucile Dumas came into our office today. I outlined the benefits that might be available, depending on her eligibility. She said that she would like to purchase a house and would begin looking right away.</p>	
11/15/71	<p>Mrs. Dumas called and said that she found a house to buy. She asked that I contact Mr. Earl Leach at Medak Realty for more information. Mr. Leach came into our office and said that he had located a house that Mrs. Dumas was interested in buying. The asking price is \$13,000 with monthly payments of \$130.00. Mrs. Dumas has a monthly income of \$143.00 and cannot afford to pay house payments of the above amount. Using 25% of ones monthly gross income as a rule of thumb, Mrs. Dumas should not expend more than \$38.00 for rent and/or house payments. Considering her a low level of income I called Mrs. Dumas and expressed my feelings concerning the above matter. I told her that she might be better off if she rented for a while until she was financially able to buy. I suggested that she consider public housing or the subsidized rental program. She insisted on buying a house and said that she would contact me later.</p>	
12/31/71	<p>Mrs. Dumas had looked at several houses and found one that she wanted inspected at 1035 NE Skidmore. Waiting for return of inspection report. \$10,000 is the asking price.</p> <p>Mrs. Dumas has signed earnest money on 1035 N. Skidmore and filed claim for funds to make down payment. Also, had Building Dept. inspect house. Some noncompliance.</p>	

# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
888 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 258-8158

March 27, 1972

Security Escrows Inc.  
2216 N. E. 82nd Avenue  
Portland, Oregon 97220

Attn: Pat Akers

Re: Escrow Account No. 4449  
DUMAS, Elmetric L.

Gentlemen:

You have in the above identified account the sum of \$2,215.00 deposited in accordance with our instructions of March 3, 1972.

This is to certify that Elmetric L. Dumas has purchased and does occupy a standard house at 1035 N. E. Skidmore, Portland, Oregon. You are hereby authorized to release said sum and disburse it in accordance with said instructions.

Very truly yours,

W. Stanley Jones  
Relocation Supervisor

WSJ:slc



# SECURITY ESCROWS INC.

2216 N. E. 82ND AVENUE . PORTLAND OREGON 97220 . TELEPHONE 255-3733

February 28, 1972

Mr. Chet Daniels  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Re: Escrow No. 4449  
MARANATHA EVANGELISTIC CENTER TO DUMAS  
1035 N. E. Skidmore Street

Dear Mr. Daniels:

Pursuant to our conversation we are enclosing a copy of the escrow closing statement.

We ask that you please forward the required funds to our office as soon as possible. If there is any question or if we may be of any further assistance, please do not hesitate to call our office.

Yours very truly,

SECURITY ESCROWS INC.

By

Pat Akers

PA:ap  
Enclosure



**SECURITY ESCROWS INC.**  
2216 N.E. 82ND AVE. PORTLAND, ORE. 97220

Property address:  
**1035 N. E. Skidmore**

Escrow No. **4449**

Date **2/15/72**

**INSTRUCTIONS**

We agree to accept or pay, as the case may be, the amount shown below as final settlement of this escrow, authorize you to collect and disburse the amounts shown below on closing of this escrow and authorize the recording and/or delivery to the parties entitled thereto of all instruments which we have deposited or will deposit with you in this regard and as below indicated. Unless otherwise provided, you will cause a title insurance policy in usual form to be issued insuring purchaser free and clear of encumbrances, except those executed or assumed by purchaser, building and use restrictions, easements and reservations of record, zoning ordinances, matters attaching by or through purchaser, obligations of record payable by parties prior in title to seller if buyer is purchasing assignment of contract. We appoint you our attorney in fact to prepare any documents necessary to complete this escrow on forms now in use by you and to fill in incomplete instruments and correct errors in accordance with these instructions and title report. You shall not be held responsible for adjustment of any water bill and fuel oil on premises. Delivery of possession is not a part of this escrow or your obligation. You may assume that any fire insurance policy in connection with this escrow is in force and effect and that the necessary premium therefor has been paid. Should you be unable to complete this escrow because of inability or reluctance on our part, we agree to pay your cancellation expenses. You shall be responsible only for the exercise of ordinary care in the proper delivery of the subject matter of this escrow and are hereby released from any further liability in the premises. Should conflicting demands be made upon you, you have the right to withhold and stop all further performance of this escrow until you receive notice satisfactory to you of the settlement of the controversy or at your discretion you may interplead the matter. You are not required to take any action to determine any controversy in connection herewith, and if you are made a party to any litigation brought by or against us pertaining hereto or should you interplead this matter you shall be reimbursed for all costs, expenses and attorney fees occasioned thereby. These instructions are irrevocable for sixty days from date of title insurance report or completion of financing, whichever is later.

**STATEMENT**

	Debits	Credits
Purchase and Sale Price.....	<u>10,000.00</u>	
Earnest Money .....		
( x ) Contract .....		
( ) Mortgage .....		
( ) Trust Deed With <u>Maranatha Evangelistic Center</u> .....		<u>8,000.00</u>
( xx ) New   ( ) Assumed   ( ) Payoff .....		
( ) Contract .....		
( ) Mortgage .....		
( ) Trust Deed With .....		
( ) New   ( ) Assumed   ( ) Payoff .....		
Mo. paymt \$ _____ including _____ % int. not including taxes and fire insurance premiums. Next payment _____		
Pro-Rate of Current Taxes:		
( x ) Paid   ( ) Unpaid .....	<u>71.05</u>	
( ) Paid   ( ) Unpaid .....		
Pro-Rate of Fire Insurance:		
Amount \$ <u>12,000.00</u> DPP              Expires <u>2/16/75</u> .....	<u>27.73</u>	
Amount \$ _____ Expires _____ .....		
Title Insurance .....		
Broker's Commission .....		
Escrow Fee .....	<u>35.00</u>	
Loan Transfer or Assumption Fee .....		
<del>Revenue Stamps</del> Revenue Stamps .....	<u>11.00</u>	
Recording Fees: Deed .....		
Mortgage or Trust Deed .....		
Release of Mortgage or Reconveyance .....		
Contract of Sale .....	<u>4.00</u>	
Assignment of Contract .....		
<b>Seller shall pay for water used to date of possession and buyer shall pay for oil, if any, left on premises, both outside escrow.</b>		
Balance <del>xx</del> /From Undersigned .....		<u>2,148.78</u>
Total Debits and Credits .....	<u>10,148.78</u>	<u>10,148.78</u>

Certified True and Correct  
From information furnished us,  
**SECURITY ESCROWS INC.**

**Elmetric L. Dumas**

By \_\_\_\_\_

March 3, 1972

Security Escrows Inc.  
2216 N. E. 82nd Avenue  
Portland, Oregon 97220

Attn: Pat Akers

Re: Escrow No. 4449  
DUMAS, Elmetric L.

Gentlemen:

Enclosed is our warrant, number 314 EH, in the amount of \$2,215.00. Two Thousand Dollars of this amount represents a Replacement Housing Payment for Tenants and Certain Others, which sum is to be held in the above subject escrow account until you receive notice from the Commission that Elmetric Dumas has purchased and does occupy standard housing at 1035 N. E. Skidmore, Portland, Oregon. This \$2,000.00 must be used as follows:

\$ 1,950.00	apply on downpayment
35.00	escrow fee
11.00	revenue stamps
4.00	recording contract of sale
<u>\$ 2,000.00</u>	

The additional \$215.00 represents a Dislocation Allowance and Fixed Payment for moving expenses. This amount may be applied toward payment of other expenses incident to the purchase of the house, as directed by Mrs. Dumas, with any balance to be refunded to her.

We appreciate your cooperation in this matter. Please feel free to contact us if you have any questions regarding allocation of these funds.

A copy of the final closing statement verifying the use of these funds per our directions would be appreciated.

Very truly yours,

W. Stanley Jones  
Relocation Supervisor

WSJ:slc

enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 314 EH

DATE February 29, 1972

PAY TO Security Escrow

\$ 2,215.00

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 Elmetric Lucile Dumas, RHP for Tenants per claim filed. From 3316 N. Gantenbein (Parcel A-4-7).  Lump sum RHP \$2,000.00 Dislocation allowance 200.00 Fixed payment - not own furniture <u>15.00</u>	<u>\$2,215.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$2,215.00
	(RHP \$2,000.00)	
	(Fixed payment - Individual \$ 215.00)	

*AC*

*JMS*

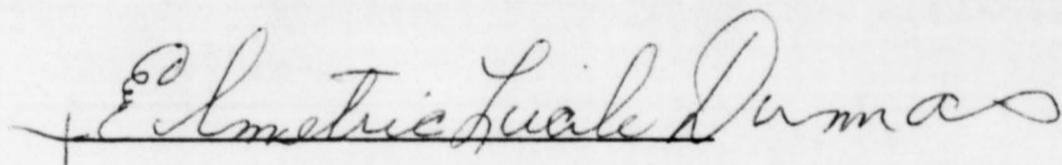
February 14, 1972

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Attention: Chet Daniels

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment for Tenants and Certain Others, in the sum of \$2,000.00, and check for moving expenses and dislocation allowance in the sum of \$215.00, payable to SECURITY ESCROW, and to deposit said check in my escrow account, number 4449 at Security Escrow, 2216 N. E. 82nd for the purchase of the house at 1035 N. Skidmore, Portland, Oregon.

A handwritten signature in cursive script, reading "Elmer L. Dumas". The signature is written in dark ink and is positioned below the typed text of the letter.

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission	Emmanuel Hospital Project
1700 SW Fourth Avenue	PROJECT NUMBER: ORE R-20
Portland, Oregon 97201	

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

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

**1. FULL NAME OF CLAIMANT**

DUMAS, Elmetric Lucile \_\_\_\_\_ Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED**

PARCEL NO. A-4-7

a. Address: _____ <u>3316 N. Gantenbein, Portland, Oregon</u>	d. Monthly rental: \$ <u>50.00</u>
b. Apartment or room number: <u>---</u>	e. Date you moved out of this dwelling: <u>October 1, 1971</u>
c. Number of bedrooms: <u>-0-</u>	Month-Day-Year

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

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

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

a. Address (include ZIP Code): _____ <u>1035 N. Skidmore, Portland, Oregon</u>	d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: <u>2</u>	e. Date you purchased this dwelling: _____
c. Downpayment: \$ _____	

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

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

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

2-14-72  
Date

*X [Signature]*  
Signature of Claimant(s)

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

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

1/ Enter this amount in Block 4, Line d.  
Listing of enclosed documents in support of amounts entered in Column (d) above:  
(Documentation must be provided to support any claim for incurred costs.)



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

NAME OF CLAIMANT Elmetric Lucile Dumas

Parcel No. A-4-7

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: August 1, 1949

Date of Acquisition: October 12, 1971

Owner-Occupant's initial date of ownership: \_\_\_\_\_

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

Date of Rental or Purchase: August 1, 1949

Date of Initiation of Negotiations: May 26, 1971

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

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

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,000.00 is authorized.

*[Handwritten initials]*

2-28-72  
Date

*[Handwritten signature]*  
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____

b. Claimant moved to unit he purchased \$2000

2-29-72      314 EH      \$ 2,000.00

c. Homeowner temporarily displaced

\_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. B-20

1. Full name of claimant: \_\_\_\_\_ Family \_\_\_\_\_  Individual

Lucile Damas

2. Dwelling unit from which you moved: Parcel No. A-4-7

a. Address 3316 N. Gantenbein  
Portland Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 50.00

b. Apartment or room number \_\_\_\_\_

e. Date displaced Oct 1 1971

3. Dwelling unit to which you moved (RENTAL)

a. Address \_\_\_\_\_

c. Number of bedrooms \_\_\_\_\_

b. Apartment or room number \_\_\_\_\_

d. Monthly rental \$ \_\_\_\_\_

e. Date moved in \_\_\_\_\_

4. Dwelling unit to which you moved (PURCHASE)

a. Address 1835 N. Skidmore  
Portland Oregon

c. Downpayment \$ 2000.00

d. Incidental expenses \$ Unk

b. Number of bedrooms 2

e. Date of purchase Jan 4, 1972

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

a. Address from which you moved \_\_\_\_\_

b. Address to which you moved \_\_\_\_\_

c. Date of move \_\_\_\_\_

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

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

If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental 8-1-49

Date of acquisition Oct 12, 1971

Owner-occupant's initial date of ownership \_\_\_\_\_

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

Date of rental or purchase 8-1-49

Date of initiation of negotiations 5-26-71

3. Is replacement housing standard?  Yes \_\_\_\_\_ No

If previously substandard, date found standard \_\_\_\_\_

4. Certification: Bureau of Buildings, City of Portland

(Amount of this claim \$ 2000.00 )



NEVADA STATE WELFARE DIVISION

GOOD ONLY FOR THE MONTH OF → JAN 1972

MUST BE PRESENTED FOR ALL MEDICAL SERVICES

PRIMARY PHYSICIAN 10-10000  
WALDOE MEDICAL CENTER

E. J. DUMAS  
530 NORTH SIERRA  
RENO NEV 89502



BILING NUMBER					ELIGIBLE PERSONS
084	415	00	0	01	ELMETRIC DUMAS

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project  
Project Number: ORE R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT \_\_\_\_\_ Family  Individual

DUMAS, Elmetric Lucile

2. DATE(S) OF MOVE  
10-26-71

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-4-7

a. Address \_\_\_\_\_  
3316 N. Gantenbein, Portland, Oregon

b. Apartment, Floor, or Room Number ---

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 1

e. Date you moved into this address: 8/1/49

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) \_\_\_\_\_  
1035 N. Skidmore, Portland, Oregon

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?

Yes  No

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

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

Dislocation Allowance \$200.00

Fixed Moving Payment 15.00

(Consult local agency)

Total \$ 215.00

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

2/14/72

Date

X Elmetric Lucile Dumas  
Signature of Claimant

(For Local Agency Use Only)

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

---

NAME AND ADDRESS OF CLAIMANT:

Elmetric Lucile Dumas  
1035 N. Skidmore  
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

---

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

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

---

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

Yes  No

If "Yes," explain basis for approved amount:

---

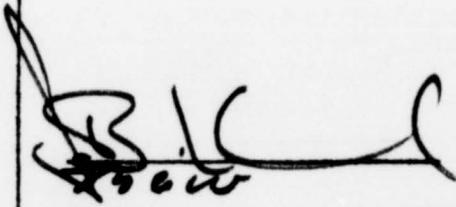
4. CERTIFICATION

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

---

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance			
1. Fixed payment \$ <u>15.00</u>			<u>2-28-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00</u>		
B. Actual Moving and Related Expenses			
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>2-29-72</u>	<u>314 EH</u>	<u>\$215.00</u>			\$

AC  
55

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Elmetepc Lucile Dumas Project Emanuel  
 2. Date(s) of move 10-26-71 Parcel No. A-4-7  
 3. Dwelling unit from which you moved:  
 Address 3316 N. Gantenbein No. of rooms 1  
 Furnished  Unfurnished Date you moved into this unit 8/1/49  
 4. Dwelling unit to which you moved:  
 Address 1035 N. Skidmore  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 15.00  
 -----  
 FIXED PAYMENT: \$200 + \$ 15.00 = \$ 215.00  
 -----

ACTUAL MOVING COSTS

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

STORAGE COSTS

- Name, address and ZIP code of storage company \_\_\_\_\_  
 A. Type of claim  
 initial  supplementary  final  
 B. Storage period  
 1. Total period: \_\_\_\_\_ months. Check one:  Actual  Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_  
 C. Storage Costs  

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

 D. Description of Property Stored: please list on back of this sheet.  
 E. Method of Payment  
 reimburse client (attach receipt or paid bill)  
 pay storage company directly (attach bill)

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

January 11, 1972

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermeyer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clerc, Chief

Housing Division  
S. J. Chegwidden, Chief

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

Re: 1035 N.E. Skidmore Street

Attn: Chet Daniels

Gentlemen:

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

Our inspection indicates the following conditions are in noncompliance with City regulations:

1. Bathroom wall tile is deteriorated and loose.
2. Cellar and attic stairways lack safety handrails.
3. Wooden floor vent grille in the central hallway is broken and hazardous.

Final certification of the dwelling will follow correction of the above listed conditions and completion of plumbing, electrical, heating and cellar garage construction now in progress under permit.

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden  
Chief Housing Inspector

CHF:mfm

cc: Marantha Evangelistic Center  
Attn: Rev. Peterson

FORM W-79  
(3-67)

REQUEST FOR INSPECTION

LATE PM.

PERMIT NO. 457668

ADDRESS 1035 NE SKIDMORE

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_

OWNER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

READY FOR INSPECTION FINAL

EXCAVATION AND FORMS HAVE BEEN INSPECTED AND FOUND TO COMPLY WITH THE CITY ORDINANCES; AND FOUNDATION MAY BE POURED UP TO \_\_\_\_\_

Key AT 1223 NE SKIDMORE

*Final Insp Apprd*

THIS \_\_\_\_\_ HAS BEEN INSPECTED FOR CONSTRUCTION, AND MAY BE COVERED AFTER PLUMBING WIRING AND HEATING HAVE BEEN APPROVED.

REMARKS: \_\_\_\_\_

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

C. A. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

DATE 2-22 1972 BY \_\_\_\_\_

*Dic Bergendale*  
BUILDING INSPECTOR

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.

*x E. Leticia L. L. Pumas*

11/12/71  
date