	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

cel No. RS3-4 Advisor VC							
Phone							
Ethn Block Age 61							
ied Renter/Occupant							
le Owner/Occupant							
Economic Data							
Employer \$							
Address							
Other Source of Income \$							
Total Monthly Income \$ (							
O Presently Receiving Welfare YES NO Other Assistance  thin the project area on or after date of per- r date of HUD approval of budget for project:							
NO .							
Date of Info pamphlet delivery							
Date EffectiveExpires							
1948							
tial date of							
ase of property 6-4-71							
10-12-71							
Date of letter of intent							
10-29-71							

### DWELLING UNIT FROM WHICH RELOCATED

Private Sales	*	Single Family	K	Age of Housing Unit
Private Rental		Duplex		Size of Habitable Area 1730
Other		Multiple Family		Furnished with claimant's furniture
Total Number of R	ooms	79	Rent Paid \$	Utilities
Number of Bedroom	s	35	Monthly Housi	ng Payments \$ Taxes
Liens \$		(please ex	plain)	
Acquisition Price	\$_	10,050	Amenities _	
		REPLACE	MENT DWELLING	UNIT
Address 3520	770	137	LPA R	eferred Self Referred
Private Sales	X	Single Family	χ Outsi	de city Outside state
Private Rental		Duplex	Age o	f Housing Unit 1964
Other		Multiple Family	Size	of Habitable Area 1254
			No. o	f Rooms No. of Bedrooms 3
For Cla	iman	ts Who Purchased		For Claimants Who Rented
Purchase Price of	Rep	lacement Dwelling	\$25,000	Rent \$
Taxes \$ 57	2.0	7		Utilities \$
RHP or TACO (incl	udin	g incidental cost	s) \$ 14.750	Total Rent Assistance \$
				Amount of Annual Payment \$
No. of Housing Re	ferr	als to:	Agency Referra	Is: NONE
2 Standa	rd S	ales	MCW	
Standa	rd F	ent	Food Stam	pLegal AidOther ()
Benefits Received				
Date		Ck #	Туре	Amount \$
Date		Ck #	Туре	Amount \$
				, mount y

### RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME EAD	EN, Alex, Jr.		RE	LOCATION ADVISOR_	JC	
ADDRESS 2740 N. V	ancouver	PHONE 284-57	87- PR	OJECT NAME Emanue	el ORE R-	20
SEX_M ETHN	B VETERAN	AGE6	1 PA	RCEL NO. RS 3-4		
MARITAL STATUSM	arriedTENU	RE <u>Owner</u>	_	DATE ON SITE:	1948	
DISABILITY	INDIV	FAMILY_X		INITIATION OF		
ELIGIBLE FOR: PUR	BLIC HOUSING	FHA 235		NEGOTIATIONS: _ Jur DATE OF		
REM	NT SUPPLEMENT_	OTHER		ACQUISITION: 0ct	tober 12, 19	71
INITIAL INTERVIEW		6-71	DA	TE INFO PAMPHLET	ELIVERED_	
NOTICE TO MOVE	No DAT	ES EFFECTIVE_		EXPIRATION DATE		
NOTIFY IN CASE OF	EMERGENCY					
ECC	ONOMIC DATA			FAMILY (	COMPOSITION	
Employer		\$\$		Name		
Address				Bessie L.	Wife	58
MCW				Brenda Eaden	Granddaugh	ter 18
Social Security				Ray Holmes	Grandson	19
Pension						
Other						
	NTHLY INCOME	\$\$				
	DW	ELLING UNIT FR	OM WHIC	CH RELOCATED		
Subsidized Sales	Single F	amily	SS X	Age of Structure	1905 No. Ro	oms 7
Subsidized Rental				No. Bedrooms_3_	Furn. Un	furn
Public Housing	Duplex			Utilities \$		
Private Rental	Mobile H	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME		Monthly Payments	(Rent) \$	
Private Sales	X			Acquisition Price	\$	
Size of Habitable	Area_ 1,730 s	q. ft.		Acquisition Price Taxes \$ Liens \$	Equity \$	
но	USING REFERRAL	<u>.s</u>		AGENCY RE	FERRALS	
Address		Bedroom	S	Name of Ager	ncy	Date
17369 N.E. Wasc	0			Multnomah County		
2800 N.E. Bryou				Food Stamp Progr		
				Housing Authorit		
				Legal Aid		
				FISH		
				Health Dept.		

AGENCY ACTIO	N:	REASO	ONS:		
Appeals					
Evicted					
Refused Assistan	ce				
Address Unknown			1		
Other (death, et					
		TEMPORARY	RELOCATI	<u>ON</u>	
Within Proje	ct	Π ,	Date Move	d In	
			Address		
Outside Proje	ect	F	Reason		
		REPLACEMENT (	OWELLING	UNIT	
Client Referred_			LPA R	eferred	
Address 3520 N	.E. 137th	Pho	one	Date of Move_	
WHERE RELO	CATED:	1			S SS
		ubsidized Sales		Single Family	X
Outside City		ubsidized Rental		Multiple Family	
Out of State		ublic Housing		Duplex	
		rivate Rental		Mobile Home	
1	1 1	rivate Sales	X		
Utilities \$	Mont	hly Payments (Rer	nt) \$	er of BedroomsHab Purchase Price Distance	\$
				ame of Realtor	
	BENEFITS R	ECELVED			
			nt	Purchase Price	\$ 05 000 00
RHP	104 50	land all all all	750.00	rui chase Fi ice	₹ <u>_25,000</u> _00
TACO (Rental)	104 FH	Oct 21, 71 \$ 14	750_00	Nown Payment \$	
TACO (Rental)		\$		Down Payment \$	
TACO (Rental)				RHP \$	
TACO (Rental)		Š		VIII. 3	
TACO (Sales)		1 5		Total Down	- 6
Fixed Moving	27620 0		500.00	Total bown	- \$
Actual Move	2/029 6	Nov 3. 71 \$		Total Mortgage	·
Storage	<del></del>	\$ \$		Total Mortgage	·
Incidental	137 EH		66.50		
Interest	1 27	1 1 5	00.50		
Titterest		1-13			
TOTAL BENEF	ITS RECEIV	YED \$15,3	316.50		
REALTOR:		ESCROW CO		OFFICE	

### INTERVIEW REGISTER

Date		Relocation
12/30/70	Mrs. Eaton called office. Wanted to know what was happening at low on Graham. Advised her hespital owned lot and was clearing for parking. Not pleased with Mrs. Warren (EDPA) and outsiders, wants facts directly. Mostly concerned about price we will offer her.	MSJ
1/15/71	Flyer delivered by James Crolley	JC .
2/13/71	Survey: Will buy comparable house, prefer 4 bedroom in Albina area.	JC .
6/71	The Eaton's are looking for houses over their reach. We have offered them the maximum relocation benefits. They want more for their house in order to buy a more expensive house. They were offered \$10,050., for their home and \$15,000 relocation payment - total \$25,050.	JC .
6/14/71	Mrs. Eaton called. They are looking for other housing, that fits their "needs" and around \$25,000. They will check to see if they can get the people at the place they're interested in to reduce their price (17369 N.E. Wasco \$28,750)	JC
7/7/71	Have been talking with the Eaton's. They are still talking about houses out of their range. They want more money for their house plus the maximum replacement housing payment. We will just sit until they come down to earth.	JC
9/8/71	Viewed Eaton's old house with Ben Webb. It was our opinion that the Eaton's occupy a 5 bedroom house. There are 2 bedrooms on the main floor, one in the basement which the son uses, and 2 upstairs.	WSJ



RELOCATION WORKER	<u> </u>	PROJECT NO. ORE R-20 PA	RCEL RS-3-4
NAMEEATON, Alex, Jr.	ADDRESS	2740 N. Vancouver	APT NO
PHONE 284-5787 INITIAL INTE	RVIEW12/30	/70 SEX M W NW B	_AGE61
U.S. CITIZENALIEN	VETERANS	SERVICEMAN DATE ON SITE	
FAMILY COMPOSITION		(Carpenter-Local #226)	
Name Relation	Ace		
Bessie L. Wife		Employer: Name	>
		MCWCaseworker	
Ray Holmes Grandson		Social Security	-
Nay Notices Grandson		VAFedMult Co	
		Pension: Name	_
		Other: Name	
			_
		TOTAL MONTHLY INCOME	
Rent, Inc. HeatWar	terGasGa	ar_ElecUnfurnFurn	_No. Rms_7_
ELIGIBILITY FOR PUBLIC HOUSING	G: (yes or no	o)	
Over 62 Disabled(Soc.Sec	c.def.) Ir	ncome below limits Assets belo	w limits
221 CERTIFICATE OF ELIGIBILITY	Y: Date deliv	vered by	
Notify in case of accident:			
	Address		Phone
		on by	
Notice to move given to		on by	
Payments: Amount \$	Check No.	on by Moved by Moved by (Phone)	self(or)
REMOVED FROM CASELOAD:	(Date)	REMAINING ON CASELOAD:	
Refused assistance Relocated in:		Address unknown, tracing	
		Evicted, further assistance	
Low-rent public housing		contemplated	
Other perm. public housing Standard priv. rent hsg.	9	Temporarily relocated by LPA within project:	
Sub-standard priv. rent		within project.	
hsg. with refusal of		Address	
further aid		outside project:	
Standard sales housing		outside project.	
Sub-standard sales hsg.		Address	
Out-of-town			
Address unknown, abandoned			
Evicted, no further		FAMILY REFUSED ADDITIONAL ASSI	STANCE.
assistance		Date Worker	
Other (explain)			
RELOCATION REFERRALS:			
Address		Inspection Certified By	Date
17369 N.E. Wasco	28,750		
2800 N.E. Bryant	27,000		
NEW ADDRESS. 3 COO. 41 E	1371+6 145		256-1876
NEW ADDRESS: 3520 N.E.	2/12/11/6	Zip	Phone
		219	1

DATE	NOTES	C/W
12/30/70	Mrs. Eaton called office. Wanted to know what was happening at lot on Graham. Advised her hospital owned lot and was clearing for parking. Not pleased with Mrs. Warren (EDPA) and outsiders, wants facts directly. Mostly concerned about price we will offer her.	wJS-JC
1/15/71	Flyer delivered by James Crolley	
2/13/71	Survey: Will buy comparable house, prefer 4 bedroom in Albina area.	JC
6/71	The Eaton's are looking for houses over their reach. We have offered them the maximum relocation benefits. They want more for their house in order to buy a more expensive house. They were offered \$10,050. for their house and \$15,000 relocation payment - total 25,050.	
6/14/71	Mrs. Eaton called. They are looking for other housing, that fits their 'needs' and around \$25,000. They will check to see if they can get the people at the place they're interested to reduce their price (17369 N.E. Wasco \$28,750)	JC .
7/1/71	Have been talking with the Eaton's. They are still talking about houses out of their range. They want more money for their house plus the maximum replacement housing payment. We will just sit until they come down to	JC
	earth.	JC

### RESIDENTIAL RELOCATION RECORD

RELOCATION V	ORKER		PRO	JECT NO.	PA PA	RCEL RS	3-4
NAME (Eaton)	Mex, gr	ADDRESS	2740 N	Jancouver		APT NO	
PHONE 284-57 87	INITIAL IN	TERVIEW	130/70	SEX M	W N	W_B_AGE	61
U.S. CITIZEN	_ ALIEN	VETERAN	SERVICEMAN_	DATE	ON SITE	apr	1948
FAMILY C	COMPOSITION		(c	arpenter.	Local #	226)	
Name   F		Age	Employer: Na	me		\$	
Brenda Eaton Ray Holmes	granddau	. 18	Social Securi VaFed Pension: Na Other: Name	Mult Co	•		
				OTAL MONTHL			
Rent, Inc.H	leat Water	Gas Gar	Elec	Unfurn	Furn	No. Rms	7
Over 62 Dis 221 CERTIFICATE O	PUBLIC HOUSI sabled(Soc.S OF ELIGIBILI	NG: (yes or Sec.def.) TY: Date de	no) _ Income below	limits	Assets b	elow limit	5
Notify in case of	accident:	Address			Oh	one	
Information State	ement given	to	on		by		
Notice to move gi	ven to		on		by		
Notice to move gi Payments: Amount moved by moving	\$( company	heck No	Date deli	vered	Moved by (Ph	self	(or)
REMOVED FROM CASE	LOAD:	(Date)	REMAININ	G ON CASELO	AD:		
Refused assista Relocated in:	ince			s unknown, t			
Low-rent publ	ic housing			emplated	assistance		
Other perm. p		ng		arily reloc	ated by		
Standard priv	. rent. hsg		_ LPA				
Sub-standard			with	in project:			
hgs. with re further aid	tusal of		oute	ide project		ddress	
Standard sale	s housing			ide project		ddress	
Sub-standard							
Out-of-town							
Address unkno		d					
Evicted, no f	urther			TUSED ADDI			
Other (explai	n)		_ Date	Wo	rker		
RELOCATION REFERR	ALS:						
		55		ion Certifi	ed By	Da	te
17369 11.8			750				
2400 N E	- your	27	000				
						256-	1876
NEW ADDRESS:	2 N E	1276					
NEW AUDICESS:					710	Phon	

71/15/71 - flyes delivered by James Brilley Fiz /30/70 Mas Eaton called office wanted to long what was so were clearly for carbing, not pleased with misworken (EDPA) a ordisideral warts facts directly. Mostly concerned about this will offer him. 12/12/71 survey: ville buy comparable house, prefer 4/drm in albina area de

6-9-71

9-8-71 Viewed Eaton's old House with Ben webb. It was our opinion that the Eaton's occupy a play 5 Bedroom house. There are a Bedroom on the main floor, one in the basement which the son uses, and 2 upstairs.

. 6315 11 T P + 1 - 1 - 115

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to g

THE TENT OF THE STREET

### PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

104

EH

DATE October 21

19 71

PAY TO

Pioneer Title Insurance Company

\$ 14,750.00

**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 Alex, Jr. and Bessie L. Eaden, Replacement Housing Payment per claim filed. Move from 2740 N. Vancouver (Parcel RS-3-4)	\$14,750.00
			250000
KAN TELEVISION			

### **Account Distribution**

TITLE

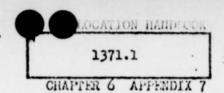
E1501 Relocation Payments (RHP)

AMOUNT

\$14,750.00

Pronop.





APPENDIX 7. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

	(For Local Agency Use Only)	NAME AND ADDRESS OF CLATFANT
	DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	EADEN, Alex, Jr. and Bessie L.  NASS OF NOCAL ACTION AVENUE, PORTland, Ore of
-117		Portland Development Commission
Pay Not rep	TRUCTIONS: Complete this form to determine eligible ment for Homeowners. Attach the completed form to be that the determination of the amount of payment alacement dwelling is made on the applicable claim and the differ from claimant's entries on claim form.	the pertinent claim form filed by claimant. to cover costs incidental to purchase of a
1.	Did the claimant own the dwelling at the time of a Initial Date of Ownership:	f Acquisition:  No 1971  Month-Day-Year
2.	Did the claimant own and occupy the dwelling at lengotiations? Yes / No	The same of the sa
	Initial Date of Cumership: 1948 Date of Month-Day-Year	f Initiation of Negotiations: Jun 4,197/ Month-Day-Year
3.	Did the claimant purchase and occupy the replacem of displacement? XX7 Yes 7 No	ent housing within one year from the date
	Month-Day-Year	chase of Replacement Housing:  Month-Day-Year
	Nate of Occupancy of Replacement Housing:  Month-D  (If the claimant was unable to occupy the replace	ment housing within the required one-year
,	period, use reverse side of this form to provide	
4.	Did the claimant have a bona fide mortgage on his initiation of negotiations?  Yes  No	dwelling for at least 100 days prior to
	Date of Mortgage:  Nonth-Day-Year  Date of Initiation of Negotiations:  Month-Day-Yea	f Discharge of Mortgage: Month-Day-Year
5.	Has the replacement housing been inspected and fo dwalling inspection record or, if the claimant mo report obtained from the claimant.) XX Yes	und to be standard? (Attach copy of ved outside the locality, attach the
6.	CERTIFICATION OF LOCAL AGENCY .	
	This is to certify that the property purchased by property was occupied by the claimant within one certify that I have examined this claim and have provisions of Federal Law and the regulations iss Development pursuant thereto. Therefore, this claimount of \$ 14,750.00 is authorized Date	year following his displacement. I further found it to be in accord with the applicable mued by the Department of Housing and Urban
7.	RECORD OF PAYMENT	
	Date of payment: 10/2//7/ Check number	: 104 EH Amount: \$ 14,750.50

1371.1

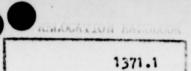
CHAPTER 6 APPENDIX 6

#### APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

TANGE THE TREE PARTITION OF THE PROPERTY OF THE PARTY OF

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR	PROJECT NAME (if applicable)						
HOMEOWNERS	Emanuel Project						
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NUMBER						
Portland Development Commission 1700 SW Fourth, Portland, Oregon 97201	ORE R-20						
INSTRUCTIONS: Complete all applicable items and sign certification agency as to whether you need a Claimant's Report Duelling to complete and submit with this claim.	of Self-Inspection of Replacement						
PENAUTY FOR FALSE OR FRAUDULANT STATEMENT. U.S.C. Title 18, in any matter within the jurisdiction of any department or a and willfully falsifies or makes any false, fictitious	gency of the United States knowingly						
sentations, or makes or uses any false writing or document kees fictitious or fraudulent statement or entry, shall be fined to	nowing the same to contain any false,						
not more than five years, or both."  1. FULL NAME OF OWNER-OCCUPANT CHAINANT (as shown in deed to displacing agency or in condemnation proceeding)							
EADEN, Alex Jr. and Bessie L. 725-3-4	(f)						
3. INFORMATION IN SUPPORT OF CLAIM							
A. Differential Payment							
Part I. Data on dwelling unit from which you moved							
1. Address of dwelling unit from which you move							
	Portland, Oregon 97201						
2. Date you first occupied this dwelling as the	Month-Day-Year						
3. Number of bedrooms in the dwelling5							
4. Date of initiation of negotiations for local  **EN 4/1971  Month-Day-Year	agency acquisition of dwelling						
5. Payment made by local agency for the dwellin	\$ 10,250.00						
Part II. Data on dwelling unit to which you moved							
6. Address of dwelling unit to which you moved 3530 N.E. 137th, Portland, Orec	(include ZIP Code)						
7. Number of bedrooms in replacement dwelling _	3						
8. Purchase price of the replacement dwelling \$	25,000.00						

[form continued on next page]



CHAPTER 6 APPENDIX 6 COLLEGE DE L'ANDIGNO DE L'ANTIGNE MANTE DE L'ANTIGNE DE L

9.	Complete either a or b:
	a. If you have purchased and occupy the replacement dwelling:
	Date you signed purchase agreement Seat 11,197 Bate of settlement Month-Day-Year Month-Day-Year
	b. If you have purchased but do not yet occupy the replacement dwelling:
	Date you signed Date of sottlement Month-Day-Year Month-Day-Year
	Date you expect
	Month-Day-Year
10.	Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment.
	Schedule
B. Interes	ot Payment
1.	Outstanding balance of mortgage (if any) on dwelling from which you moved
2.	Number of monthly payments remaining on the mortgage
3.	Annual interest rate of mortgage on the dwelling from which you moved
4.	Annual interest rate of mortgage on the replacement dwelling
. 5.	Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located

[form continued on next page]

CHAPTER 6 . APPENDIX 6

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

THE TAXABLE PROPERTY OF THE PR

	c	COSTS INCURRED BY CLAIMANT				
Item (a)	Charged to Clai on Closing Stat (b)		(Col. (b) + (c)) (d)	Amount Approved (e)		
	\$	. \$	\$	\$		
JATOR	\$	1 \$	\$	\$		

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

4. 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.

10-15-71

Signature of Owner-Occupant(s)

1371.1

CHAPTER 6 APPENDIX 8

PARTICULAR DE CONTROL DE LA COMPONICION DEL COMPONICION DE LA COMPONICION DELICRO DELICION DE LA COMPONICION DE LA COMPONICION DE LA COMPO APPENDIX 8. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

APPENDIX 8. GUIDEFORM WORKSHEEF FOR COMPOUNTS.	A CALLES	
(For Local Agency Use Only)	THATE AND ADDRESS OF CLAIMANT	essie I.
	EADEN, Alex Jr. and Be 3530 N. E. 137th, Por	tland Oregon
WORKSHEET FOR COMPUTATION OF REPLACEMENT	COMPUTATION PREPARED BY:	
HOUSING PAYMENT FOR HOMEOWNERS		10/13/71
	Crolley, J.	(Date)
		(Date)
NSTRUCTIONS: Attach this form to the pertinent	claim form filed by claimant.	Attach an expla-
NSTRUCTIONS: Attach this form to the pertinent	and amounts approved. Comple	ete Blocks B and o,
ation of any difference		
then complete Block A.  A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PA	MENT FOR HOMEOWNERS	
A. COMPUTATION OF TOTAL REFINEDATION	Line 6) \$ 14,750.00	
1. Amount of differential payment (Block B	, Line 6) \$ 14,750.00	
1. Amount of differences		
2. Plus interest payment (Block C, Step 4,	Last	
line)	* *	
	2 amount	
3. Plus costs incidental to purchase (Tota	1 Amount	
3. Plus costs incidental to purchase (1) approved by agency, from claim form, Bl	+\$	
Column (e))		
	\$	
4. Total (Sum of Lines 1, 2, and 3)		
/ Attach explanation:	e.g.,	
5. Minus adjustments (Attach explanation; amount previously received as Replacem	ent	
Housing Payment for Tenants and Certai	n	
Housing Payment 101 Tendito	- \$	
Others)		
6. Total Replacement Housing Payment for	Homeowner	\$ 14.750.00
(Line 4 minus Line 5)		
(Enter this amount in the space provide	sed in	
Elock 6 on the Guideform Determination	ant for	
gibility for Replacement nous ing	6110 101	
Homeowners)	•	
B. COMPUTATION OF DIFFERENTIAL PAYMENT		
Required Information	* 3E 000 ·00	
1. Actual purchase price of replacem	ment dwelling \$ 25,000.00	
1. Actual purchase principle.		
2. Cost of comparable replacement de	welling	- Adamen
(Cost based on:	(7 Other) \$ 25,205.00	· 5 various
(Cost based on: Comparative	// Other) 4	
3. Acquisition payment made by agen	\$ 10,250.00	
claimant's former dwelling		
Computation		0
a whichever is	less \$ 25,000.00	10KA1-
l. Line 1 or Line 2, whichever is	. 10 000 00	W U
	- \$ 10,250.00	-
		\$ 14,750.00
, and of differential payment		
6. Amount of difference		
1. Line 1 or Line 2, whichever is 3 5. Minus Line 3 6. Amount of differential payment	- \$ 10,250.00	(D)

[form continued on next page]

EORM No. 671E (Escrow) Stevens-Ness Low Publishing Co. C Portland, Oregon 97204  RECEIVED FROM CLOX Enter Beach  RECEIVED FROM CLOX	artland State Son , Sept. 11, 1971
- · · · · · · · · · · · · · · · · · · ·	(hereinafter called "pyrchaser")
the sum of One thousand my so	Dollars (\$ 1000.
following described real estate studied in the City of Partiand	as earnest money and in pay payment for the purchase of the County of Multinomakstate of Chego to wit:
house and let commonly kno	un as 3530-71. E. 137th oute.
for the sum of Twenty fine thousand	which we have this day sold to said burchaser
	thousand 10/100 Dollars (\$ 25,000.00
on the following terms, to-wit: The sum, hereinabove receipted for, of	
Upon acceptance of title and delivery of • { deed, the sum of	
Selance of A A	Deplars (\$)
payable os tollans faighble in cash up	an recording of seed of wirchaser
Haspital Wortland Defrelspernent C	omontescon for Baing Suplaced from
his home lecated at 2740-11.	Vancouver got, Portland ore! assulance
of money from Partland Der	elapement commission to be
A title insurance policy from a reliable company insuring marketable title in	seller is to be furnished purchaser in due course at seller's expense; preliminary to closing,
seller may furnish a title insurance company's title report showing its willingness of said title insurance policy, seller may furnish purchaser an abstract of title prepar	to issue title insurance, which shall be conclusive evidence as to seller's record title; or in lieu
It is agreed that if seller does not approve this sale within the period allowed insurable or marketable, or cannot be made so within thirty days after notice cont	d broker below in which to secure seller's acceptance, or if the title to the said premises is not taining a written statement of defects is delivered to seller, the said earnest money shall be
within ten days after the said evidence of title is furnished and to make payments pr	surable or marketable and purchaser neglects or refuses to comply with any of said conditions promptly, as hereinabove set forth, then the earnest money herein receipted for (including said
additional earnest money) shall be forfeited to seller as liquidated damages and this.  The property is to be conveyed by good and sufficient deed free and cle	ear of all liens and encumbrances except zoning ordinances, building and use restrictions.
reservations in Federal patents, easements of record and,	elons
All irrigation, plumbing and heating fixtures and equipment (including stoker	er and ail tanks but excluding fire place fixtures and equipment), water heaters, electric light
attached television antenna, all shrubs and trees and all fixtures except.	pery and curtain rods, window and door screens, storm doors and windows, attached linoleum,
	A P T A MAY
Well to Well carpett in five Pon: Sin, Ron	ring pysonal property is also included as a part of the property for said purchase price:
pro rated on a calendar year basis. Adjustments are to be made as of the date of the	e current tax year. Rents, interest, premiums for existing insurance and other matters shall be the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances
THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHA	the of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW, LASER.
Possession of said premises is to be delivered to purchaser on or before removal at tenants, if any. Time is the essence of this contract. This contract is bindi	ing upon the heirs, executors, administrators, successors and assigns of buyer and seller.
However, the purchaser's rights herein are not assignable without written consent titled to recover reasonable attorney's fees to be fixed by the court.	t of seller. In any suit or action brought on this contract, the prevailing party shall be en-
Address 4277-71.6. Sandy Blad.	It bounder Really Con Broker
Phone 281-1183	By fam & Fram
AGREEM	MENT TO PURCHASE POINT 11 71
I hereby agree to purchase the property herein described in its present conditi	tion and to pay the price of \$ 25,000 00 as set forth above and grant to said
agent a period of days bereafter to secure seller's acceptance hereof, d	tion and to pay the price of \$, as set forth above and grant to said during which period my offer shall not be subject to revocation. Said deed or contract to be
2740-71. Venesuser oul- 972:	27 + West Fordon
284-5787.	Busie Baden.
AGDE	EEMENT TO SELL SOLT 11 27
	rice and conditions as set forth in above confract, and agree to furnish evidence of title as
above provided; also the said deed when stated.  Address 3530 N.E. 1370 ave 92230	x Mechal I Has tom
Phone 254-3761 -	X/Wilma C. Hastigan 15411
DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy h	
Purchaser acknowledges receipt of the foregoing instrument beging his signature and that showing acceptance.	
DATE: Real 1/1971 Purchaser A CONTENT	(return receipt requested) on
	and attached to broker's copy
SELLER'S CL	LOSING INSTRUCTIONS Sept. 11. 1971
I agree to pay forthwith to the above named broker a commission amounting	g to \$
said broker to pay out of the cash proceeds of sale the expense of furnishing evidence	the broker to the extent of the agreed upon commission with residue to the seller. I authorize of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said a earnest money receipt bearing my signature(s) and that of the purchaser named above.
	** * med 1 2 +
MOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 810 "HANDY PAD", TO BE SEPARATELY SIGNED BY BUYER AND SELLER.	Y 10 1 4 1 1 1 BEAU
#STRIKE WHICHEVER PHRASE NOT APPLICABLE	ESCROW COPY
# STRIKE WHICHEVER PHRASE NOT APPLICABLE	LICHOTT COLL



COUNTY COMMISSIONERS

M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
BEN PADROW
DONALD E. CLARK
MEL GORDON

## Multnomah County Oregon

PLANNING COMMISSION

(503) 227-8411 ■ ROOM 403, COUNTY COURT HOUSE ■ PORTLAND, OREGON ■ 97204

October 1, 1971

Portland, Development Commission

235 N. E. Monroe Street

Portland, Oregon

Subject: 3530 N. E. 137th Avenue

Residence, Quality of Housing

Attention: Mr. J. C. Crowley

Dear Mr. Crowley:

This letter is to notify you that the residential structure at 3530 N. E. 137th Avenue complies with all Multnomah County Zoning and Building regulations.

Very truly yours,

MULTNOMAH COUNTY PLANNING COMMISSION Robert S. Baldwin, Planning Director

Fam. Dueltyo

De porja

BY: Ira M. Dueltgen, Building & Zoning Examiner III IMD/js

15 October, 1971

Portland Development Commission 235 N. Monroe Portland, Oregon 97227

Attention: Mr. Stan Jones

Gentlemen:

Request is hereby made for release of the Replacement Housing Payment of Alex and Bessie Eaden, 2740 N. Vancouver, to the escrow account of Michael J. and Wilma O. Hartigan, 3520 N.E. 137th upon recording of a deed from us. We will need to have funds to complete our transaction on another house as per agreement of the contract to sell. We will give possession to the purchaser (Eaden) three (3) days after recording of the deed.

Michael J. Hartigan
By mrs Wilma O. Hartigan

cc: Alex Eaden

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

**Warrant Number** 

### PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 Nº

137

EH

DATE November 8

19 71

PAY TO Alex and Bessie Eaden

\$ 66.50

**DOLLARS** 

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT		
		Reimbursement for Settlement Costs per claim filed. 2740 N. Vancouver (RS-3-4)	\$66.50		
	3.8				
	170				

### **Account Distribution**

NO. TITLE

AMOUNT

E 1501

Relocation Payments (Settlement Costs)

\$66.50

Received 12-3-21 mu Lessie Faden.

Bo

30

### CLAIM FOR RELOCATION PAYMENT

HUD-6147 (4-66)

(Settlement Costs Incurred by Owner)

						0445		
NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)			PROJ	ECT NAME	(If a	oplicable)		
Portland Development Commission				Emanue	1 Pr	oject		
1700 S. W. Fourth Avenue		Later .		shariba sand	85. W.	mk to be to be		
Portland, Oregon 97201		1,5	PROJ	ECT NUMB	ER	ORE R-2	20	
INSTRUCTIONS: Complete all applicable items and sign certificathis claim.	ation in	Block 5. Con	sult the I	ocal agency	as to	documents to	be s	submitted with
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C	. Title	18, Sec. 1001,	provides	"Whoever	, in ar	y matter within	n the	jurisdiction of
any department or agency of the United States knowingly and will	fully fal	sifies or	makes any	false, fict	itious	or fraudulent s	tate	ments or repre-
sentations, or makes or uses any false writing or document knowled be fined not more than \$10,000 or imprisoned not more than five year.	10 20 10 10 100		any fals	e, fictitious	or fre	audulent statem	ent	or entry, shall
1. IDENTIFICATION OF CLAIMANT								
Name (as shown in deed to local agency or in condemnation pro	oceeding	,)		Address (	nelud	e ZIP code)		
EADEN, Alex and Bessie						137th		
EADEN, ATEX and Dessie				-		, Oregon	97	230
2. IDENTIFICATION OF PROPERTY					7	,	-	
a. Address or Legal Description			Na ASSES			c. Did you oc	cupy	y this
2740 M. VANCOUVER						property ei	ther	as a
3530 N.E. 137th, Portland, Oregon	9723	30				resident or		
						purpose of business of		
	repla	acement d	wellir	ng)		203111033 0	pe. 0	nons:
b. Parcel Number(s)			. Filmship.			X Yes		] No
displaced from parc	el RS	5-3-4	pic r					
3. SETTLEMENT COSTS INCURRED BY CLAIMANT IN TRANS	FERRIN	G PROPERTY	TO LOC	AL AGENC	Y			
		COSTS	INCURR	ED BY CLA	AIMAN	IT		FOR LOCAL
Expression from the MAN transfer and the second of the sec		ARGED TO	Later III	EUX YORD AN		<b>加入台灣30次</b> 克拉		AGENCY USE
ITEM		AIMANT ON		LAIMANT		UNT CLAIMED  1. (b) + (c))		AMOUNT
		TATEMENT						APPROVED
(0)		(p)		:)		(d)		(e)
½ escrow fee	\$	37.50	\$		\$	37.50	\$	37.50
Mult. County Transfer Tax		27.50				27.50		27.50
mare, country manager par		-1.50				-7.50		=7.50
Recording deed		1.50				1.50		1.50
TOTAL	S	66.50	\$		5	66.50	\$	66.50
4. LISTING OF DOCUMENTS SUBMITTED HEREWITH IN SUPPO	ORT OF	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM	NTERED	N ITEM 3,	COLU	The second second second second		
The sale of the same of the sa								
Property and the second of the second		The Charles of the	A CONTRACTOR					
attached copy of escrow					194 st	Parison V.		
Col 111 the Court of the section of the section of the section of the							W.	
The profession on the contraction recovers the sequences						ad ten but the	-01	
	4							
5. I CERTIFY under the penalties and provisions of U.S.C. Title mitted herewith have been examined by me and are true, correct of U.S.C. Title 18, Sec. 1001, and any other applicable law, for the entire claim. I further certify that I have not submitted source for any item of this claim, and that any receipts submit	alsificat	ion of any iter er claim for, o	that I und n in this o	laim or sub , reimburse	mitted	t from the pena herewith may or compensation	res	s and provisions of in forfeiture
11/2/71		um	. 1	2	, ,	Sant.	,	
11/3/71		- xm		en		acien		-
Date .			Sig	nature of c	aiman	•		

	FOR LOCAL AGENCY USE ON	ILY de de Constant
	G REQUIREMENTS FOR ELIGIBILITY?	
X Yes No		
If "No," explain:		arrae characteristics and american
august of the state of the stat		in annual common the property for up that goods have an if a service of the second of the service of the servic
see RHP claim file	ed 10/16/71 - released 10/21/71	
B DETAIL OF COSTS COVERING HOL	DICACE BREBANNENT BENALTY AND COSTS A	ALLOCABLE TO PERIOD SUBSEQUENT TO TRANSFER
OF TITLE (Show basis for, and amovice charges paid by, or charged to,	unt of, reimbursement due claimant for (1) any mort	gage prepayment penalty, or (2) any taxes or public ser- or possession in the local agency, if the amount claimed
SE THE STATE OF A DOLLARS HE TO SHALL I		
T Factoring up the series	20	
grant tones a trace au	162 50 50	27-50
		1 - 24 - 10 - 12 - 14 - 17
	Orce value	
	· · · · · · · · · · · · · · · · · · ·	BACTA VILL WILLIAMS TO SHORTE
	COSTS IN THE STATE OF THE PROPERTY IN	
	(1 mb   4 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	ALTA (19)
RETURNE WATER	2 13 14 3 9 4 6 1 1 3 1 2 3 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	background or years of the
	The state of the s	a management of the state of th
A mention of the second		
a le mare les alles de les colons	the state of the s	Porate d. Gradon 97239
Latinated Visit and Season		35 0 WE 1374h
Linguisting a major of participal	Colores as Carrier and one well-	a seed of the same of the same of
A STANCE OF THE COMMON PROPERTY.		
- GERTIFICATION		
		have found it to be in accord with the applicable pro-
visions of Federal law and the Regu	lations issued by the Department of Housing and U	Irban Development pursuant thereto. Therefore, this
claim is hereby approved and payme	nt is authorized in the total amount 4566	5.50
INTERNATIONS CONDUCTOR OF SPORES	the ment are a process of retroit of the first of the total	the second of the second of the second of the
11-11 71	11-	100
11-4-11		1.4
Date	3 w	Authorized signature
E. RECORD OF PAYMENT		Wilders William Statement
		The real state of the state of
1. 50	residence Coery Secretary by Co	, 10
Claim paid: \$ 66.2 b	y check No. 137EH dated 11/8/71	WELLS.

# Pioneer National Title Insurance Company

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

East Multnomah Branch Telephone: Ext. 211

ESCROW STATEMENT

ESCHOW STATEMENT	Octobe	r 26	. 19 7	1
Alex Eaden and Bessie Eaden, husband and wife PROPERTY ADDRESS 3530 N.E. 137th Avenue				
DESCRIPTION Lot 5, Block 5, STRATHMORE	Debit		Credit	
	S			6/
Transferred from Escrow # 387355			10,002	61 -
Demand Deposit transferred from escrow # 387355			(14,950	00
Title Insurance Policy No.				
Escrow Fee 1/2	37	50		
Taxespro rata share from 7-1-71 to 10-22-71			192	37
City Lieps County Transfer Tax  Reconveyance	27	50		
RECORDING  Deed Hartigan to Eaden	1	50		
Deed to	1	Po		
Mortgage to				
Trust Deed to				
Release of Mortgage to		100		
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid for real estate commission				
Paid seller for deed	25,000	00		
Paid for	•			
Buyer to secure own fire coverage				
4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
A 0				
Balance – Our Check Herewith  Balance – Debit	78	48		
TOTAL	25,144	98	25,144	98

This covers money settlement only. Any papers to which you are entitled will follow later. Pioneer National Title Insurance Company

Rosemary Leibo Escrow Officer

### PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

27629 G Nº

. 19 71

PAY TO THE ORDER OF

Alex and Bessie Eaden

\$ 500.00

**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

The second second				
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
		Reimbursement per Claim for Relocation Move from 2740 N. Vancouver (RS-3-4) to Ave. Dislocation Allowance Fixed Payment - own furniture	Payment filed. 3520 N. E. 137th \$200.00 300.00	\$ <u>500.00</u>

### **Account Distribution**

TITLE E 1501 Relocation Payments (Fixed - own furn. - Family) AMOUNT

\$500.00

X Mrs Bessi Exden.
11/8/71

# PAYMENT (FAMILIES AND INDIVIDUALS)

Portland Development Commission 1700 SM Fourth Avenue Portland, Gregon 97201  PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Mnoever, 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 rfraudulent statements or representations, or makes or uses any false, fictitious or document knowing the same to contain any false, fictitious or fraudulent statement 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 EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED a. Address C. Was it furnished with your own furniture? x Yes No	NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (If applicable)
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 faisifies 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 EADEN, Alex & Bessie (f)  2. DATE(S) OF MOVE 10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-3-4  a. Address	Portland Development Commission	Emanuel Project
NUMBER: ORE R-20  PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:  "Mnoever, 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 of 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 EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED A. Address Address Address Apartment, Floor, or Room Number C. Was it furnished with your own furniture? X Yes No  4. DWELLING UNIT TO WHICH YOU MOVED A. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number Oislocation Allowance Fixed Moving Payment (consult local agency)  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar 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 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 incurre		
"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  EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2.740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture?  x. Yes  No  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  Consult local agency  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code)  Or from storage?  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar 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 form 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.  11/1/11  Date  Signature of Claimant		ODE D-20
"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  EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2.740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture?  x. Yes  No  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  Consult local agency  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code)  Or from storage?  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar 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 form 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.  11/1/11  Date  Signature of Claimant	PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.	C. Title 18, Sec. 1001, provides:
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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  EADEN, Alex & Bessie  (f)  2. DATE(S) OF MOVE  10/29/71  3. DMELLING UNIT FROM WHICH YOU MOVED  a. Address		
entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."  1. FULL NAME OF CLAIMANT EADEN, Alex & Bessie (f)  2. DATE(S) OF MOVE 10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-3-4  a. Address d. Address d. Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  c. Was it furnished with your own furniture? d. Address (include ZIP Code) d. Address (include ZIP Code) d. Apartment, Floor, or Room Number consult of Claim for Storage Costs"  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance \$200.00 Fixed Moving Payment (consult local agency) Total \$500.00  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/11  Date  Signature of Claimant		
1. FULL NAME OF CLAIMANT  EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number  c. Was it furnished with your own furniture?  x. Yes  No  WELLING UNIT TO WHICH YOU MOVED  a. Address (include ZIP Code)  3520 N.E. 137th, Portland, Oregon 97230  b. Apartment, Floor, or Room Number  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment  (consult local agency)  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment  (consult local agency)  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  Signature of Claimant	document knowing the same to contain any false,	fictitious or fraudulent statement or
1. FULL NAME OF CLAIMANT EADEN, Alex & Bessie  2. DATE(S) OF MOVE  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture? x Yes No  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  10/29/71  A. Market Sapature of Claimant  Address  Andress  A. No Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Date Number of rooms occupied (excluding bathrooms, hallwa	entry, shall be fined not more than \$10,000 or in	mprisoned not more than five years,
EADEN, Alex & Bessie  10/29/71  3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture? x Yes  No  WELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon Pislocation Allowance Fixed Moving Payment (consult local agency)  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  EADEN ACASE Codes  Cluding bathrooms, hallways, and closes: 7  Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bathrooms, hallways, and closes: 7  Pare Date Number of rooms occupied (excluding bath	or both."	
3. DWELLING UNIT FROM WHICH YOU MOVED  a. Address  2740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture? x Yes  No  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  Costs"  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar 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 have been examined by me and are true correct and complete, and that I understand that, apar 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.  11/1/71  Date  Date		(f)
a. Address  2740 N. Vancouver, Portland, Oregon b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture? x Yes No  4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  5. TOTAL CLAIM (if 5 b. marked above) Dislocation Allowance \$200.00 Fixed Moving Payment 300.00 (consult local agency)  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  1. Number of rooms occupied (excluding bathrooms, hallways, and closes: 7 e. Date vounced into this and closes: 7 e. Date vounced into this address: 7 e. Date vounced into this and closes: 7 e. Date vounced into it and closes: 7 e. Date vounced into it and closes: 7 e. Date vounced into it it and closes: 7 e. Date vounced into this and closes: 7 e. Date	2. DATE(S) OF MOVE 10/29/71	
b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture? x Yes No  DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 3520 N.E. 137th, Portland, Oregon 97230 b. Apartment, Floor, or Room Number  Dislocation Allowance Fixed Moving Payment (consult local agency)  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other claim for, or received, reimbursement or compensation from any other days 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.  11/1/71  Date  Cluding bathrooms, hallways, and closes: 7  and closes: 7  b. Date you moved into this and closes: April, 1948  April, 1948  C. Were household goods moved to or from storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  Yes X No  If "Yes", complete table, "Statement of Claim for Storage?  If "Yes", complete table, "Statement of Claim for storage?  If "Yes X No  If "Y	3. DWELLING UNIT FROM WHICH YOU MOVED PARCE	L NO. RS-3-4
b. Apartment, Floor, or Room Number c. Was it furnished with your own furniture?	a. Address	d. Number of rooms occupied (ex-
c. Was it furnished with your own furniture?  x Yes No Address: April, 1948  4. DWELLING UNIT TO WHICH YOU MOVED  a. Address (include ZIP Code)	2740 N. Vancouver, Portland, Oregon	cluding bathrooms, hallways,
4. DWELLING UNIT TO WHICH YOU MOVED  a. Address (include ZIP Code)	b. Apartment, Floor, or Room Number	and closes: 7
4. DWELLING UNIT TO WHICH YOU MOVED  a. Address (include ZIP Code)  3520 N.E. 137th, Portland, Oregon 97230  b. Apartment, Floor, or Room Number  Yes X 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 300.00  (consult local agency)  Total \$500.00  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/11  Date  Signature of Claimant	c. Was it furnished with your own furniture?	
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b. Apartment, Floor, or Room Number	4. DWELLING UNIT TO WHICH YOU MOVED	
b. Apartment, Floor, or Room Number    Yes   X   No	a. Address (include ZIP Code)	c. Were household goods moved to
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Dislocation Allowance \$200.00  Fixed Moving Payment 300.00  (consult local agency)  Total \$500.00   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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  Signature of Claimant		HOLE CONTRACTOR SERVICE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR
Fixed Moving Payment (consult local agency)  Total \$ 500.00  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, apar from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this chaim 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.  11/1/71  Date  Signature of Claimant	5. TOTAL CLAIM (if 5 b. marked above)	
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Date Signature of Claimant	other applicable law, that this claim and intexamined by me and are true, correct and compared from the penalties and provisions of U.S.C. cable law, falsification of any item in this in forfeiture of the entire claim. I further other claim for, or received, reimbursement of the any item of loss or expense paid pursuant receipts submitted herewith accurately reflectives.	formation submitted herewith have been plete, and that I understand that, apart Title 18, Sec. 1001, and any other applichaim or submitted herewith may result restrict that I have not submitted any or compensation from any other source to this claim, and that any bills or compensation services actually performed
Date Signature of Claimant	11/1/71	

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

A 3	ME AND ADDRESS OF CLAIMANT:  lex & Bessie Eaden  520 N. E. 137th  ortland, Oregon 97230	NAME OF LOCAL AGENCY: Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201						
	TRUCTIONS: Attach this form to the pertine explanation of any difference between amount							
1.	Does claimant meet basic eligibility requirements? x YesNo							
	If "NO", explain:							
2.	Complete if claim if for a fixed payment is located in household storage space:	ncluding an amount for moving articles						
	Date items inspected:Month-Day-Year							
3.	If claim is for a self-move, does approved plishing the move through services of a conYesX							
	If "Yes," explain basis for approved amount	::						
4.	CERTIFICATION							
	I CERTIFY that I have examined the claim, have found it to be in accord with the appregulations issued by the Department of Hothereto. Therefore, the claim is hereby affollows:	licable provisions of Federal law and the						
_	(form continued on next page)							

## (For Local Agency Use Only)

)	lt em	Amount 1/	Authorized Signature	Date
Α.	Fixed Payment and Dislocation Allowance	\$		
	1. Fixed payment \$ 300.00			
	2. Dislocation allowance \$ 200.00		6.	
	3. Total \$ 500.00	500.00 -	Baw	11-2-
в.	Actual Moving and Related Expenses	\$		
	<ol> <li>Initial payment including, if applicable, storage and related costs in the amount of \$</li> </ol>			
	<ol> <li>Supplementary payment(s) for storage costs:</li> </ol>			
	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
11/3/11	276296	\$ 500,50	D		\$

# Pioneer National Title Insurance Company

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

East Multnomah

Branch Telephone: Ext. 211

No. 386894

ESCROW STATEMENT

Michael J. Hartigan and Wilma O. Hartigan, husb PROPERTY ADDRESS 3530 N.E. 137th Avenue DESCRIPTION Lot 5, Block 5, STRATHMORE	Debit		Credit	
DOCK J, DIOCK J, CIN.III.OND	\$		S	
Demand-Deposit for deed			25,000	00
Title Insurance Policy No. Owners!	145	00		
Escrow Fee 1/2	37	50		
TaxesPro rata share from 7-1-71 to 10-22-71	192			
City Liens				
Reconveyance				
RECORDING				3.74
Deed to				
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on S from to				
Oregon Multiple Listing Service for fee	25	00		
Paid S. J. Pounder Realty for real estate commission	1,725			
Paid for		No.		
Paid for				
	•			
	00 975	12		
Balance – Our Check Herewith	22,875	13		
Balance - Debit	25. 222	00	05 000	00
TOTAL	25,000	Diale Tee	25,000	00

This covers money settlement only. Any papers to which you are entitled will follow later. Pioneer National Title Insurance Company

Rosemary Leibo (Escrow Officer



# Pioneer National Title Insurance Company

227 N.E. 122ND AVENUE • P.O. BOX 16595 • PORTLAND, OREGON 97233 • TELEPHONE 224-0550

October 26, 1971

OREGON DIVISION

James Crowley Portland Development Commission 235 N. Monroe Portland, Oregon

ESCROW NO. 386894

RE: Hartigan to Eaden

In connection with the above numbered Escrow, we enclose the following:

(	x ) Statement of Receipts and Disbu	rsements	
(	) Our check #	in the sum of \$	
(	) Deed recorded	Book	Page
	records of	County,	
(	) Mortgage recorded	Book	Page
	records of	County,	
(	) Note dated	in the sum of	\$
(	) Title Insurance Policy No.	in the s	um of \$
(	) Fire Insurance Policy in the amo		

Thank you for your cooperation in this transaction--it was appreciated.

Any other documents to which you are entitled will be forwarded as soon as they are available.

Yours very truly,

Pioneer National Title Insurance Company

Rosemary Leibo, Escrow Officer

(P)

October 21, 1971 Pioneer National Title Insurance Co. 421 S. W. Stark Street Portland, Oregon 97204 ATTENTION: Jean Egberg Escrow Officer Re: Escrow No. 387338 Parcel No. RS-3-4 EADEN, Alex, Jr. and Bessie Lee Gentlemen: Enclosed is Warrant No. 104 EH in the amount of \$14,750 representing a replacement housing payment, to be deposited to subject escrow for disbursement to Mr. and Mrs. Eaden upon written authorization by the Commission for said release. Yours very truly, John B. Kenward Executive Director JBK:d1 Enclosure (1)

October 21, 1971 Pioneer National Title Insurance Company 421 S. W. Stark Street Portland, Oregon 97204 ATTENTION: Jean Egberg Escrow Officer Re: Escrow No. 387338 Parcel No. RS-3-4 EADEN, Alex, Jr. and Bessie Lee Gentlemen: You have in the above-identified escrow account the sum of \$14,750 representing a replacement housing payment. This is to certify that Mr. and Mrs. Eaden are purchasing a standard structure which complies with City Housing Regulations at 3520 N. E. 137th Avenue. You are hereby authorized to release said payment and disburse it in such manner as directed by Mr. and Mrs. Eaden. Yours very truly, John B. Kenward Executive Director JBK:dl

15 October, 1971

Portland Development Commission 235 N. Monroe Portland, Oregon 97227

Attention: Mr. Stan Jones

Gentlemen:

Request is hereby made for release of the Replacement Housing Payment of Alex and Bessie Eaden, 2740 N. Vancouver, to the escrow account of Michael J. and Wilma O. Hartigan, 3520 N.E. 137th upon recording of a deed from us. We will need to have funds to complete our transaction on another house as per agreement of the contract to sell. We will give possession to the purchaser (Eaden) three (3) days after recording of the deed.

cc: Alex Eaden

15 October, 1971 Portland Development Commission 235 N. Monroe Portland, Oregon 97227 Attention: Mr. Stan Jones Gentlemen: We agree to have the Replacement Housing Payment released to the escrow account of Michael J. and Wilma O. Hartigan, 3520 N.E. 137th upon recording of the deed as per agreement of the contract of sale for the property at 3520 N.E. 137th. We will take possession from the seller three (3) days after recording of the deed and occupy said premises no later than four days thereafter. Bessie Lee Edden. cc: Michael J. Hartigen

#### MEMORANDUM

Date: 10/18/71

TO:

Ben Webb

FROM:

Emanuel Site Office

SUBJECT:

Release of RHP from Escrow

Escrow Company:

Pioneer Title Insurance Co.

Escrow No .:

Parcel No.:

RS-3-4

Name:

Eaden, Alex Jr.

Moving Date:

within 3 days after recording of deed

The above client will relocate and will occupy the property which they purchased at 3520 N. E. 137th within three (3) days after recording of deed. The City Bureau of Buildings reports that the structure complys with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$14,750.00 upon recording of deed for the house at 3520 N. E. 137th.

6

Relocation Worker

15 October, 1971

Portland Development Commission 235 N. Monroe Portland, Oregon 97227

Attention: Mr. Stan Jones

Gentlemen:

We agree to have the Replacement Housing Payment released to the escrow account of Michael J. and Wilma O. Hartigan, 3520 N.E. 137th upon recording of the deed as per agreement of the contract of sale for the property at 3520 N.E. 137th. We will take possession from the seller three (3) days after recording of the deed and occupy said premises no later than four days thereafter.

cc: Michael J. Hartigan

Bessie Lee Eralen

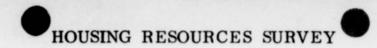
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1	Ä,	J.	10	No	
					-

owner Eaton		Address	Occupant Occupant	
Tenant		Address		
TTEM	SUBJECT	OFFERING #1	OFFERING #2	OFFERING #3
		age fillending to the file of the color of t		
Address No. of Rooms	RR Bath Total	BR Bath Total Rooms	BR Bath Total Rooms	ER. Josh Ford
Type				
State of Int.				
Type of Neighborhood				
Street Transouchments	163			
Weilability	EXCELLENT			
ios size				
for Suit				
Trucker & stem				
Resembni				
Garage Essitable Area				
Total Area				
Unfurnished   Extraordinary Amonities				

DATED this 3 day of Nov 197/.
The undersigned does hereby consent and agree that all
personal property left by me in the premises at
and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned
property and disposed of without incurring any obligation or
liability to account to me therefore.
Bessie Earless (Firm name)

by:



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

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

Analyst Date	e of survey	Tabulato	or	Date tabu	lated
Dwelling Unit No. 38 Structu					
Street Address 2740				No	
A. Status Of Relocation Assistance may be needed.  2. Why no assistance may be a Vacant.  b Will be vacated.  c Other reasons.	ed, yes, no be needed on the following date		it:		
B. Residents Of This Dwelling	g Unit Who May Need	Relocation A	Assistan	ce:	
Name	Family relation	Age	Sex	Occupation	
1. Eaton alex Or			M	CARPENTER	
2. 1 Besse h	wife	58	9	Housewife	
	- brandbanght	u 18 -	F	Student	
4. Holmes Rey		19	M	Sludent	
5					
6. 7.					
8.					
9.					
1. Jobholders in this house Names of jobholders  2. Monthly income from job Names of persons in this	Names of employers	Street	address	y persons in this hous	6
household who have income any source	from	In month be	efore I	n an average nonth during 1970	
				500000 est	
Total family or househol	ld income per month	\$	\$_	420,00	
D. Characteristics Of Replace  1. Location (indicate appro-  2. Transportation, number  3. Will rent house, appropriate approach (Furniture is owned, yes  4. Will buy house in price approach (Figure 1)  5. If now buying this house approach (Figure 1)  6. Size of unit to be sought (Figure 1)  1. Other characteristics	ximate cross streets of autos owned artment, expect s, no, stove range \$, do , how much are paym , number of bedroom er of bathrooms,	, use bus_to pay rent, and refriger with payment ents on contis_\(\frac{4}{2}\), kitch total sq. ft.	includir rator ow of \$_ cract or	walk_ g utilities, at \$ ned, yes, no, monthly payment mortgage monthly \$ dining room,	of \$
PDC-HRS-3	dite		6/	^^^	

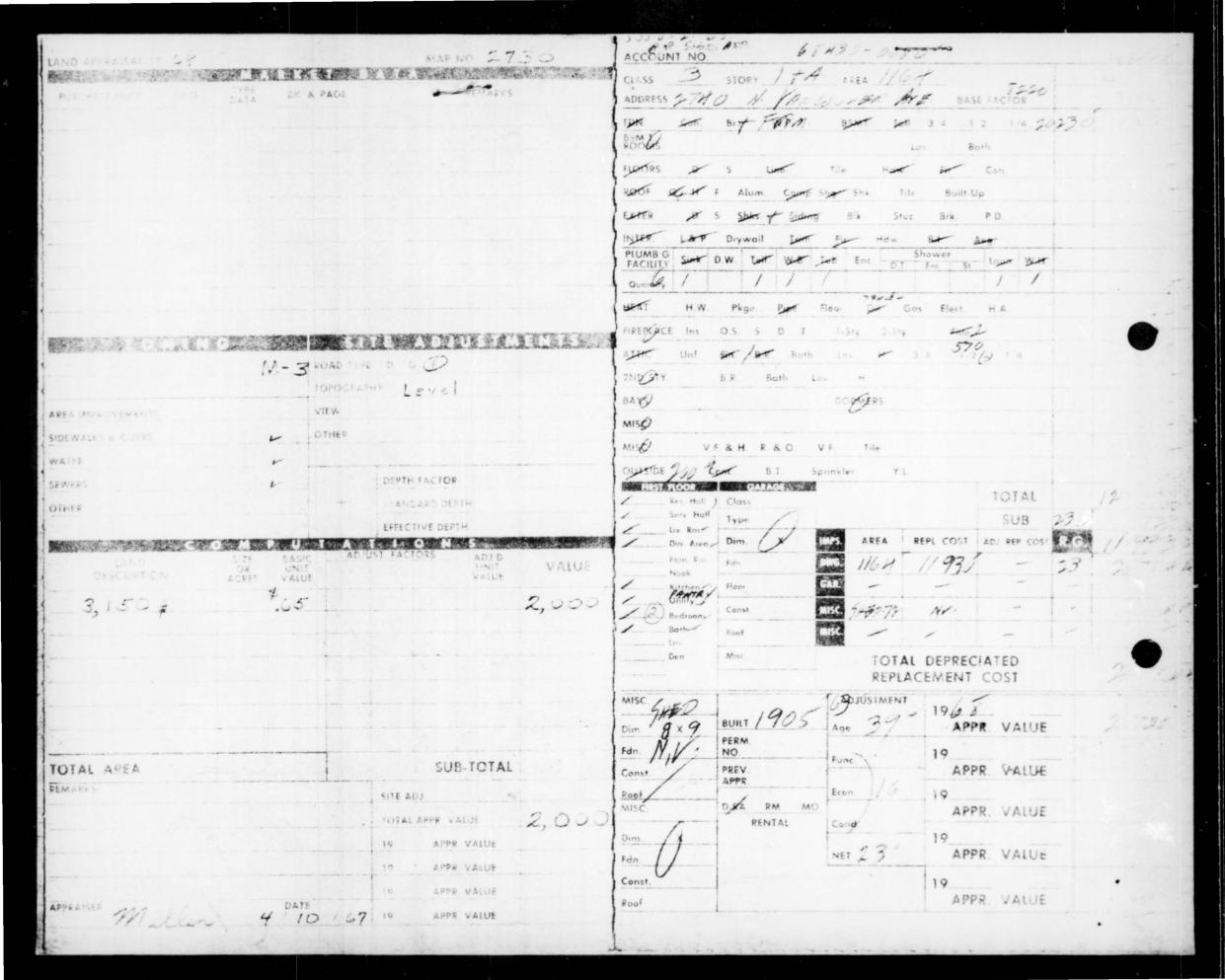
1-15-71

date on site;

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

Dwelling Unit No. 28 Structure No.	Tabulator Date  S Census Block No. 6 Census Tract No. 22 A Apartment No. —
TELEPHONE: 284-5787 TELEPHO	NAME & ADDRESS OF PROP. MGR:  NE:
I. DESCRIPTION OF STRUCTURE  Kind of dwelling unit  One-family house  Apt. in a house  Apt. in apt. bldg. or plex  Apt. in comm. bldg.  Mobile home or trailer  This structure has Stories (do not count basement)  II. OCCUPANCY STATUS OF DWELLING U  Owner occupied  Renter occupied  Vacant	Market value Computed value for entire per sq. ft. for structure this dw. unit  Land \$
III. SIZE OF DWELLING UNIT  Sq. ft. in first floor (county figure)  Sq. ft. in dwelling unit (if more than  Total no. of rooms (include kitchen, living and bedrooms, exclude bathro  No. of bathrooms  No. of bedrooms (rooms used mainly for sleeping)  Plus 2 kms used	dining, Electricity \$ oms) Gas Water Heat (oil, or other)
A. Dates or period of time  A. Dates or period of time  Period market value data applicate data data applicate data data applicate data applicate data applicate data data applicate data data applicate data data applicate	Deposits required of renter  Advance rent \$, other \$  Ble Rental information obtained from  Tenant, owner, manager, or
B. Market value data for one-family dwellin  Market  value  per sq. ft.  Land  Improvements  Total	VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER Listed with broker, yes no
nne une 1	VII. REMARKS

PDC-HRS-1 Rev. 1/21/71



1 1-68430-0680 EATON, ALEX JR & BESSIE a . Eaden 2730 MAP: ZONE:M3 2740 N VANCOUVER AVE RATIO: 1301 97227 PORTLAND, OREGON LVY C:001 LOT BLOCK RAILROAD SHOPS ADD 3 S 35' OF

PROPERTY ADDRESS: 2740 N VANCOUVER AVE PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL DECEMBER. ASSESS MIN DARKE YEAR RIGHTS 250 750 1000 07:0 67 2,000 2,700 4,700 68 2,080 2,800 4 880 00 71

N. YAL GOVETH - ODD APRANCEMENT ON X 188, SIM LOT - INDUSTRIAL LAND. YEAY HEAVY TRAFFIC + NOISE. no on Arroy PAINE 1967 Day R.M. REVIEWED BLOG COUNT INDEX RE-CHECKED NOTIFIED \* CHECKED REVIEWED AG 2'87 DATE MS 2 2 '07 462 '67 BASTIN - STIN CKLA

1287-5527 / 27,000 2800 n. E. Bryant. 10+x 60-> 3 bedroom ( wright . Jeff) FCD 1 Baponne 1'b both Living 1500 FM AM 1953 - 174RS Kitchen noon A24,350, FHA Lows Laurdry Patio Coner City Suspected Mer Water - cel June 15, 1971 Taxes - 600.00 2 fixe place -Fire alarm segnitem 10 lagut on Petio Dishevasher Oyclone Lence