	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			
Е 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 N	lo. A-2-5	Advisor
Client's	Name EDWARD	S. CHES	TER	Phone
Address	227 N.M	DARDE	Ethn	Age 4
Male	☐ Family [	Married	Renter/Occ	cupant
☐ Female	Individual	Single	Owner/Occi	ipant
Fami	ly Composition		Economic [	Data
Total Number in wife, hus	Family		Employer Congress Address Page 8	
Other: Relation	Age Relation Age		Other Source of	
			Total Monthly	Income \$ (500 -)
Eligible for Pub	olic Housing YES	NO NO	Presently Receiv	ving Welfare YES V
Eligible for Wel	fare YES	<b>⋈</b> NO	Other Assistance	
Eligible for (Ot	her) YES	M NO		
	splaced from real prope for Federal assistance			or after date of per- of budget for project:
	YES	□ NO		
Date of initial	Interview 2-22	-72	ate of info pamphle	et delivery
Date Notice to M	love given		ate Effective	Expires
CLAIMANT'S INITI	AL DATE OF OCCUPANCY			2-1-67
	ner-occupants - indica cancy and ownership	ate initial	date of	
Date of initiati	on of negotiations for	r purchase o	of property	11-22-71
Date of Acquisit	ion			
Date of letter o	of Intent			
Date of move				3-21-72

### DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	Age of Housing Unit 1924			
Private Rental	*	Duplex	Size of Habitable Area 780			
Other		Multiple Family	Furnished with claimant's furniture  YES / NO			
Total Number of Ro	ooms	4	Rent Paid \$ 62 - Utilities 26-			
Number of Bedrooms	s	- 2	Monthly Housing Payments \$ Taxes			
Liens \$		(please ex	plain)			
Acquisition Price	\$_		Amenities			
		REPLACE	MENT DWELLING UNIT			
Address		NE GARFI	LPA Referred Self Referred			
Private Sales	X	Single Family	Outside city Outside state			
Private Rental		Duplex	Age of Housing Unit 1926			
Other		Multiple Family	. Size of Habitable Area 13/3			
			No. of Rooms S No. of Bedrooms 2			
For Cla	iman	ts Who Purchased	For Claimants Who Rented			
Purchase Price of	Rep	lacement Dwelling	\$ 15,000 Rent \$			
Taxes \$		*C. 124 THORSE (1974)	Utilities \$			
RHP or TACO (inclu	udin	g incidental cost	s) \$ 2,553.50 Total Rent Assistance \$			
			Amount of Annual Payment \$			
No. of Housing Re	ferr	als to:	Agency Referrals:			
Standa			MCWHAPOTHER ()			
Standa	Standard RentFood StampLegal AidOther (					
Benefits Received						
Date		Ck #	TypeAmount \$			
			TypeAmount \$			

### RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CHES	TER, Edwards, Ch.	ester R	ELOCATION ADVISOR	CD
ADDRESS 227 N. Mor	nroe PHONE	288-1888 p	PROJECT NAME Emanuel H	lospital
SEX_M ETHN black	VETERAN	AGE 46 P	PARCEL NO. A-2-5	
MARITAL STATUS div	vorced TENURE te	nant	DATE ON SITE: Februa	ary 1 1967
DISABILITY	INDIV_ × FAM	ILY	INITIATION OF	
ELIGIBLE FOR: PUBL	IC HOUSING FHA	235	DATE OF	
RENT	SUPPLEMENTOTHE	ER	ACQUISITION:	
INITIAL INTERVIEW	2-22-72		ATE INFO PAMPHLET DELI	VERED
NOTICE TO MOVE	DATES EFFE	ECTIVE	EXPIRATION DATE	
NOTIFY IN CASE OF E	MERGENCY			
ECON	NOMIC DATA		FAMILY COMP	OSITION
Employer City of Address Park Bure MCW Social Security Pension	eau			elation Age
Other				
TOTAL MONT	THLY INCOME	\$_500.00		
	DWELLING	UNIT FROM WHI	ICH RELOCATED	
Subsidized Sales Subsidized Rental Public Housing Private Rental Private Sales Size of Habitable A	Single Family Multiple Family Duplex X Mobile Home Area 780 sq. ft.	S SS X	Age of Structure 192 No. Bedrooms 2 Fur Utilities \$ 26.00 Monthly Payments (Re Acquisition Price \$ Taxes \$ Eq Liens \$	nUnfurn
HOUS	SING REFERRALS		AGENCY REFER	RALS
Address		Bedrooms	Name of Agency	
			Multnomah County We	irare
			Food Stamp Program	
			Housing Authority	
			Legal Aid	
			FISH	
			Health Dept.	

AGENCY ACTION	:		REASONS				
Appeals							
Evicted							
Refused Assistance	e						
Address Unknown (							
Other (death, etc							
Series (Section Co.							
		TEM	PORARY REI	LOCAT I	<u>ON</u>		
Within Project	t	_	Date Addi	e Move	d In		
Outside Project	ct		Reas	son			
						***	
		REPLACE	MENT DWEL	LLING	UNIT		
Client Referred_				LPA R	eferred		
Address 5814 N.	F. Garfi	eld	Phone	283-42	287 Date of	Move Marc	h 21, 1972
			• • • • • • • • • • • • • • • • • •				
WHERE RELOCA		<del></del>					S SS
Same City		ubsidized S			Single Family		X
Outside City		ubsidized F			Multiple Fami	ily	
Out of State	F	ublic Hous	ing		Duplex		
	F	rivate Rent	tal		Mobile Home		
	F	riyate Sale	es	X			
Utilities \$	Mont	hly Payment	s (Rent)	\$	Purchase	Price \$ 15	,000
Age of Structure:	1	axes \$	Eq.	uity \$	Dis	stance Move	d Away
Name of Moving Con	mpany			N	ame of Realtor_	Stassens	
	ENEFITS P						4 15 000
RHP	CK #	Date			Purchase Price	3	\$ 15,000.
			\$				
TACO (Rental)			\$		Down Payment	\$	_
TACO (Rental)			\$				
TACO (Rental)			\$		RHP	\$ 2,553.5	0
TACO (Rental)	3/1 511		\$				
TACO (Sales)	361 EH		\$ 2,553		Total Down		- \$
Fixed Moving	361 EH.	3/31/72	\$ 420	.00_			\$
Actual Move			\$		Total Mortgage	9	\$
Storage			\$				
Incidental			\$				
Interest			\$				
TOTAL BENEFI	TS RECEIV	ED	\$ 2,973	.50			
REALTOR:		FSC	sow co			DEF LCER	
meneron.						JIT TOEK	

2/22/72

Made contact with Mr. Edwards and told him about the Emanuel Project. Also, I explained his benefit under the Relocation Act. He indicated that he would like to buy a house. Felt that it would be best because he does have a daughter by a previous marriage and wanted something to leave her.

He suggested that I find out what the property at 16th and Failing was selling for. I did find out and called Mr. Edwards - told him the place was sold and that they asked \$28,000 for it.

3/16/72

Got a call from Stassens Real Estate - Mr. Earl. He said Mr. Edwards had just bought a house and he would bring over the Earnest money receipt. After receiving E. R. I called Mr. Edwards to confirm that he really had bought a house on 5814 N. E. Garfield. Mr. Edwards was given immediate possession- the house was empty. Mr. Edwards bought the house on conventional loan.

Mr. Edwards is a single man and living in the project as a tenant. We paid him \$2000 and \$553 matching fund. He also got his moving money - relocation grant was applied to reduce the mortgage.

Mr. Edwards was very good to work with - he made his own selection and was very well counseled on his benefits.

File closed.

June 29, 1972

Don Stark

Chet Daniels

Parcel A-2-5, commonly known as: 227 N. Monroe

At present Mr. Billy Patterson is the tenant and occupies the house along with his mother (Mrs. Verla Thompson) and uncle, (Mr. Atis Johnson). They are paying \$80.00 per month as rent and have a month to month tenancy. Mr. Patterson took possession May 5, 1972 and has lived there approximately three months. Mr. Eugene Bonner, owner of the above property, is Mr. Billy Patterson's uncle.

Chet Daniels

Mr. Patterson moved into the above property in

March April 1972. The previous tenant was

Chester Edwards who occupied the the home

from Feb. 1, 1967 to Feb. 21, 1972 and paid

rent in the amount of \$62 / mouth. Mr. Edwards

was paid relocation benefits at the time of his

move.

Copy to Dan State

### PORTLAND DEVELOPMENT COMMISSION

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

361

EH

DATE March 31

. 19.72

PAY TO Transamerica Title Insurance Company

\$ 2,973.50

**DOLLARS** 

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
		Deposit in escrew for Chester Edwards. Housing Payment for Tenants per claim ( N. Monroe (Parcel A-2-5).		
		Lump sum RHP (Downpayment) Dislocation allowance Fixed payment - own furniture	\$2,553.50 200.00 	\$2,973.50

### **Account Distribution**

TITLE

AMOUNT

E 1501

Relocation Payment

(EH)

\$2,973.50

\$2,553.50)

(Fixed payment - Individual \$ 420.00)

PORTLAND DEVELOPMENT COMMISSION SITE OFFICE MANUEL HOSPITAL PROJECT ASS N. MONROE ST. PORTLAND, OREGON STEET PHONE 289-8168 March 29, 1972 1st National Bank of Oregon 5730 N. E. Union Portland, Oregon 97211 Attention: Mr. Betanoff RE: CHESTER EDWARDS Dear Mr Betanoff: Mr. Chester Edwards is eligible, based on his status as (a) tenent(s) in the Emenuel Hospital Project, to receive certain relocation benefits subject to the provision of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment of up to \$4,000 for a downpayment toward the purchase of a replacement dwelling unit, including the reasonable costs of expenses incurred incidental to the purchase of the replacement dwelling. Incidental expenses are limited to reasonable costs but not prepaid expenses or finance charges, and may Include the following: (1) Legal, closing and related costs including title search, preparing conveyance contracts, notary fees, surveys, preparing drawings on plats, and charges paid incident to recordation. (2) Lender, F. H. A. or V. A. appraisal fees. (3) F.H.A. or V.A. application fees. (4) Certification of structural soundness. (5) Credit Report. (6) Owner's and mortgagee's evidence or assurance of title. (7) Sales or transfer of taxes. (8) Escrow agent's fee. The Replacement Housing Payment, including incidental expenses, is subject to the following federal provisions: (1) The amount may not exceed the amount that would be required for a conventional loan; and

(2) If the claim is for more than \$2,000, the claiment must match dollar-for-dollar the amount in excess of \$2,000 up to a maximum payment of \$4,000. Thus, in this case Mr. Edwards is eligible to receive a maximum of \$2,553.50. to be applied towards the downpayment and eligible incidental expenses. The exact amount of the downpayment will depend upon the amount of eligible closing costs. From the "Cost Estimate" sheet furnished us by Stassen's Realtors we can estimate that \$107.00 will be applied toward eligible incidental expenses and the balance, \$2,446.50, would be applied on the downpayment. This payment of \$2,553.50 is dependent upon Mr. Edwards depositing the sum of \$553.00 additional to be applied to the downpayment, making a total downpayment of \$3,000.00. in addition Mr. Edwards will receive the sum of \$420.00 to cover his costs of moving. This sum may be deposited in ascrow and applied to cover the cost of reserves and additional closing costs not heretofore mentioned. We are most anxious to assist Mr. Edwards in any way possible to enable him to be satisfactorily felocated from this urban renewal project. Please feet free to call if you have any questions. Very truly yours, W. Stanley Jones Relocation Supervisor WSJ: SIC

# PAYMENT (FAMILIES AND INDIVIDUALS)

NAME	, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
	Portland Development Commission	Emanuel Hospital Project
	1700 SW Fourth Avenue	Project Number: ORER-20
DENIA	Portland, Oregon 97201 LTY FOR FALSE OR FRAUDULENT STATEMENT.	
	ever, in any matter within the jurisdict	
	ed States knowingly and willfully falsif	
	raudulent statements or representations,	
		se, fictitious or fraudulent statment or
	y, shall be fined not more than \$10,000	
or b	oth."	
1.	FULL NAME OF CLAIMANT	Family _x Individual
	EDWARDS, Chester	
2.	DATE(S) OF MOVE	
3.	DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. A-2-5
	a. Address	d. Number of rooms occupied (ex-
	227 N. Monroe, Portland, Oregon 97227	cluding bathrooms, hallways,
	b. Apartment, Floor, or Room Number	and closets: 4 plus storage
	c. Was it furnished with your own furnit	
	YesNo	address:
4.	DWELLING UNIT TO WHICH YOU MOVED	
	a. Address (include ZIP Code)	c. Were household goods moved to
	5814 N.E. Garfield, Portland, Oregon	
	b. Apartment, Floor, or Room Number	
		If 'Yes', complete table,
		"Statement of Claim for Storage Costs"
5, T	OTAL CLAIM (if 5 b. marked above)	
D	islocation Allowance \$200.00	
F	ixed Moving Payment 220.00	
	(Consult local agency)	Total \$ 420.00
6, 1	CERTIFY under the penalties and provision	ons of U.S.C. Title 18, Sec. 1001, and any
		information submitted herewith have been
		complete, and that I understand that, apart
		C. Title 18, Sec. 1001, and any other appli-
		his claim or submitted herewith may result
		ther certify that I have not submitted any
f	ther claim for, or received, reimbursement	uant to this claim, and that any bills or
re	eceipts submitted herewith accurately re	flect moving services actually performed
a	nd/or storage costs actually incurred.	-0
		11/1 6/1
	3-27-72	Chille sounds
	Date	Signature of Claimant

(For Local Agency Use Only)

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

Portland Development Commission ertinent claim form filed by claimant. Attach amounts approved.
requirements? Yes No
ment including an amount for moving articles
Year
proved amount exceed estimated cost of ces of a commercial mover or contractor?
Yes No
amount:
laim, and the substantiating documentation, th the applicable provisions of Federal law partment of Housing and Urban Development aim is hereby approved and payment is author-

### (For Local Agency Use Only)

lt em	Amount 1/	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$\frac{200.00}{2. Dislocation} allowance \$\frac{220.00}{2.00}	\		
3. Total \$ 420.00	420.00	B.C.	
B. Actual Moving and Related Expenses	\$		
<ol> <li>Initial payment including, if applicable, storage and related costs in the amount of \$</li> </ol>			
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
		\$			\$

### WORKSHEET FOR ALL MOVING CLAIMS

1.	Name Chester Edwards Project Fame / R-20
2.	Date(s) of move 3/2// Parcel No. 42-5
	Dwelling unit from which you moved:  Address 227 N. Monto No. of rooms 4 5 to 7 2 1 1 6 7
4.	Dwelling unit to which you moved:  Address 58/4 N. E. Gartie  Were goods moved to or from storage?YesNo
FIXE	Total claim \$ 220.00  ED PAYMENT: \$200 + \$ 220 = \$ 420  UAL MOVING COSTS
6.	Name of moving company (or person)
7. 9.	Mover's telephone 8. Mover's address 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 \$
STO	RAGE COSTS
	Name, address and ZIP code of storage company
Α.	Type of claiminitialsupplementaryfinal
В.	Storage period  1. Total period:months. Check one:ActualEstimated  2. Date property moved to storage:  3. Date property moved from storage:
c.	Storage Costs  1. Monthly rate 2. Total costs actually incurred 3. Amount previously received 4. Amount claimed (line 2 minus 3)  Storage Costs  \$
D.	Description of Property Stored: please list on back of this sheet.
E.	Method of Paymentreimburse client (attach receipt or paid bill)pay storage company directly (attach bill)

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	Y: PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Hospital Project
1700 SW Fourth Avenue Portland, Oregon 97201	PROJECT NUMBER: ORE R-20
INSTRUCTIONS: Complete all applicable items and	d sign certification in Blank 6. Con-
sult the displacing agency as to whether you need	
of Replacement Dwelling to complete and submit	
have moved into a rental unit. Omit Block 3 if	
dwelling unit. Complete only Blocks 1 and 5 if	
placed because of code enforcement or voluntary	
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	r makes any false, fictitious or fraudu-
lent statements or representations, or makes or	uses any false writing or document know-
ing the same to contain any false, fictitious of	r fraudulent statement or entry, shall be
fined not more than \$10,000 or imprisoned not me	ore than five years, or both."
1. FULL NAME OF CLAIMANT	
EDWARDS, Chester	Familyx Individual
2. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. A-2-5
a. Address:	d. Monthly rental: \$ 62.00
227 N. Monroe, Portland, Oregon 97227	e. Date you moved out of this
b. Apartment or room number:	dwelling: 3-21-72
c. Number of bedrooms: 2	Month-Day-Year
3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)	
a. Address (include ZIP Code):	d. Monthly rental: \$
	e. Date you moved into this
b. Apartment or room number:	dwelling:
c. Number of bedrooms:	Mont h-Day-Year
4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)	
a. Address (include ZIP Code):	d. Incidental expenses (total from
5814 N.E. Garfield, Portland, Oregon 9721	table on next page): \$ 107.00
b. Number of bedrooms: 3	e. Date you purchased this
c. Downpayment: \$ 3,000.00	dwelling: 3-16-72
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	d. Monthly rental for temporary
moved:	unit: \$
b. Address of dwelling unit to which you	e. Will you require temporary
moved (include ZIP code):	housing for more than 3 months
	Yes No
c. Date of move:	If "Yes", total number of
Month-Day-Year	months you will require tempor-
	ary 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.

Date

Signature of Claimant (s)

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

	FOR LOCAL AGENCY USE				
ltem (a)	Charged to Claim- ant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col.(b) + (c) (d)	Amount Approved (e)	
Credit Report	\$ 7.50	\$	\$ 7.50	\$ 7.50	-
Survey	15.00		15.00	15.00	V
Picture	4.50		4.50	4.50	V
Tax Service Fee	12.50		12.50	12.50	V
Recording Fee	10.00		10.00	10.00	V
Mortgagee's Title In	. 25.00		25.00	25.00	
½ Escrow Fee	32.50		32.50	32.50	V
TOTAL	\$ 107.00	\$	\$107.00 1/	\$107.00	

<sup>1/</sup> 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.)

NAME	E & ADDRESS OF CLIENT:	COMPUTATION PREPARED BY:
_		Date
A.	COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT	MOVED TO UNIT PURCHASED
	Required Information	7-11 00
	<ol> <li>Amount necessary for downpayment</li> <li>Costs incidental to purchase (Total amount by agency, from table on claim form, Column</li> </ol>	approved
	Computation	2150 90
	3. Base amount (Sum of Lines 1 and 2)	3 157 5
	NOTE: If Line 3 is \$2,000 or less, skip L 6 and enter the amount of Line 3 on	ines 4, 5, and 3, 107.00 Line 8 a.
	4. Amount on Line 3 in excess of \$2,000	
	Line 3	\$ 3,107.00
		- \$ 2,000.00 \$
	5. Amount on Line 4 divided by 2	1107.00 1,107.00
	Line 4	\$ 576. 553
	<ol> <li>Matching amount (If amount on Line 5 exceed enter \$2,000. Otherwise, enter the amount</li> </ol>	eds \$2,000,
	7. Base amount (Sum of amount on Line 6 and S	\$2,000)
	Line 6	\$ 376.00 553.50
		+ \$ 2,000.00
	8. Amount of downpayment assistance	2553.50
	a. Amount on Line 3 or Line 7	\$ 2576. 2553.50

Amount on Line 3 or Line 7

b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment)

(Enter this amount in the space provided in Block 4 on page one of this form.)

353.

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

	ME OF CLAIMANI EDWARDS, Chester	Parcel No. A-Z	2
NAI	ME OF LOCAL AGENCY PDC		
1.	Did the claimant rent or own the dwelling	at the time of acquisition? _x Yes	No
	Tenant's initial date of rental: 2-1-	-67	
	Date of Acquisition:n/a		
	Owner-Occupant's initial date of ownership	p:	
2.	Did the claimant rent or own the dwelling of negotiations? X Yes No	at least 90 days prior to the initiation	on
	Date of Rental or Purchase: 2-1-67		
	Date of Initiation of Negotiations:	-22-71	
3.	Has the replacement housing been inspected copy of dwelling inspection record or, if attach the report obtained from the claiman Date previously substandard dwelling was in	the claimant moved outside the locality ant.)x_YesNo	,
	Month-Day-	Year	
4.	CERTIFICATION OF LOCAL AGENCY This is to certify that, where required, the been inspected. I further certify that I is to be in accord with the applicable profissued by the Department of Housing and Urlander, this claim is hereby approved and pay	have examined this claim and have found ovisions of Federal Law and the regulation by Development pursuant thereto. There	ons
N.	authorized.	CBV 0	
	Date	Authorized Signature	
5.		Payment Check Number Amount	
	a. Claimant moved to rental unit (1) Lump-sum payment (2) Annual payment	\$	
	1st Year	<u> </u>	
	2nd Year	<u> </u>	
	3rd Year 4th Year	<u>\$</u>	
	b. Claimant moved to unit he purchased \$2553.50	\$	
	c. Homeowner temporarily displaced	\$	

Page 6.

TC0-6

WORKSHEET FOR ALL TCO CLAIMS

NAM	E AND ADDRESS OF DISPLACING AGENCY	PROJECT NAME
		PROJECT NO. R-20
١.	Full name of claimant:	FamilyIndividual
2.	Dwelling unit from which you moved:  a. Address 227 No Monroe  Portland Oregon	c. Number of bedrooms 2  d. Monthly rental \$ 62.24  e. Date displaced 3/2//72
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.	b. Number of bedrooms 3	97211 c. Downpayment \$ 3000.00
5.	For Code Enforcement or Voluntary Rehabita. Address from which you moved	nan 3 months?YesNo mporary housingmonths  Paid by Claimant Claimed Approved \$\$ \$\$
Det	ermination	
	Did claimant rent or own at time of acquired tenant's initial date of rental Date of acquisition NA	1/67
2.	사람들은 사람들이 하는 사람들이 되었다. 그렇게 하는 사람들이 되었다면 하는 것이 없는 것이 없었다.	o initiation of negotiations?No
3.	Is replacement housing standard? You If previously substandard, date found standard	esNo
4.	Certification:	
	(Amount of this claim \$2553.50	_)

#### PORTLAND DEVELOPMENT COMMISSION

BITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHOAE 280-8166

November 22, 1971

Nr. Chester Edwards 227 N. Monroe Portland, Oregon

Dear Mr. Edwards

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summery of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please thank with us before making any nove. If you are unable to come during out require affice hours - 8:30 c.m. to 5:00 p.m., Monday through Friday, an elegated appointment can be arranged by calling 200-0:09.7 Our office is located at \$35 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

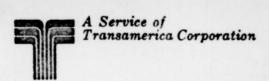
Benjamin C. Webb Chief, Relocation and Property Management

BCW: ch Enclosure

Spec	ediset ® Moore Business Forms, Incm		4551
OREGON ASSOCIATION OF R			
		oregon, March	16 19 72
1. Received of CHESTER EDWARDS ( B			hereinafter called "purchaser,"
2. The sum of \$ 500,00 in the form of (check,	cash note as earnest money and part p	ayment for the purchase of the	following described real estate
Lot 15, Block 21, Piedmont "ist	. Also known as 581	and State of Oregon, to wit: 4 N. E. Garlie	ld, Portland,
5. Ore.  6. for the sum of FIFTEEN THOUSAND AND NO	which we have this day so	ld to the said purchaser, subje	to the approval of the seller,
7. on the following terms, to wit: The sum, hereinabove receipted for	r, of	\$ 500.00	,,17,000.00
8. on Owner's acceptance	the sum of	5;	
9. Upon acceptance of title and delivery of deed or general the sur 10. The balance of TWELVE THOUSAND AND NO	- al	• 2500.00 ·	3,000,00 12,000.00
11. payable as follows: By obtaining a convent	tional loan in the a	mount \$12.000.	00. Purchaser
13 This offer subject to payment of			
u costs) in relocation benefits u	inder The Uniform Re	elocation Act o	f 9970. through
15. the Portland Development Commiss. 16. The purchaser shall reimburse the seller for sums held in the reserve	account on any indebtedness assumed in t	his transaction in addition to th	wer and con, It
18. showing good and marketable title. Prior to closing the transaction 19. company showing the condition of the title to said property. It is agraved to secure seller's acceptance, or if the title to the said premises in 21. defects is delivered to seller, or if the seller, having approved soin 22. acceptance by the purchaser of the refund does not constitute a waive 23. But if the above sale is approved by the seller and the title 24. ditions of this sale within ten days from the furnishing of a process of the seller and the title 25. additional earnest money, herein receipted for shall be forfeited to the 26. seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller as liquidated damages and this contract thereupon shall be of missing the seller.	n, the seller, upon request, will furnish reed that if the seller does not approve this not marketable, or cannot be made so id sale fails to consummate the same, the of other remedies available to him. to the said premises is marketable, and eliminary title report and to make payme undersigned Realtor to the extent of his constants.	to the purchaser a preliminary rate above sale within the period within thirty days after notice contains a second through the purchaser neglects or refuser ents promptly, as hereinabove suggested upon fee, and the residue	eport made by a title insurance allowed Realtor below in which ontaining a written statement of d for shall be refunded, but the s to comply with any of the conet forth, the earnest money and, if any, shall be retained by the
27. except zoning ordinances, building and use restrictions, reservations in			
20.			
29. All light fixtures and bulbs, fluorescent lamps, Venetian blinds, 30. and drapery rods, shrubs and trees, and irrigation, plumbing and he	window and door screens, storm windows eating equipment, except fireplace equip	and doors, linoleum, attached te ment that is not attached in any	elevision antennas, curtain, towel manner to the structure, and all
31. fixtures except <b>NONE</b> 32. are to be left upon the premises as part of the property purchased. T	he following personal property is also inc	luded as part of the property pu	rchased for said purchase price:
w/W carpet, in living room, d:	inning room and hall	1.	and the second
38. the above described premises is to be delivered to the purchaser on 39. regulations will permit removal of tenants, if any. Time is of the esse 40. a rental agreement at \$1.00 per 41. Said agreement not to exceed \$2. Realter's Address: 6025 N. E. Sandy Blvd.	r month allowing but (2) months. (2) Bo	Seller agrees	to execute possession, Preace LIFE !!YS
43. Realter's Phone 288-8871	By:	Glever X. 6	on one
44. AGREEMENT TO PURCHASE	Date March 16,	1972	:
	nce hereof, during which period my offer		
47. pared in the name of CHESTER EDW. 48. I acknowledge receip of a copy of the foregoing offer to buy and	dearnest money receipt bearing my signate	ure gnd that of the Realton	1 11
49. Address 3726 NE 10 ZT.		Hester Es	huards
50. Phone 288-1888-	PURCHASER:		
61.AGREEMENT TO SELL	Date_3/16		:A.MP.M. 82
52. I hereby approve and accept the sale of the above described pro- 53. policy continued to date as aforesaid showing good and marketable to the sale of the sale of the above described pro-	title, also the said deed or contract.		gree to furnish a title insurance
45 Phone 287-1392	SELLER: SONNIS	- Of Board	
	SELLER: O. D. L.	10 1 Day	maen
56. DELIVERY TO PURCHASER 57. The undersigned purchaser acknowledges receipt of the foregoing ed	Date	and that of the seller showing a	Grantonia
	(10//	ita Poli	ua de
59. SELLERS CLOSING INSTRUCTIONS & FEE AGREEN	AENT Date 3//	6 1,72	_
60. I agree to pay forthwith to the above named Realtor a fee ame 61. I authorize said Realtor to order title insurance at my exp. 62. title insurance, and recording fees, if any, as well as any enc 63. Trust Account, or in a neutral escrow depository, the above describ 64. of this contract bearing my signature and that of the purchaser name	ounting to \$2000 ense and further authorize him to pa numbrances on said premises payable by bed earnest money deposit until needed in	y out of the cash proceeds of me at or before closing. I instru	ct Realtor to place in his Clients
65. Address 535 41, E. Monroe	Wife SELLER: X Sonn	read. De	orole
66. Phone 28.7-724	SELLER: ANDE	N 7 BOU	iach/
REALTOR'S COPY	THIS IS A LEGALLY BINDING CONTRA	CT. IF NOT UNDERSTOOD	SEEK COMPETENT ADVICE

3612.00	needler 2500 2000
3000.00	Meetite + 500.00 Canh 2500 3000
612 00	money Workstassens Realtors  BUYER'S MOVE IN COST ESTIMATE
420,00.4	BUYER'S MOVE IN COST ESTIMATE
\$192.00	det
	EUYER CHESTER EDWARUSSON 3200
	PROPERTY ADDRESS 5819 NE GARFIELD 4/2
,	Sale Price
	DOWN PAYMENT
	LOAN COST: Ectimated
	Loan Fee  Acsumption Fee  Credit Report.  Survey  Ficture.  Tax Service Fee.  Recording Fee  Mortgagee's Title Ins. (Based on sales price). ac. \$ 25.000
	Drafting of Contract
	RESERVES & PRO-RATES: Estimated
	Froperty Tax (10 mo.)
	TOTAL Estimated Reserves
	TOTAL ESTIMATED CASH OUTLAY
	Total Estimated Cash Outlay
	The undersigned purchaser hereby acknowledges receipt of a copy of this estimate.
	Received by: Submitted by: Oliver Coll.
	This transaction will be closed in escrow. Closing papers and final settlement figures are the responsibility of the escrow agent - not the Real Estate agent.  The figures are estimates only and are not guaranteed to be complete or accurate.
	553 85 538 70 505 720 730 730 730 730 730 730 730 73

### Transamerica Title Insurance Co



### **ESCROW DEPARTMENT**

	Escrow No.	34170
Chester Edwards	Order No	41-30693
	Date	
	Adjustment Da	ate
Seller: Bowden Lonnie Lx		-
Seller: Bowden, Lonnie Lx o Drop: 5814 N.E. Garfield	CHARGES	CREDITS
Purchase Price	15,000.00	from PDC
Pro Rata Real Estate Taxes	?	
Pro Rata Fire Insurance New	57.00	N
Escrow Fee		0 32.50
Recording		10.00
Mortgage Title Insurance		25.00
MORTGAGE LOAN COSTS:		
Service Charge	3	11/200100000000000000000000000000000000
Credit Report		7.50
Appraisal Fee	7	7.50
Interest Adjustment	2	
	·	15-00
Survey Certification Charge		15.00
MORTGAGE LOAN RESERVES:	2	
F.H.A. Mortgage Insurance 1 mo.	2	
Real Estate Taxesmoper mo	7	
Fire Insurancemoper mo	/	12
Mortgage Loan  Lent as per E/m agree.  Earnest Money Deposit	1, 00	12,000.00
Deposit in Escrow		
Cr. From PLLC		2,446.50
Cr. From PDC Cr. From PDC		420.00
		1-
To Balance		
PURCHASERS STATEMENT (Mortg	age)	2553.50
6		2973.50
55350		2713.00
1107.		

CONNIE McCREADY

COMMISSIONER

DEPARTMENT OF PUBLIC UTILITIES



### CITY OF PORTLAND OREGON

97204

March 27, 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: 5814 N. E. Garfield Avenue

Attn: Chet Daniels

Dear Sirs:

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

Our inspection indicates that the structures comply with City of Portland Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

Chief Housing Inspector

CMC:ms

cc: Portland Dev. Commission 5630 N. E. Union Avenue

E. G. Stassens Realty 6025 N. E. Sandy Blvd. DATED this 28 day of 3 1972.

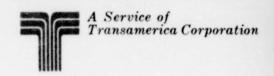
The undersigned does hereby consent and agree that all personal property left by me in the premises at 5814 WE C. E 227 M Monroe, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

by Wester Edwards

### Dwelling Unit Inventory

QUANTITY	QUANTITY
Beds & Springs	Night Stand
Bedroom Chair	Occasional Chair
Breakfast Table	Overstuffed Chair
Breakfast Table Chairs	Overstuffed Rocker
Bridge Lamp & Shade	Range
Buffet	Refrigerator: Brand
	Rocker
Coffee Table	Rug & Pad: Size
Couch	Stool
Davenport	Table Lamp & Shade
Desk	
Dining Table	Vanity & Bench
Dining Chairs	Suitcases
Dresser	
End Table	Cartons, Boxes, Etc.
Floor Lamp & Shade	Clothes
Mirror	Bedding & Linens
Miscellaneous (List I	tems)
TV -2	
Mise. items in Borement	
111se. Items in Borement	

COMMENTS:



### Transamerica Title Insurance Co

April 13, 1972

Mr. Chet Daniels Portland Development Commission 235 N. Monroe Portland, Oregon Re: Bowden/Edwards

Prop: 5814 N.E. Garfield

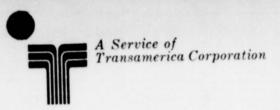
Dear Mr. Daniels:

As per our conversation of 4/13/72, enclosed please find statement with the figures as far as I can go until I know a closing date and First National Bank sends me their loan papers.

If this is not satisfactory, please call.

Very truly yours,

Joanne Arnold Escrow Closer

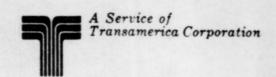


# Transamerica Title Insurance Co

May 18, 1972

Escrow No. 34170	Re: Bowden / Edwards
Property Address 5814 N.E.	Garfield
Mr. Chet Danies Portland Development Co. 235 North Monroe Portland, Oregon	
Dear Mr. Daniels, In connection with your <u>loan</u> the above address, we enclose	of the following:
Buyers (X) Closing Statement	( ) Real Estate Mortgage
( ) Title Insurance Policy	( ) Promissory Note
( ) Warranty Deed	( ) Check in the amount of \$
( ) Real Estate Contract	( ) Trust Deed
( ) Assignment of Real Estate Contract - Vendor	()
( ) Assignment of Real Estate Contract - Vendee	()
() Bill of Sale	() (Original) (Copy) of Fire Insurance Folicy No.  Yours very truly,  Grife Guillaume-Escrew Secretary Escrow Department

# Transamerica Title Insurance Co



Escrow No.

### **ESCROW DEPARTMENT**

	Order No. 41-30693	
EDWARDS, Chester		
	Date	5-17-72
SELLER: BOWDEN, Lennie L. and Loretta J.	Adjustment	Date 5-1-72
PROP: 5814 N.R. Garfield		
	CHARGES	CREDITS
Purchase Price	\$15,000.00	
Pro Rata Real Estate Taxes 3351.86 1971-72 5-1-72 to 7-1-72		
Pro Rata Fire Insurance	57.00	
Mujtacack County Nov. Steeps	16.50	
Escrow Fee 1/2 of \$65.00	32,50	
Recording W/D and 1D		
Mortgage Title Insurance	6.00	
MORTGAGE LOAN COSTS:	50.00	
Service Charge		
	120.00	
Credit Report	5.50	
Appraisal Fee		
Interest Adjustment 12.50 70 . 16 days 5-16-72 to 6-1-72	41.44	
Survey Certification Charge Tax Ser. Pec	15.00	
MORTGAGE LOAN RESERVES:	12.50	
Extract Mariage Insurance in the costs from PDC		\$ 107.00
Real Estate Taxes mo. #33.73 per mo	949.04	7 207.00
	269.84	
Fire Insurance mo per mo	9.50	
fortgage Loan		12,000.00
Earnest Money Deposit Bal. of \$2,973.50 loss 420.00 from PDC		420.00
Deposit in Escrow From Portland Dev. Com.		2,446.50
Deposit in Resrew		834,73
Rental agreement pay to Souden	101.00	
	\$15,795.42	\$15,808,23
To Balance	12.81	,,
	10.51	
	816 BAG 99	411 444 44

PURCHASERS STATEMENT (Mortgage)

April 5, 1972 Transamerica Title Insurance Co. 9906 N. E. Halsey Portland, Oregon 97220 Attn: Mrs. Arnold Re: Escrow Account No. 34170 EDWARDS, Chester Gentlemen: Enclosed is our warrant, number 361 EH, In the amount of \$2,973.50 to be applied towards the purchase of the house at 5814 N. E. Garfield, Portland, Oregon in the following manner: Credit Report 7.50 Survey 15.00 4.50 Pictures 12.50 Tax Service Fee Recording Fee 10.00 25.00 Mortgagee's Title Ins. 32.50 Escrow Fee 2,586.50 Down Payment The balance of the payment, not specifically shown above, in the sum of \$420.00 may be used to apply to reserves, and other costs incidental to closing as directed by Mr. Edwards, with any balance to be refunded to him. Please send us a copy of the closing statement verifying that the above listed sums were applied as stated and also verifying that Mr. Edwards deposited an additional \$553.50 that was applied to the downpayment. Please call us if you have any questions regarding allocation of the above funds. Very truly yours, W. Stanley Jones Relocation Supervisor WSJ:sic enc losure

March 27, 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 to Tenants and Certain Others, in the sum of \$2,553.00, and my check for a Dislocation Allowance and a Fixed Payment for Moving Expenses in the sum of \$420.00, payable to Transamerica Title Insurance Co.. Said check to be deposited to escrow account #34170 at Transamerica Title, 9906 N. E. Halsey, Portland, Oregon for the purchase of the house at 5814 N. E. Garfield, Portland, Oregon.

Chester Edwards

ROBERTARIU DEVELOPRIRES CARRESTONIA.

Atan: Mr. Dauglas

Re: CHESTER COMMES

Seer M. Douglast

Chester fences

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March 27, 1972

Portland Development Commission 235 N. Monroe Portland, Oregon 97227

Attention: Chet Daniels

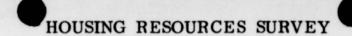
Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2,553.00, and my check for a Dislocation Allowance and a fixed Payment for Moving Expenses in the sum of \$420.00, payable to Transamerica Title Insurance Co.. Said check to be deposited to escrow account #34170 at Transamerica Title, 9906 N. E. Halsey, Portland, Oregon for the purchase of the house at 5814 N. E. Garfield, Portland, Oregon.



RELOCATION WORKER C. Daniels	PROJECT NO. P.20 PARCEL A2-5
NAME Chester Edwards ADDRES	S 227 N. Monroe APT NO.
PHONE 283-1287INITIAL INTERVIEW	122/7/ SEX M W NW B AGE 46
U.S. CITIZEN ALIEN VETERAN	SERVICEMAN DATE ON SITE 2/1/69
FAMILY COMPOSITION	
Rent 620, Inc.Heat Water Gas Ga ELIGIBILITY FOR PUBLIC HOUSING: (yes or	Employer: Name  Address  Park Bureau  MCW Caseworker  Social Security  Va. Fed. Mult Co.  Pension: Name  Other: Name  TOTAL MONTHLY INCOME  TOTAL MONTHLY INCOME
	Income below limits Assets below limits
Notify in case of accident:	Phone on by
Notice to move given to	on by
Payments: Amount \$ Check No moved by moving company	Date delivered Moved by self (or) (Phone)
REMOVED FROM CASELOAD: Refused assistance Relocated in: Low-rent public housing Other perm. public housing Standard priv. rent. hsg. Sub-standard priv. rent hgs. with refusal of further aid Standard sales housing Sub-standard sales hsg. Out-of-town Address unknown, abandoned	Temporarily relocated by LPA within project: address outside project: address
Evicted, no further	FAMILY REFUSED ADDITIONAL ASSISTANCE:
ossistance Other (explain)	Date Worker
other (explain)	
RELOCATION REFERRALS:	
Address	Inspection Certified By Date
Stassen B.E. about House 16th & Fa	
NEW ADDRESS: 5814 N.E. Gar	field Moved 3/21/72 283-4287
	Zip Phone

Made contact with Mi Edward and Fold him Feb, 22, 1972 about the Eminue Project. Also, I emploised his benefit onder Helacation Act. He indicated that he would like to buy a house. Felt that it would be best because he does have p doughter by a previous married and wonted Southething to Legie her I find out what the property at 16th & failing was selling for I Did find out and call Mr. Edward - Told him the place was sold and that they had asked 28000, for it. Mar. 16,1972 Got call from Storsen Real Estate & Mr Earl. He said Mr Edwards had just bought, a house and he woold bring over the Earnest Money Recieft, after merening EM I called My Edwards to confirm that he really had bought a house on 5844 N.E. Garfield - Mr. Edward was given emediate possession - house was empty. Mr. Edward bought the the project as a tenant. We poid him 2000. + 553. Molehing fund, He also got his Moving money - Relocation grant was applied to reduce the mortgage,
we selection and was very good to work with he mide his
File closed



# RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

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

Dwelling Unit No. 7 Structure No. 7 Street Address 227 N Monroe	Census Block No. 28 Census	Tract No. 22A
A. Status Of Relocation Assistance Needs  1. Assistance may be needed, yes  2. Why no assistance may be needed  a Vacant  b Will be vacated on the follow  c Other reasons	, no wing date	
B. Residents Of This Dwelling Unit Who M	May Need Relocation Assistance	:
1. Edwards, Chester Head of h		Occupation Costobian
3		
6. 7.		
8. 9.		
1. Jobholders in this household, employ Names of jobholders  Chater Edward.  PARK But	yers and location of jobs: nployers Street address w	whiel 5
2. Monthly income from jobs and from Names of persons in this household who have income from	Amount of income per In month before In a	r month
any source Chapter Edwards.	this survey mor	
Total family or household income pe	er month \$ \$	
<ul> <li>D. Characteristics Of Replacement Housi</li> <li>1. Location (indicate approximate cross</li> <li>2. Transportation, number of autos ow</li> <li>3. Will rent house, apartment</li> </ul>	ned, use bus, wa	ılk
(Furniture is owned, yes, no4. Will buy house in price range \$5. If now buying this house, how much	, stove and refrigerator owne , down payment of \$	ed, yes, no _, monthly payment of \$
<ul> <li>6. Size of unit to be sought, number of living room, number of bathroom</li> <li>7. Other characteristics W 0 (B) I</li> </ul>	bedrooms, kitchen, di oms, total sq. ft. in dwelling	ining room,

PDC-HRS-3 1-15-71

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

Analyst Surveyed 2 2 Co	7/Tabulator Date Date Census Tract No. 22 A
Street Address Apartment No Legal Description	
Chester Edwards Eugene C & Vic	
TELEPHONE: TELEPHONE: 38	TELEPHONE:  INTERVIEWED? () Yes () No
I. DESCRIPTION OF STRUCTURE  Kind of dwelling unit No. of units in bldg.  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 UNIT Owner occupied Renter occupied Vacant	C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.  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 1 floor)  Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  No. of bathrooms  No. of bedrooms (rooms used mainly for sleeping)	
IV. ASSESSOR'S MARKET VALUATION DATA  A. Dates or period of time  1971 Period market value data applicable  5/8/67 Date of last appraisal  1924 Date structure was originally built	Deposits required of renter Advance rent \$, other \$  Rental information obtained from Tenant, owner, manager, or estimated from assessor's data
B. Market value data for one-family dwelling  Market  Value  Value  Per sq. ft.  Land  Samprovements  Total	VI. FOR SALE INFORMATION FOR THIS HOUSE  THAT IS OCCUPIED BY OWNER OR RENTER Listed with broker, yes, no Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months
PDC-HRS-1	VII. REMARKS

Rev. 1/21/71

ZONE: A25 3926 N VANCOUVER AVE **RATIO: 1401** PORTLAND OREGON LVY C:001 BLOCK LOT ALBINA ADD OH EXE 12 2 30 PROPERTY ADDRESS: 227 N MONROE ST ATT 26 PORTLAND Gen APPEALS: SUMMARY - ASSESSED VALUATION - REAL PROPERTY CCP ASSESS. MIN. LAND TIMBER YEAR RIGHTS 16 1968 3650 1650 5300 1971 3,790 1,710 5,500 14201 227 N. Mouroe AVE. OR ST. G 4/ P on of Amore modern home in a old rundown Dist. Not best 19nd UST Pelow AV. OS. Cond 2/13/68 CHECKED REVIEWED BLOG COUNT INDEX RECHECKED 160 29.68 3 25 68 Julus M 12 67 KUBLI

1 1-00990-0330 BONNER, EUGENE C & VIOLA

97227

uD

MAP: 2730

以上一日 日本在東京 日本日本 日本田福安十二日本中

