

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

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. E-4-7 Advisor VC

Client's Name Howards, Annie Phone \_\_\_\_\_

Address 423 N. Russell Ethn Black Age 35

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

Family Composition

Total Number in Family 3

2 wife, husband

Other: Relation Age Relation Age

<u>dat.</u>	<u>1</u>		

Economic Data

Employer Mendale \$ 440.00

Address \_\_\_\_\_

Other Source of Income  
WEIFARE \$ 117.00

Total Monthly Income \$ (557.00)

- Eligible for Public Housing  YES  NO  
 Eligible for Welfare  YES  NO  
 Eligible for (Other)  YES  NO

- Presently Receiving Welfare  YES  NO  
 Other Assistance \_\_\_\_\_  
 \_\_\_\_\_

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

- YES  NO

Date of initial interview 5/70 Date of Info pamphlet delivery \_\_\_\_\_

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

CLAIMANT'S INITIAL DATE OF OCCUPANCY

5-15-1971

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

Date of initiation of negotiations for purchase of property 5-18-71

Date of Acquisition 6-11-71

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

Date of move 9-8-71

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit B-1900  
 ✓ Size of Habitable Area 490 sq ft  
 Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 Rent Paid \$ 63.00 Utilities \_\_\_\_\_  
 Number of Bedrooms 2 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 430 N.E. Morgan  
306 N.E. THOMPSON

LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

✓ Age of Housing Unit 60 Plus  
 ✓ Size of Habitable Area 500 sq ft  
 ✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ 0  
 Amount of Annual Payment \$ \_\_\_\_\_

MC ONLY

No. of Housing Referrals to:

Agency Referrals:

2 Standard Sales  
1 Standard Rent

MCW \_\_\_\_\_ HAP \_\_\_\_\_ 2 OTHER (Emp)  
 \_\_\_\_\_ Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME FLOWERS, Lonnie RELOCATION ADVISOR JCrolley  
 ADDRESS 423 N. Russell PHONE \_\_\_\_\_ PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN \_\_\_\_\_ AGE 35 PARCEL NO. E-4-7  
 MARITAL STATUS married TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 5-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>May 15, 1971</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer Mendale \$ 2.75 per hr.  
 Address Columbia Blvd.  
 MCW I Woods- caseworker 117.00 mo.  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

FAMILY COMPOSITION

Name	Relation	Age
Phylis (Bright)	wife	23
Nellie Kay	daughter	infant

DWELLING UNIT FROM WHICH RELOCATED

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

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

Age of Structure \_\_\_\_\_ No. Rooms \_\_\_\_\_  
 No. Bedrooms \_\_\_\_\_ Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 63.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

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

REPLACEMENT DWELLING UNIT

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

Address 306 N. E. Thompson Phone 287-6668 Date of Move 9/8/71

WHERE RELOCATED:

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

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

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

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

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

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27060 G	9/30/71	\$ 230.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

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

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

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

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

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

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

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 27060 G

DATE September 30, 19 71

PAY TO THE  
 ORDER OF

**Lonnie Flowers**

\$ **101.46**

**DOLLARS**

THE FIRST NATIONAL BANK OF OREGON  
 S.W. Fifth and College Branch  
 Portland, Oregon

**NON-NEGOTIABLE**

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation - move from 423 N Russell - Apt. 1 - (E-4-7) to 306 NE Thompson ... Dislocation allowance \$200.00 Fixed payment - unfurn. <u>30.00</u> 230.00 LESS rent due - PDC deducted <u>(128.54)</u>	\$101.46

**Account Distribution**

NO.	TITLE		AMOUNT
E1122	A/R - tenants	EH	(\$128.54)
E1501	Relo Payment	EH	<u>230.00</u>
			\$101.46

*Lonnie Flowers*  
*received 10-1-71*

*[Handwritten mark]*

*[Handwritten mark]*

PLEASE DEDUCT RENT IN THE SUM OF \$128.54, PER  
CLAIMANT'S WRITTEN INSTRUCTIONS ATTACHED.

Doug:

This rent is for the period 6/11/71 thru 9/8/71,  
at 423 N. Russell, Apt. #1.

Sandi

Total Claim:	\$230.00
Rent to be deducted	<u>128.54</u>
Check payable to LONNIE FLOWERS	<u><u>\$101.46</u></u>



APPENDIX 4. GUIDEFORM CLAIM FOR RELOCATION PAYMENT FOR  
MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201		PROJECT NUMBER ORE R-20
<p>INSTRUCTIONS: If claim is for a fixed payment, complete items 1 through 6 and item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable), complete items 1 through 12. If an item does not apply, write "None" in the space.</p> <p>WARNING FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."</p>		
1. FULL NAME OF CLAIMANT FLOWERS, Lonnie		(f)
2. DATE(S) OF MOVE 9/8/71		
3. DWELLING UNIT FROM WHICH YOU MOVED (E-4-7)		
a. Address <u>423 N. Russell, Apt. #1</u> <u>Portland, Oregon 97201</u>		d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>2</u>
b. Apartment, Floor, or Room Number: <u>#1</u>		e. Date you moved into this address: <u>May 15, 1971</u>
c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. DWELLING UNIT TO WHICH YOU MOVED		
a. Address (include ZIP Code) <u>306 NE Thompson</u> <u>Portland, Oregon</u>		c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number: <u>----</u>		
5. TYPE OF PAYMENT DESIRED		
Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) <input checked="" type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
6. TOTAL CLAIM (If claim is for fixed payment, consult local agency. If claim is for reimbursement of actual moving expenses and/or storage costs, enter sum of lines 11a, 11b, and 11c below.) \$ <u>230.00</u>		
DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT		
7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NUMBER	9. ADDRESS OF MOVING COMPANY (OR PERSON)

[Form continued on next page]



188A

(Complete either A or B:)

Item	Amount <sup>1/</sup>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>30.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>230.00</u>	<u>101.46</u>	<i>[Signature]</i>	<u>9-29-71</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment(s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>9/30/71</u>	<u>27060 G</u>	<u>\$ 101.46</u>	<u>9/30</u>		\$
	<u>CASH REM</u>	<u>230.00</u> <u>(128.54)</u>			

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

- a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and/or other contractors, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
- c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Claimant

11. AMOUNT OF ACTUAL COSTS

- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$ \_\_\_\_\_
- b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) \$ \_\_\_\_\_
- c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) \$ \_\_\_\_\_

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

9/27/71  
Date

Lennie Flowers  
Signature of Claimant

[form continued on next page]

27 September, 1971

This is to acknowledge that I have been informed by the Portland Development Commission that the following is a statement of my rental account to date:

Balance Due: \$128.54      For: 423 N. Russell, Apt. #1

That I am in agreement with this figure and that it is my desire that this sum be withheld from my relocation claim for my move from 423 N. Russell, Apt. #1 to 306 N. E. Thompson.

Lonnie Flowers

AMENDMENT TO  
EARNEST MONEY RECEIPT OR SALES CONTRACT  
DATED MAY 30<sup>th</sup> 1972

PROPERTY DESCRIPTION

4532 N BENTMILL  
LOT 4 BLK 16 CLIFFS DRIVE

It is expressly agreed that, notwithstanding any other provisions of this contract, the purchaser shall not be obligated to complete the purchase of the property described herein or to incur any penalty by forfeiture of earnest money deposits or otherwise unless the Seller has delivered to the purchaser a written statement issued by the Federal Housing Commissioner setting forth the appraised value of the property for mortgage purposes of not less than \$ 10,750<sup>00</sup> which statement the seller hereby agrees to deliver to the purchaser promptly after such appraised value statement is made available to the seller.

The purchaser shall, however, have the privilege and option of proceeding with the consummation of this contract without regard to the amount of the appraised valuation made by the Federal Housing Commissioner.

PURCHASERS:

Lonnie Flowers  
Phyllis K. Flowers

OWNERS:

Joseph S. Taylor Jr.

C# 14

PROPERTY ADDRESS <u>4532 N. Bladenna</u>	CITY <u>Portland</u>	CROSS ST <u>Vancouver</u>	DISTRICT <u>11</u>	AREA CODE <u>503</u>	PHONE <u>525-950</u>
OWNER'S NAME <u>S.A. Banasky</u>	PHONE <u>297-4131</u>	TERMS <u>\$1800. dn.</u>	CONTRACT <u>718-72</u>	MLS # <u>718-72</u>	PRICE <u>\$ 9,950</u>
OWNER OCCUPIED <input type="checkbox"/>	VACANT <input checked="" type="checkbox"/>	POSSESSION DATE ON CLOSING	TAXES <u>211.18</u>	SO FOOTAGE <u>760</u>	STYLE <u>1</u>
LISTING BROKER <u>Medak Realty</u>	PHONE	BALANCE P&C	LOT SIZE <u>30x98</u>	AGE <u>1</u>	EXCHANGE <u>REASON FOR SELLING</u>
SALESMAN <u>Hal R. Miller</u>	OFF PHONE	LENDER	LOCK BOX <input checked="" type="checkbox"/>	WHERE <u>Front door.</u>	HOW TO SHOW <u>1</u>
LEGAL <u>N 98' of Lot 5 Blk. 15 Maple Highland Addn.</u>	PHONE	INTEREST			
FEATURES			INCL. PRIN. INT.		
APPROX. SIZE	VIEW	POOL	FENCE	WATER FRONT	INS.
ENTRY <input checked="" type="checkbox"/>	W W CARPET	SEWER IN STREET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CON.	WILL SELLER PAY P&C VA DISCOUNT
LIVING <input checked="" type="checkbox"/>	DRAPES	SHADES	CESP.	SEPTIC	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DINING <input checked="" type="checkbox"/>	RANGE	OVEN	HEAT OIL	X <input checked="" type="checkbox"/>	2ND MTG.
KITCHEN <input checked="" type="checkbox"/>	DW. REF.	DISP.	GAS	RENTAL	LIENS
BATHS	WASHER	DRYER	PATIO	ROOF	SCHOOLS
	CABINETS	NATURAL	PAINTED	BLINDS	JEFFERSON
BATHRM	INSULATION	WALLS	FLOORS	CARPET	GRAVEL
DRYPL	GARAGE	CARPET	DRY	WIRE	PAVING
	DRY	DRY	DRY	DRY	DRY



SHARKE Good family home.



**EARNEST MONEY RECEIPT**

RECEIVED FROM

City PORTLAND State OREGON MARCH 30, 19 72  
LOUISE FLOWER AND MYRLIS K. FLOWER

(hereinafter called "purchaser")

the sum of ONE HUNDRED AND ONE DOLLARS Dollars (\$ 101<sup>00</sup>)

in the form of ONE DOLLAR IN CASH (BY NOTE \$100<sup>00</sup>) as earnest money and in part payment for the purchase of the

following described real estate situated in the City of PORTLAND, County of MULTNOMAH, State of OREGON, to-wit:  
4532 N. BORTHWICK ALSO KNOWN AS LOT 4 BAK 16 CLIFFORD DIVISION  
CITY OF PORTLAND

which we have this day sold to said purchaser for the sum of TEN THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS Dollars (\$ 10,750<sup>00</sup>)

on the following terms, to-wit: The sum, hereinabove received for, of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_);

• {On \_\_\_\_\_, 19\_\_\_\_, as additional earnest money, the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_);

Upon acceptance of title and delivery of \* (deed, contract) the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_);

Balance of TEN THOUSAND SEVEN HUNDRED AND FIFTY Dollars (\$ 10,750<sup>00</sup>)

payable as follows: PURCHASER TO MAKE IMMEDIATE APPLICATION FOR A FHA 235 LOAN ON THE ABOVE PROPERTY. IT IS UNDERSTOOD BY BOTH BUYER AND SELLER THAT THIS OFFER IS CONTINGENT ON PURCHASER BEING ABLE TO QUALIFY FOR SAME. SELLER AGREES TO ALLOW BUYER A SWEAT EQUITY IN THE AMOUNT OF \$150<sup>00</sup> FOR PAINTING EXTERIOR OF THE ABOVE HOUSE AS PER FHA WORK ORDER. SELLER TO REMOVE PAINT. SELLER AGREES TO PAY BUYER COST OVER THE ABOVE AMOUNT OF \$250<sup>00</sup>

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 to issue title insurance, which shall be conclusive evidence as to seller's record title.

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and NIL

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, draperies and curtain rods, window and door screens, storm doors and windows, attached linoleum, attached television antenna, all shrubs and trees and all fixtures except EAL HEATER IN FAMILY ROOM

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: NIL

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

30 DAY AFTER CLOSING

Possession of said premises is to be delivered to purchaser on or before \_\_\_\_\_, 19\_\_\_\_, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the losing party therein agrees to pay the prevailing party therein (1) the prevailing party's reasonable attorney's fees in such suit or action, to be fixed by the trial court, and (2) on appeal if any, similar fees in the appellate court, to be fixed by the appellate court.

Address 6517 NE SANDY BLVD PORTLAND BOONVILLE BROOKLYN Broker  
288-9141 By Paul Sulek

**AGREEMENT TO PURCHASE**

I hereby agree to purchase the property herein described in its present condition and to pay the price of 10,750<sup>00</sup> MARCH 30, 19 72, as set forth above and grant to said agent a period of \_\_\_\_\_ days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be

in name of LOUISE FLOWER AND MYRLIS K. FLOWER

Address 306 NE THOMPSON PORTLAND Purchaser [Signature] (S E A I)

Phone 247-6668 [Signature] (S E A I)

**AGREEMENT TO SELL**

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided; also the said deed when stated.

Address 4532 N BORTHWICK PORTLAND Seller [Signature] (S E A I)

Phone 284-4744 (S E A I)

**DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.**  
Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on \_\_\_\_\_, 19\_\_\_\_.  
DATE: 3-30-72 Purchaser: [Signature] Return receipt card received and attached to broker's copy \_\_\_\_\_, 19\_\_\_\_.



4/3 CR. ORDERED.

Paint in for loan pay. - 221 d2 -

**COLUMBIA MORTGAGE CO.** 600 INTERNATIONAL BUILDING PORTLAND, OREGON 97205 PHONE 503 222 9701

### LOAN APPLICATION AGREEMENT

The undersigned hereby appoints **COLUMBIA MORTGAGE CO.**, as agent for the purpose of negotiating a  FHA  VA  Conventional  Loan of \$ \_\_\_\_\_ for a term of \_\_\_\_\_ years, at \_\_\_\_\_% interest for  Construction,  Purchasing,  Refinancing a  Residence  Multifamily dwelling,  Commercial building to be secured by a first lien on the property described herein.

\*Applicants agree that the loan herein applied for will bear the maximum interest rate permitted by the F.H.A. or V.A. at time of final disbursement.

**APPLICANT:** LONNIE FLOWERS (PHYLIS R.) (BRIET)

Birth Date 3-27-36 Age 36 Spouse 8-9-47 Age 25

Social Security # 562-48-5193 Social Security # [REDACTED]

Present Address 306 N.E. Thompson Rent 6000 Own \_\_\_\_\_ How Long \_\_\_\_\_

Former Address 423 N. Russell How Long 11 mos

Former Address 843 N. KNOTT How Long 9 mos

Years Married 2 Number of Dependents 1 Names & Ages NELLIE MAE FLOWERS

**EMPLOYER** MINDEL BROKERAGE CO. Address Columbia Blvd

Position LABORER How Long Employed 1 YEAR Income 300 per mo

Previous Employer PACIFIC COAST NURSERY Address Spencer T...

Position LABORER How Long Employed 9 mos Income 190 per mo

**SPOUSE'S EMPLOYER** COLUMBIA DAY NURSERY Address N.E. Russell

Position AIDE How Long Employed 5 mos Income \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ How Long Employed \_\_\_\_\_ Income \_\_\_\_\_

Any Other Income and Sources S. No. 9

(287-6668)

**CREDIT REFERENCES:**

List Firms or Banks Where You Have Had Installment Accounts or Loans:

Firm \_\_\_\_\_ Firm \_\_\_\_\_

Firm \_\_\_\_\_ Firm \_\_\_\_\_

**FINANCIAL STATEMENT:**

ASSETS		LIABILITIES	
Cash in banks: (specify branch)	Ckg \$		Balance
1. <u>1ST NAT. Uyo Center</u>	Svg \$ <u>200.00</u>	For <u>POLLOCK</u> Address _____ Mo. Pymt. _____	Owing
	Ckg \$	Car <u>Pollock</u> \$ <u>20.00</u>	\$ <u>160.00</u>
2. _____	Svg \$	<u>COHN</u> \$ <u>20.00</u>	\$ <u>12.00</u>
Cash on hand	\$ <u>30.00</u>		\$ _____
U. S. Savings Bonds	\$ _____		\$ _____
Stocks & Bonds (Itemize in Remarks)	\$ _____		\$ _____
Cash Value Life Ins. Premium \$ _____	\$ _____		\$ _____
Real Estate Owned	\$ _____		\$ _____
Mkt. Value	\$ _____		\$ _____
	\$ _____		\$ _____
Automobiles - Year <u>1963</u> Make <u>Barv</u>	\$ <u>400.00</u>		\$ _____
Year _____ Make _____	\$ _____		\$ _____
Household Goods	\$ <u>1000.00</u>		\$ _____
Other Assets: (Boat, Camper, Tools, etc.)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>TOTAL ASSETS</b>	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____

Have you sold property in the last 2 years which had an FHA Mortgage? No When \_\_\_\_\_

Do you pay Alimony or Child Support No If so, Amount \_\_\_\_\_

Have you ever taken Bankruptcy No If so, when and details \_\_\_\_\_

REAL ESTATE OWNED			APPROXIMATE MONTHLY HOUSING EXPENSE	
Address	Orig. Purchase price		Home payment or rent	\$ <u>100.00</u>
FHA Mtg: Yes No	Lender		Taxes and Insurance	\$ _____
Orig. Mtg. Amt.	Unpaid Balance		Heat & Utilities	\$ <u>5.00</u>
To be Sold? Yes No	Rental Income		Maintenance	\$ <u>2.00</u>
			<b>TOTAL HOUSING EXPENSE</b>	\$ <u>107.00</u>

7-1-71  
(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

Lennie Flowers  
(name)  
423N RUSSELL ST  
(address)

for June my earnings was \$120.<sup>00</sup>

7-1-71  
(date)

To: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Lennie Flowers

Total earnings for 19\_\_ : \$ \_\_\_\_\_

Estimated earnings for current year: \$ \_\_\_\_\_

Lennie Flowers  
(authorized signature)

CONFIDENTIAL

PHIL MENTALE

September 22, 1971

This is verify that for the period from 1 January, 1971 to 1 August, 1971 my total income was in the amount of \$508.35. This is the only income that I received during this period.

Lonnie Flowers

slc

In the presence of:

K. Reed Swenson

State of OREGON

County of MULTNOMAH

On this twenty-second day of September, 1971, personally appeared before me, a Notary Public within and for said County and State, the within named Lonnie Flowers, personally known to me to be the individual described in and who executed the within instrument and he acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal on this, the day and year first in this, my certificate, written

K. Reed Swenson  
Notary Public for the State of Oregon

My Commission Expires 7/26/75



7-1-76

(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

Fannie Slavens  
(name)  
423 N RUSSELL ST  
(address)

for may my earnings was \$150.00

7-1-71

(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Fannie Slavens

Total earnings for 19\_\_ : \$ \_\_\_\_\_

Estimated earnings for current year: \$ \_\_\_\_\_

Fannie Slavens  
(authorized signature)

CONFIDENTIAL

NAME AND ADDRESS OF PRIMARY CASE  
 BRIGHT, PHYLLIS K  
 843 N KNCTT  
 PORTLAND ORE  
 97227

A	WORKSHEET NO.	GUARDIAN	OTHER GRANTS IN HOUSEHOLD			
	87		PRO	CO	CASE NO	NO PERG
	C					
	01					
AREA	<input checked="" type="checkbox"/> CITY OF PORTLAND		<input type="checkbox"/> OTHER INCORPORATED CITY		<input type="checkbox"/> UNINCORPORATED AREA	<input type="checkbox"/> OUT OF STATE RESIDENT

NO.	PROG.	CO	CASE NUMBER	DATE XIX FLIC	PRIOG CA CASE	PROGRAM CODE	HEIN	COMP	LETED	DATE EFFECTIVE	SPEL	445-23	REASON	VED DUE	REINM DUE	LAW FIVE	B	DATE ON EMP
1	2	26	MYE9444	(30571)	MYE9447	REOPEN				030571					0971	R		
2																		
3																		

P.L.	LAST	FIRST	INTERNAL	PAY DEF	CONTROL	IN GRANT	IN	REASON	BIRTHDATE MO	YEAR	HLT ING	NEW STD	AMOUNT	MOS	TYPE	AMOUNT	SOCIAL SECURITY NO
1	A	BRIGET, PHYLLIS K		X	X	AD	F		03	1947				00	ADV	2900	514-48-2012
1	P	UNBCRN			N	X	UB										
1	G	FLOWERS, LONNIE					FA										

SPECIAL NEEDS	CODE	MOS	AMOUNT	SHELTER				CONGREGATE CARE									
				STANDARD	IF INDICATED	SPECIAL INSTRS	EXCEPTION	GRANT NO	P.L.	CODE OR AMOUNT	VENDOR NO OR TYPE						
1	SPECIAL DIET	39	C	445	<input checked="" type="checkbox"/>												
2					X	UTILITIES	OWN	PAY IN GRANT NUMBER	G T 1		2						
3					X	RENT OR PAYMENTS	LIFE ESTATE		G T 2		3						
4						RENT (INCL ALL UTILITIES)	BUYING	PAY FOR PERSON	G T 3		4						
5						TRAILER OR BOAT SPACE					5						
6	REMARKS: 446 SENT, CODE - 1A																
7																	

CASE NO.	NO IN GRANT	MATCHABLE CHILD	PERSONAL	SHLDR	SPECIAL	TOTAL NEED	PAIDABLE REDUCTION	INCOME	CASE STATUS	GRANT TOTAL	NET PAYMENT	
MYE9444	C1	C1	1	6300	1	7325	445	14570	2825	CP	11700	7300

AUTHORIZED BY CASE WORKER: DATE: 03 05 71  
 PERMISSION AUTHORIZED BY: DATE: FWD DATE: 03 12 71

**RESIDENTIAL RELOCATION RECORD**

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL E-4-7

NAME Flowers, Lonnie ADDRESS 423 N. Russell APT NO. #1

PHONE None INITIAL INTERVIEW \_\_\_\_\_ SEX M W NW B/W AGE R/W 35

U.S. CITIZEN  ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE MAY 15 1971

**FAMILY COMPOSITION**

Name	Relation	Age
<u>Pauline Key</u>	<u>Wife</u>	<u>23</u>
<u>Nellie Key</u>	<u>Sister</u>	<u>18</u>

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCM  Caseworker J. Woods 117.<sup>00</sup>  
 Social Security \_\_\_\_\_  
 VA. \_\_\_\_\_ Fed. \_\_\_\_\_ Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_  
 TOTAL MONTHLY INCOME \_\_\_\_\_

Rent 63.00, Inc. Heat \_\_\_\_\_ Water  Gas \_\_\_\_\_ Gar  Elec \_\_\_\_\_ Unfurn \_\_\_\_\_ Furn  No. Rms \_\_\_\_\_

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62 \_\_\_\_\_ Disabled(Soc.Sec.def.) \_\_\_\_\_ Income below limits \_\_\_\_\_ Assets below limits \_\_\_\_\_

221 CERTIFICATE OF ELIGIBILITY: Date delivered \_\_\_\_\_ by \_\_\_\_\_

Notify in case of accident:  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Information Statement given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

Notice to move given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

Payments: Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date delivered \_\_\_\_\_ Moved by self  (or)  
 moved by moving company \_\_\_\_\_ (Phone) \_\_\_\_\_

REMOVED FROM CASELOAD: (Date) \_\_\_\_\_

Refused assistance \_\_\_\_\_

Relocated in: \_\_\_\_\_

Low-rent public housing \_\_\_\_\_

Other perm. public housing \_\_\_\_\_

Standard priv. rent hsg. \_\_\_\_\_

Sub-standard priv. rent hsg. with refusal of further aid \_\_\_\_\_

Standard sales housing \_\_\_\_\_

Sub-standard sales hsg. \_\_\_\_\_

Out-of-town \_\_\_\_\_

Address unknown, abandoned \_\_\_\_\_

Evicted, no further assistance \_\_\_\_\_

Other (explain) \_\_\_\_\_

REMAINING ON CASELOAD: \_\_\_\_\_

Address unknown, tracing \_\_\_\_\_

Evicted, further assistance contemplated \_\_\_\_\_

Temporarily relocated by LPA within project: \_\_\_\_\_

Address \_\_\_\_\_

outside project: \_\_\_\_\_

Address \_\_\_\_\_

FAMILY REFUSED ADDITIONAL ASSISTANCE.  
 Date \_\_\_\_\_ Worker \_\_\_\_\_

**RELOCATION REFERRALS:**

Address	Inspection Certified By	Date

NEW ADDRESS: 306 N.E. Thompson Zip \_\_\_\_\_ Phone 257-6607

DATE

NOTES

C/W

May 1970

Mr. and Mrs. Flowers stopped by office to notify us they had recently moved into Apt. #1 at 423 N. Russell. They were given necessary info concerning our program.

JC