

	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		

R E S U M E

Date March 3, 1975

Name Myra L. Frary

Found Mrs. Frary living in a nearly new apartment - the same apartment that she lived in last year. She seemed very active and happy. We sent her fourth and final TACO payment to her 7124 S. E. Lexington address on 1/31/75.

SCD

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME FRARY, Myra L. RELOCATION ADVISOR WSJ

ADDRESS 2932 N. Commercial PHONE 775-9940 PROJECT NAME ORE R-20

SEX _____ ETHN W VETERAN _____ AGE 65+ PARCEL NO. AB3-2

MARITAL STATUS _____ TENURE owner

DISABILITY _____ INDIV FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE: 1940 apx.
 INITIATION OF
 NEGOTIATIONS: 5-11-71
 DATE OF
 ACQUISITION: December 29, 1971

INITIAL INTERVIEW 5/11/71

DATE INFO PAMPHLET DELIVERED 1/14/71

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

ECONOMIC DATA

Employer Emanuel (retirement) \$ 31.79
 Address _____
 MCW _____
 Social Security _____ 173.20
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 204.99

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1908 No. Rooms 5
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 15,000
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 920

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 7124 SE. Lexington LPA Referred _____
New lives

Address 1234 Ocean Boulevard Phone _____ Date of Move February 12, 1972
 Coos Bay, Oregon

WHERE RELOCATED:

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

not available

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms / Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ 100.00 Purchase Price \$ _____

Age of Structure: 15 yrs *less than* Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP		2/17/72	\$ 2,887.00
TACO (Rental)		2/17/72	\$ 721.75
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

MEMO TO FILE

TO: Myra L. Frary relocation file

Date: February 9, 1972

RE: RHP-TACO payment

Myra L. Frary was an owner-occupant at 2932 N. Commercial (parcel AB-3-2) on the date of acquisition by the Commission. Mrs. Frary has decided to not purchase a replacement dwelling, but to rent instead. She is moving on February 12th to 1234 Ocean Blvd., Coos Bay, Oregon.

In figuring an RHP for tenants and certain others the base amount Mrs. Frary would be eligible for would be \$4,000.00, if the RHP-TACO was figured on 25% of her income. HOWEVER, the Relocation Handbook 1371.1, Chapter 6, Section 4, paragraph 55 (b) states that ...if the claimant was eligible for a Replacement Housing Payment for Homeowners but elected to rent rather than to purchase a dwelling, the amount of the rental assistant payment may not exceed the amount of a Replacement Housing Payment for Homeowners to which he would have been entitled.

Mrs. Frary received \$15,000.00 from the Commission for her property at 2932 N. Commercial, which is a 3-bedroom house. She would have been eligible for a maximum RHP payment of \$2,887.00 (\$17,887.00 less \$15,000.00). THEREFORE, the maximum RHP-TACO that Myra Frary may receive is the \$2,887.00 that she may have been eligible for had she purchased a replacement dwelling.

slc

INTERVIEW REGISTER

Date		Relocation Worker
1/14/71	Flyer delivered by Ben Webb. Would not open door until he slid flyer under door and she read it, then thanked him. Elderly lady.	
2/17/71	Survey: Would like to buy house comparable. Friendly, worked at Emanuel for years.	WSJ
5/11/71	Mrs. Frary and her brother, Chris, (Mr. Luton 292-3166) came to our office after discussing real estate acquisition price with Norm in real estate department. Discussed relocation payments that Mrs. Frary might be eligible to receive. Mrs. Frary is thinking about moving to Coos Bay where her daughter lives.	WSJ
5/21/71	Spoke to Mrs. Frary about her plans. She is still thinking about moving to Coos Bay but is undecided about moving in with her daughter or buying a house there. She is in no hurry. Real Estate has to work out legal problem on estate and ownership of property.	WSJ
6/8/71	Grandson from Coos Bay visited office. He will look for some housing for Mrs. Frary in Coos Bay and let us know.	WSJ
8/4/71	Mr. Heydon, Mrs. Frary's grandson came to office. They have found a house in Coos Bay that they like and want to consider it as relocation housing. Explained our records show only 2 bedroom house for comparable purposes. He said that there is additional bedroom in basement where he and a friend stayed in 1961-62 while they were going to school. Went to house and checked and there was third bedroom in basement with double bed, etc. Basement is less than 50% below grade. Approved payment on 3 bedroom basis. This house is in priority block that Emanuel Hospital wants as soon as possible.	WSJ
9/29/71	Talked with John Heydon in Coos Bay. They will have to find another house in Coos Bay since money was not available in time. Still waiting for things to be settled in court on real estate purchase.	WSJ
10/11/71	Spoke with Don Stark about case. So far no resolution of problem. One relative still holding out.	WSJ

February 3, 1975

Mrs. Myra L. Frary
7124 S. E. Lexington
Portland, Oregon 97206

Dear Mrs. Frary:

Enclosed you will find our Warrant No. 1007 EH in the amount of \$721.75.

This represents the fourth and final installment of the Rental Assistance Payment to which you were entitled as a result of your displacement from 2932 N. Commercial.

It has been a pleasure to assist you in your relocation.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 1007 EH

DATE January 29, 19 75

PAY TO **Myra L. Frary**

\$ 721.75

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 2932 N. Commercial (Parcel AB 3-2). Total approved \$2,887.00 4th and final payment	\$721.75

Account Distribution

NO. TITLE AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE January 14, 1975

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Myra L. Frary (Emanuel)
(Displacee)

712^{1/2} S.E. Lexington Ph # 775-9940
(Address)

No. 4th & final
(annual payment)

\$ 721.75
(amount)

Feb. 1975
(date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: Same

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs. Frary still lives at the above address - The apt is about one year old.

SIGNED: Myra L. Frary
(Displacee)

SIGNED: Samuel R. Daniels
(Relocation Advisor)

DATE: 1/21/1975

DATE: 1/21/75

TO: Bob Douglas

DATE: 1/21/75

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Myra L. Frary

PROJECT: Emanuel

FOR: 4th & final Tace payment

AMOUNT: 721.75

SIGNED: Samuel R. Daniels

76

0600 X10 901

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. AB 3-2 Advisor WSJ
Client's Name FRARY, Myra Phone 775-9940
Address 2932 N. Commercial Ethn W Age 65+
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$
Address
Other Source of Income
Retirement \$ 31.79
S.S. \$ 173.20
Total Monthly Income \$ (204.99)

Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
Eligible for Welfare YES NO Other Assistance
Eligible for (Other) YES NO

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:
 YES NO
Date of initial interview 5-11-71 Date of Info pamphlet delivery 1-14-71
Date Notice to Move given Date Effective Expires
CLAIMANT'S INITIAL DATE OF OCCUPANCY 1940 (Approx.)
(a) for owner-occupants - indicate initial date of occupancy and ownership "
Date of initiation of negotiations for purchase of property 5-11-71
11-16-71
Date of Acquisition 12-29-71
Date of letter of intent
Date of move 2-12-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1908

Size of Habitable Area 920

Furnished with claimant's furniture
 YES NO

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

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 15,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 7125 S.E. Lexington LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit Less than 15 yrs. old

Size of Habitable Area Information unavailable

No. of Rooms Unknown No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 100.00

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 2,887.00

Amount of Annual Payment \$ 721.75

No. of Housing Referrals to: 0

Agency Referrals: 0

_____ Standard Sales _____ HCV _____ HAP _____ OTHER (_____)

_____ Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. AB 3-2 Advisor WST
 Client's Name FRARY MYRA Phone 775-9940
 Address 2932 N. COMMERCE Ethn W Age 65+

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

Family Composition

Economic Data

Total Number in Family 1
 wife, husband

Employer \$
 Address

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income
RETIREMENT \$ 31.79
SS \$ 173.20
 Total Monthly Income \$ (204.99)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO _____

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

- YES NO

Date of initial interview 5-11-71 Date of Info pamphlet delivery 1-14-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

_____ 1940 (APPROX.)
 _____ "
 Date of Initiation of negotiations for purchase of property _____ 5-11-71
 Date of Acquisition _____ 11-16-71
 _____ 12-29-71
 Date of letter of Intent _____
 Date of move _____ 2-12-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1908

Size of Habitable Area 920

Furnished with claimant's furniture
 YES NO

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

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 15,000 Amenities _____

REPLACEMENT DWELLING UNIT

Address 7125 SE Hexington LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit less than 15 yrs old

✓ Size of Habitable Area information unavailable

✓ No. of Rooms unknown No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 100

Utilities \$ _____

Total Rent Assistance \$ 2,887.00

Amount of Annual Payment \$ 721.75

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales _____ MCW _____ HAP _____ OTHER (_____)

_____ Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
PROJECT NUMBER: ORE R-20

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

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

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

1. FULL NAME OF CLAIMANT

FRARY, Myra L.

____ Family ____ x Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. AB-3-2

- a. Address: 2932 N. Commercial, Portland, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 3

- d. Monthly rental: \$ -0- na
e. Date you moved out of this dwelling: 2-12-72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 1234 Ocean Blvd., Coos Bay, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: _____

- d. Monthly rental: \$ 100.00
e. Date you moved into this dwelling: 2-12-72
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

- a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: \$ _____

- d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: _____

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

- a. Address of dwelling unit from which you moved: _____
b. Address of dwelling unit to which you moved (include ZIP code): _____
c. Date of move: _____
Month-Day-Year

- d. Monthly rental for temporary unit: \$ _____
e. Will you require temporary housing for more than 3 months?
____ Yes ____ No
If "Yes", total number of months you will require temporary housing: _____ months

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

February 8, 1972

Date

Myra L. Tracy
Signature of Claimant(s)

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

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

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
Documentation must be provided to support any claim for incurred costs.

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

NAME OF CLAIMANT FRARY, Myra L.

Parcel No. AB-3-2

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: _____

Date of Acquisition: 12/29/71

Owner-Occupant's initial date of ownership: 1941

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

Date of Rental or Purchase: 1941

Date of Initiation of Negotiations: 5/11/71

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

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

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,887.00 is authorized.

2-9-72

Date


Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year \$721.75

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

\$ _____

2/16/72

290 EN

\$ 721.75

2/12/73

681 EN

\$ 721.75

2/13/74

891 EN

\$ 721.75

1-29-75

1007EN

\$ 721.75

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel Project
PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual
- Myra L. Arany
2. Dwelling unit from which you moved: Parcel No. AB-3-2
- a. Address 2932 N. Commercial c. Number of bedrooms X 3
- b. Apartment or room number - d. Monthly rental \$ X 0
- e. Date displaced 2-12-72
3. Dwelling unit to which you moved (RENTAL)
- a. Address 1234 Ocean Blvd, Coos Bay c. Number of bedrooms -
- b. Apartment or room number - d. Monthly rental \$ X 100.00
- e. Date moved in X 2-12-72
4. Dwelling unit to which you moved (PURCHASE)
- a. Address _____ c. Downpayment \$ _____
- b. Number of bedrooms _____ d. Incidental expenses \$ _____
- e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
- a. Address from which you moved _____
- b. Address to which you moved _____
- c. Date of move _____
- d. Monthly rental for temporary unit: \$ _____
- e. Require temporary housing for more than 3 months? Yes No
- If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No
- Tenant's initial date of rental X -
- Date of acquisition 12-29-71
- Owner-occupant's initial date of ownership X 1941
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
- Date of rental or purchase X 1941
- Date of initiation of negotiations 5-11-71
3. Is replacement housing standard? Yes No
- If previously substandard, date found standard _____
4. Certification:
- (Amount of this claim \$ 2,887.00)

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Myra L. Tracy
1234 Ocean Blvd, Coos Bay

COMPUTATION PREPARED BY:

WSD
Name
2-8-72
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit \$ 162.70
 (cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 51.25

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | | | | |
|--|--------|-------------------|--|--|--------------------|
| | Line 1 | \$ <u>162.70</u> | | | |
| | Line 2 | - \$ <u>51.25</u> | | | |
| | | \$ <u>111.45</u> | | | |
| | | x <u>48</u> | | | \$ <u>5,349.60</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,
 enter \$4,000. If amount on Line 3 is less than
 \$4,000, enter amount on Line 3.) \$ 4,000.00
5. Minus adjustments (Attach full explanation) - \$ 1,113.00
6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 2,887.00
7. Annual Payment \$ 721.75

(Enter this amount in the space provided in Block 3 on
 page one of Replacement Housing Payment for Tenants
 and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be
 made. If the amount on Line 6 is more than \$500, divide the payment by 4.
 The resultant amount is the total of each of four annual payments to be
 made; enter on Line 7.

moving

15th Feb

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

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 monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: June 7 - 1895

My place of birth is: Golden Pond N.Y.

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

Thank you.

Sincerely,

Myra L. Frany
(name)
2932 N Commercial
(address)
Portland 97227.

2-3-72
(date)

TO: Portland Development Commission

The records of this office indicate that Myra L. Frany is entitled to receive monthly benefits in the amount of \$ 173.20 / month and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as 1895 (SAME)

SOCIAL SECURITY ADMINISTRATION

by [Signature]

CONFIDENTIAL

Feb-2 - 1972
(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,

Myra L Frary
(Name)

2932 N Commercial
(Address)

Portland Oregon 97227

February 2, 1972
(Date)

TO: Portland Development Commission

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

Employee's name: Myra L. Frary

Total earnings for 1971: \$ 381.48

Estimated earnings for current year: \$ same

The above is paid as retirement income from Stanard Insurance Co., in accordance with the Emanuel Hospital Retirement Plan.

CONFIDENTIAL

Wm Gustafson
(Authorized signature) S.V. Pres

February 14, 1974

Mrs. Myra L. Frary
7124 S. E. Lexington
Portland, Oregon 97206

Dear Mrs. Frary:

Enclosed you will find our Warrant No. 891 EH in the amount of \$721.75, representing the third annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 2932 N. Commercial.

To remain eligible for the next payment you must continue to occupy standard housing.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 891 EH

DATE February 13, 19 74

PAY TO Myra L. Frary

\$ 721.75

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 2932 N. Commercial (Parcel AB-3-2).	
		Total approved \$2,887.00	
		3rd annual payment	\$721.75

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: AB-3-2

PAYABLE TO: Myra L. Frary

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$ <u> </u>
<u> X</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>2887</u> ; Annual amount	\$ <u>721.75</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only)	\$ <u> </u>
<u> </u> Interest Expense	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance	\$ <u> </u>
<u> </u> Actual Moving Costs	\$ <u> </u>
<u> </u> Storage Costs	\$ <u> </u>
<u> </u> Business: Moving Expenses	\$ <u> </u>
<u> </u> Business: In Lieu Payment	\$ <u> </u>
<u> </u> Business: Storage Costs	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Myra L. Frary Family Less - \$ *

Move from 2932 N. Commercial Individual Total \$ 721.75

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

OK JME

original claim attached

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Stan Jones
(Relocation Advisor)

DATE January 28, 1974

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Myra L. Frary
(Displacee)

1234 Ocean Blvd., Coos Bay
(Address)

No. 3rd
(annual payment)

\$ 721.75
(amount)

2/8/74
(date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 7124 SE Lexington, Portland, Ore

Date Inspected: 2/6/74 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: _____
(Displacee)

SIGNED: W.S. Jones
(Relocation Advisor)

DATE: _____

DATE: 2/7/74

TO: _____

DATE: _____

FROM: _____

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Myra L. Frary

PROJECT: Annual ORE R-20

FOR: 3rd Annual TACO

AMOUNT: 721.75

SIGNED: W.S. Jones

INSPECTED BY WSJ DATE 2/6/74 MET | NOT MET

NAME Myra L. Frary PHONE 7

ADDRESS 7124 SE Lexington

HOUSE DUPLEX X APT. SR HK

NO. OF ROOMS 5 COMP FURN PART FURN UNFURN X

NO. OF ROOMS ACCESSIBLE BY STAIRS na BY ELEVATOR na

MANAGER OWNER Ted Sieln

RENT \$140 Net Utilities extra, INCL HEAT WATER GAS GAR ELEC

NO. BRS. 2 SIZE #1 9x12 #2 10x12 #3 #4

NEW

1st tenant built new in 1973 - moved in Sept 1973

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- 1. House must be weatherproof (29.24.020) X
- 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010) X
- 3. Doors and hatchways must be in good repair. (29.28.010 (13)) X
- 4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c)) na
- 5. Exits must have direct access to outside or public corridor. (24.66.030 (G)) na
- 6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d)) na
- 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d)) na
- 8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020) X
- 9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030) X
- 10. There may be no unvented or open flame gas heaters. (29.24.030) X

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a))	X	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	X	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	X	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (29.24.040)	X	
15. Water must be heated to not less than 120°F. (29.08.260)	X	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)	X	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (29.20.030(c))	X	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2)		na
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4)		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	X	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b)	X	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b)	X	
--	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b) No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____	X	
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	X	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	X	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (29.24.040)	X	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	X	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	X	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	X	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall. (29.20.050(b))	na	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	X	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	X	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")	na	
37. Basement areas must be dry and well drained. (29.20.040)		
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	na	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	na	

3. * Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

January 29, 1974

Myra L. Frary
1234 Ocean Blvd.
Coos Bay, Oregon 97420

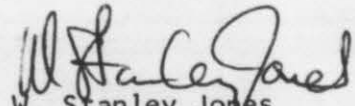
Dear Mrs. Frary:

Your third annual replacement housing payment in the amount of \$721.75 is scheduled for payment to you this month. In order that this payment can be sent to you as soon as possible would you please fill in the information requested below and return this letter in the enclosed envelope.

If you have moved since the last payment, an inspection of your new dwelling by the local City or County building department or code enforcement agency will be required.

Do not hesitate to call or write if you have any questions.

Very truly yours,


W. Stanley Jones
Relocation Supervisor

WSJ:b
Encl.

Please check one:

_____ address unchanged.

_____ Moved - new address is 7124 SE Lexington
Portland Oregon
97206

Myra L. Frary

*my daughter was hurt in an auto accident
last may. 23*

0600 E60 901
RELOCATION PAYMENT

PROJECT: Emanuel - R-20

PARCEL: AB-3-2

PAYABLE TO: Myra L. Frary

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$2887; Annual amount ^{2nd.} \$721.75	\$	<u>721.75</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Myra L. Frary

Less - \$ _____ *

Move from 2932 N. Commercial

Total \$ 721.75

Accounting: Indicate symbol and Accounting No.
 _____ Relocation Payment; _____ Project Cost *(_____)

2nd Annual Relocation Payment
 Original Claim is attached.
 JME

Encl.

Please check one:

Address unchanged

my address is unchanged

Moved - New address is _____.

Myra L Frary
Myra L. Frary

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: WSJ
(Relocation Advisor)

DATE February 1, 1973

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Myra L. Frary
(Displacee)

1234 Ocean Blvd. Coos Bay, Oregon
(Address) 97420

No. 2
(annual payment)

\$ 721.75
(amount)

2/16/73
(date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: same

Date Inspected: same dwelling Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: _____
(Displacee)

SIGNED: [Signature]
(Relocation Advisor)

DATE: _____

DATE: _____

TO: Bob Douglas

DATE: 2/8/73

FROM: W.S. Jones

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Myra L. Frary

PROJECT: Emanuel ORE R-20

FOR: 2nd annual TACO

AMOUNT: 721.75

SIGNED: [Signature]

[Handwritten mark]

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 290 EH

DATE February 16, 1982

PAY TO **Myra L. Frary**

\$721.75

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
		<p>Reimbursement per claim filed for RHP for tenants. From 2932 N. Commercial (Parcel AB-3-2).</p> <p>Total approved \$2,887.00 1st annual payment</p>	<p>\$721.75</p>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$721.75

SO

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 681 EH

DATE February 12, 1973

PAY TO Myra L. Frary

\$ 721.75

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 2932 N. Commercial (Parcel AB-3-2). Total approved \$2,887.00 2nd annual payment	<u>\$721.75</u>

Account Distribution

NO. TITLE AMOUNT

February 13, 1973

Mrs. Myra L. Frary
1234 Ocean Blvd.
Coos Bay, Oregon 97420

Dear Mrs. Frary:

Enclosed you will find our Warrant No 681 EH in the amount of \$721.75, representing the second annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 2932 N. Commercial Avenue.

To remain eligible for the next two payments you must continue to occupy standard housing.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:k
Encl.

February 5, 1973

Myra L. Frary
1234 Ocean Blvd.
Coos Bay, Oregon 97420

Dear Mrs. Frary:

Your ^{third} second annual replacement housing payment in the amount of \$721.75 is scheduled for payment to you this month. In order that this payment can be sent to you as soon as possible would you please fill in the information requested below and return this letter in the enclosed envelope.

If you have moved since the ^{last} first payment, an inspection of your new dwelling by the local City or County building department or code enforcement agency will be required.

Do not hesitate to call or write if you have any questions.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:k
Encl.

Please check one:

Address unchanged

Moved - New address is _____

Myra L. Frary

February 17, 1972

Myra L. Frary
% 1234 Ocean Boulevard
Coos Bay, Oregon 97420

Dear Mrs. Frary:

Enclosed is our warrant, number 290 EH, in the sum of \$721.75, which represents the first annual installment per your claim filed for a Relocation Housing Payment for Tenants and Certain Others, in the total sum of \$2,887.00. Please advise us if you change your address.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

enclosure

DATED this 14th day of Feb 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
2932 N. Commercial, 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.

~~(Signature)~~
by: Mysa L. Frary.

1234 Ocean Blvd
Cove Bay 97420

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 29054 G

DATE February 10, 1972

PAY TO THE
ORDER OF

Myra L. Frary

\$460.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment per claim filed. Move from 2932 N. Commercial (Parcel AB-3-2).	
		Dislocation Allowance	\$200.00
		Fixed Payment - Own Furniture	<u>260.00</u>
			<u>\$460.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Individual)	\$460.00

received Myra L Frary

SA

[Signature]

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

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

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

1. FULL NAME OF CLAIMANT _____ Family Individual
FRARY, Myra L.

2. DATE(S) OF MOVE
February 12, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. AB-3-2
a. Address 2932 N. Commercial, Portland, Oregon 97227
b. Apartment, Floor, or Room Number ---
c. Was it furnished with your own furniture?
 Yes No
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6
e. Date you moved into this address: 30 years

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 1234 Ocean Blvd., Coos Bay, Oregon
b. Apartment, Floor, or Room Number ---
c. Were household goods moved to or from storage?
 Yes No
If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment 260.00
(Consult local agency) Total \$ 460.00

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

February 8, 1972
Date

Myra L Frary
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Myra L. Frary
1234 Ocean Blvd.
Coos Bay, Oregon

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>200.00</u>		<i>[Signature]</i> New	<u>2-9-72</u>
2. Dislocation allowance \$ <u>260.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>2/10/72</u>	<u>29054</u>	<u>\$ 460.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Myra L. Arary Project R-20
 2. Date(s) of move 2-12-72 Parcel No. AB-3-2
 3. Dwelling unit from which you moved:
 Address 2932 N. Commercial No. of rooms 6
 ___ Furnished Unfurnished Date you moved into this unit 30 yrs.

4. Dwelling unit to which you moved:
 Address 1234 Ocean Blvd, Coos Bay
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 460.00

 FIXED PAYMENT: \$200 + \$ 260.00 = \$ 460.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

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

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

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

WILLIAM L. HUGGINS
CHAIRMAN



NEIGHBORHOOD DEVELOPMENT PROGRAM
ROBERT W. McARTHUR
EXECUTIVE DIRECTOR

CITY OF COOS BAY

P. O. BOX 1118
COOS BAY, OREGON 97420

February 10, 1972

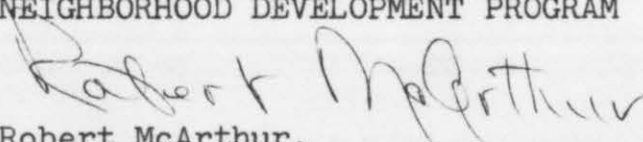
W. Stanley Jones,
Relocation Supervisor
Portland Development Commission
235 North Monroe
Portland, Oregon 97227

Dear Mr. Jones:

In reply to your request of a Dwelling Inspection Report of house located at 1234 Ocean Boulevard, Coos Bay, Oregon. Several attempts were made by the City of Coos Bay, Codes Administration Department to schedule an interior inspection of house with owner to no avail; therefore, exterior inspection only was made and house was rated a standard (decent, safe and sanitary) from this inspection. There is no reason to believe that house is not standard on the interior.

Sincerely,

NEIGHBORHOOD DEVELOPMENT PROGRAM


Robert McArthur,
Executive Director

RM/db



City With A Future

WILLIAMS, MONTAGUE, STARK, HIEFIELD & NORVILLE, P. C.

ATTORNEYS AND COUNSELORS AT LAW
BOISE CASCADE BUILDING
PORTLAND, OREGON 97201

TELEPHONE 222-9966

DAVID R. WILLIAMS
MALCOLM I. MONTAGUE
DONALD R. STARK
PRESTON C. HIEFIELD, JR.
OLIVER I. NORVILLE
JAMES E. GRIFFIN
LARRY C. HAMMACK
RICHARD E. ALEXANDER

ALFRED A. HAMPSON
OF COUNSEL

December 29, 1971

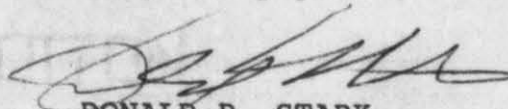
Portland Development Commission
235 North Monroe
Portland, Oregon

Attention: Stan Jones

Dear Stan:

Enclosed is a copy of a letter from McGill & Clarke representing Myra Frary. He called me and advised me that she would be moving out shortly but needed some extra time. I told him to send me a letter confirming that she could have another 30 days. I realize that she might have 60 days of free rent under the law but he felt that Myra Frary is rather erratic and that the best thing to do is to give her 30 days in hopes that she would move out in 60. In any event would you contact her sometime with regard to assistance and relocation. I understand she has not found a house to move to.

Very truly yours,


DONALD R. STARK

DRS:cm
Enclosure

12/29/71 Spoke with Mrs. Frary about above. Will file claim. She is moving to Coon Bay for now. Will check with Grandson about time of move.

ALFRED T. MCGILL
RICHARD T. CLARKE

McGILL & CLARKE
ATTORNEYS AT LAW
1525 N. E. WEIDLER STREET
PORTLAND, OREGON 97232

TELEPHONE 286-8141
AREA CODE 503

December 28, 1971

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

Attention: Jean Egberg
Escrow Officer

Re: Escrow No. 385294
Frary-Portland Development Commission

Dear Mrs. Egberg:

Enclosed herewith find the escrow instructions and the form of deed forwarded with your transmittal letter of December 17th, which documents have been executed by Myra Frary, relating to the property described as

Lot 8, Block 3, ABEND'S ADDITION TO ALBINA.

We will be in contact with you as soon as the order of distribution in the estate of Laura J. Luton has been procured.

Yours very truly,

McGILL & CLARKE

Alfred T. McGill
Alfred T. McGill

Encl.:
ATM/lr

cc.: Atty. Donald R. Stark

C
O
P
Y

MEMORANDUM

September 8, 1971

TO: SHB
FROM: WSJ
SUBJECT: Relocation Report - Priority Block AB-3

AB 3-2 Myra L. Frary

Mr. John Heydon, grandson of client, has been cooperative and has found a replacement house in Coos Bay for his grandmother. He has accepted the RHP based on average price for a 3 bedroom house as a satisfactory settlement. He has indicated that he is ready and anxious to proceed in behalf of his grandmother. The holdup seems to be problem with acquisition of real estate involving clearing title.

AB 3-5 Jacob E. Wallin

Spoke with Mrs. Wallin again on 9/1/71. She still refuses to accept or consider any help or assistance from relocation. She insists on being independent in their search for a replacement house. She maintains that she can look on her own, but at age 79 neither she nor her husband function that well - mentally or physically.

AB 3-3 Cephas Glover

Relocation, Real Estate and Legal Council met with the Glovers on 8/20/71. Mr. Glover wanted a third appraisal. An appointment was set up on 8/28/71 by relocation for the purpose of locating satisfactory replacement housing. Mr. Glover canceled this appointment. A further meeting has been requested by Mr. Glover for Monday, September 13th. It is our understanding that he has now found a house, but price may be too high to be covered by RHP.

AB 3-8 Samuel Stokes

Mr. Stokes has been the most resistant of this group to the idea of relocation. We have been unable to make any progress with this family.

RECEIVED

SEP 21 1971
PORTLAND DISTRICT COURT

MEMORANDUM

TO : STAN JONES
FROM : DONALD R. STARK
DATE : 9/16/71
RE : PDC v. Luton (Parcel AB-3-2)

On the Luton file I understand that Myra Frary has located a home in Coos Bay to which she wishes to be relocated. She is not a whole owner of the premises and will not get all of the proceeds. I will be able to clear title to the premises by deposit into the probate court the purchase price; but I do not think those funds are going to be free to purchase property in Coos Bay. Will you work with Alfred McGill, the attorney, to try to work out some way to escrow the purchase of the new home. If I can be of any assistance, let me know. I am enclosing a copy of a letter to Mr. McGill.

DRS:cm

No enclosure
Dg

9/29/71 Talked with John Heydan in Coos Bay
They will have to find another house in
Coos Bay since money was not available
in time. Still waiting for things to be
settled in court on real estate purchase

10/11/71 Spoke with Dan Stark about case. So far no
resolution of problem. One relative still holding out.

Over/Occ

(i)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R-20 PARCEL AB 3-2
 NAME Fray Myra L. ADDRESS 2933 N Commercial APT NO. _____
 PHONE _____ INITIAL INTERVIEW _____ SEX F W X NW AGE 75 approx
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____
 Refused assistance _____
 Relocated in: _____
 Low-rent public housing _____
 Other perm. public housing _____
 Standard priv. rent. hsg. _____
 Sub-standard priv. rent hgs. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD: _____
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA _____
 within project: _____ address _____
 outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1/14/71 flyer delivered by Ben Webb. Would not open door until he slid flyer under door & she read it. Then thanked him. Elderly lady.

2/17/71 survey, would like to buy house - comparable. Friendly. Worked at Emanuel for years. WSD

5/11/71 Mrs. Frary and her brother ^{Chris} Mr. Luton ²⁹²⁻³¹⁶⁶ came to office after discussing real estate acquisition price with Norm in Real Estate Dept. Discussed relocation payments that Mrs. Frary might be eligible to receive. Mrs. Frary is thinking about moving to Coos Bay where her daughter lives.

~~5/21/71~~ 5/21/71 Spoke with Mrs Frary about her plans. She is still thinking about moving to Coos Bay but is undecided about moving in with her daughter or buying a house there. She is in no hurry. Real Estate has to work out legal problem on estate and ownership of property.

6/8/71 Grandson from Coos Bay visited office. He will look for some housing for Mrs. Frary in Coos Bay & let us know.

Called office
2/23/71

AB3-2

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA

Had been visiting Bay
daughter in Coos

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

Analyst _____ Date of survey _____ Tabulator _____ Date tabulated _____
Dwelling Unit No. _____ Structure No. _____ Census Block No. 46 Census Tract No. 22A
Street Address 2932 N. Commercial Apartment No. _____

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

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

Friendly - worked at Emanuel Hosp for yrs + although she doesn't esp. want to move, will not stand in way of expansion

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

Name	Family relation	Age	Sex	Occupation
1. Mrs. Myrah Frary	Head of household	65+	F	retired
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

Because it's for a good cause.

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
Myra - Soc. Sec.	\$ 183	\$ _____
_____	_____	_____
_____	_____	_____
Total family or household income per month	\$ 183	\$ 183

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

- 1. Location (indicate approximate cross streets) no real preference
- 2. Transportation, number of autos owned _____, use bus , walk
- 3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
- 4. Will buy house in price range \$ comparable, down payment of \$ _____, monthly payment of \$ _____
- 5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
- 6. Size of unit to be sought, number of bedrooms 2, kitchen , dining room _____, living room , number of bathrooms , total sq. ft. in dwelling unit _____
- 7. Other characteristics W O B I M

date on site 30 yrs

8/4/71 Mr. Heydon, Mrs. Frary's Grandson, came to office. They have found house in Coos Bay that they like & want to consider it as relocation housing. Explained our records show only 2 Bedroom house for comparable purposes. He said that there is additional bedroom in basement where he and a friend stayed in 1961-62 while they were going to school. Went to house & checked and there was third Bedroom in basement with double bed etc. Basement is less than 50% below grade. Approved payment on 3 Bedroom basis. This house is in priority block that Emmanuel Hospital wants as soon as possible.

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA

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

Analyst Campanelli Date of survey 2/17/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 6 Structure No. 5 Census Block No. 46 Census Tract No. 22A
 Street Address 2932 N Commercial Apartment No. _____

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

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

*(elderly, fearful)
neighbor - slower
reports gone on with
will be gone
social more*

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

Name	Family relation	Age	Sex	Occupation
1. <u>Myra L. Frary</u>	<u>Head of household</u>	<u>65+</u>	<u>F</u>	<u>retired</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

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

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

Names of jobholders	Names of employers	Street address where jobs are located	to work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
_____ <u>Soc. Sec.</u>	\$ <u>183</u>	\$ _____
_____	_____	_____
_____	_____	_____
Total family or household income per month	\$ <u>183</u>	\$ _____

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

1. Location (indicate approximate cross streets) no real preference
2. Transportation, number of autos owned _____, use bus , walk
3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ compar., down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen , dining room _____, living room , number of bathrooms , total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Analyst Cannucci Date _____ Surveyed 2/17/71 Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 5 Census Block No. 46 Census Tract No. 22 A
 Street Address 2932 N Commercial Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: <u>Mura L Frary</u> <u>2932 N Commercial</u>	NAME & ADDRESS OF OWNER <u>Mura L Frary</u> <u>2932 N Commercial</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

920 Sq. ft. in first floor (county figure)
920 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/8/67 Date of last appraisal
1908 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>5610</u>	\$ _____
Improvements	<u>100</u>	_____
Total	<u>5710</u>	_____

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

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

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

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

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant _____, owner _____, manager _____, or estimated from assessor's data _____.

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

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

VII. REMARKS

1 1-00060-0720 LUTON, LAURA J

6

MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C: 001

BY PRARY MYRA L

2932 N COMMERCIAL AVE
 PORTLAND, OREGON

97227

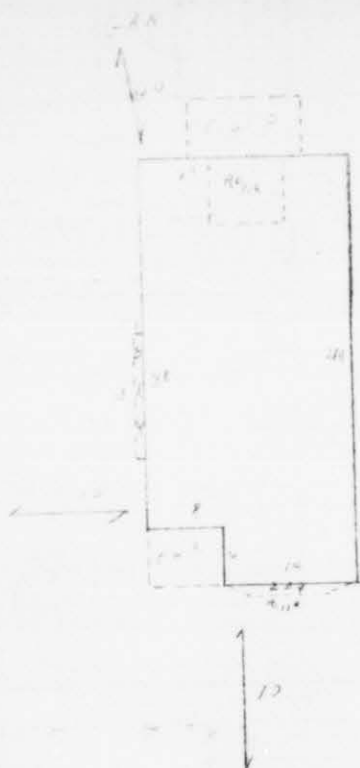
ABENDS ADD

LOT BLOCK

8 3

PROPERTY ADDRESS: 2932 N COMMERCIAL AVE
 PORTLAND

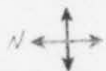
APPEALS:



AVE. OR ST.

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			5400	100	5300	2/7/68
1971			5610	100	5710	4/2/68

N. Commercial AVE OR ST.
 FRONT OF BUILDING



FUNCT GAY Pool Plan
 ECOM GAY No best hand use
 COND GYP
 REVISIONS 1968 Dist R/A

INSIDE	DATE	SIGN	DEPUTY
CHECKED	2 3 68	R. Fisher	
REVIEWED			
DATE	FEB 21 '68		
BY			

AT

REPLACEMENT HOUSING PAYMENT DETERMINATION
RESIDENTIAL ADDITIVE DETERMINATION

PARCEL File No. _____
PROJECT NO. _____

Sale Rental

Owner _____ Address _____ Occupant
Tenant _____ Address _____ Occupant

ITEM	SUBJECT	OFFERING #1	OFFERING #2	OFFERING #3
Address		1663 Applewood Dr. Eastside OR		
No. of Rooms	BR Bath Total Rooms	BR Bath Total Rooms	BR Bath Total Rooms	BR Bath Total Rooms
	4 1 9	3 1 5		
Type	LR, DR, VEN, KITCH, PANTRY	LR KIT 3 Bdrms.		
State of Int. Repair Ext.	GOOD	Excellent		
Type of Neighborhood	BLIGHTED	New		
Street Improvements	SIDEWALK CURBS	paved street curbs		
Availability of Public Services		Excellent		
Lot Size	2266	75' x 105'		
Year Built	1964	1969		
Fireplace	NO	YES		
Heating System	OIL-CENTRAL	Elec		
Basement	YES	NO		
Garage	Single	YES double		
Habitable Area of House	920 sq ft	1160 m ² ft ²		
Total Area	400 BMT	1650		
Furnished or Unfurnished		UNF		
Extraordinary Amenities		VIEW view char part done yard		
		400,500		

(Continue on Part 2)

Send

FINANCIAL DETAILS

Selling price (free of encumbrances) \$ 22,500. Terms: Cash out

Payments include: Prin. Int. Taxes Ins.
(Check items to be included in payments)

Interest on deferred payments _____ %

Fire ins. \$ _____ Ann'l prem. \$ Approx. 525.

F.H.A. commitment \$ _____
APPROX. ENCUMBRANCES Payable
1st mtg. \$ 13,600. Int. 7 1/2 % 154.51

2nd mtg. \$ _____ Int. _____ %

Mtg. held by FNB, CB

Contr. bal. \$ _____ Int. _____ %

Delinquent taxes \$ _____

Municipal liens \$ _____

	B	IF	2F	A	Comment
Living rm.		<input checked="" type="checkbox"/>			W/W-fireplace
Dining rm.					
Kitchen					dishwasher
Brkft. nk.					
Bedrms.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		carpeted
Slpng. pch.					
Bath		<input checked="" type="checkbox"/>			
Den					
Party rm.					
Utility rm.					in garage
Hallway					
Attic					Fin. Unfin.

RESIDENCE PROPERTY INFORMATIVE DATA

Address 1663 Applewood Dr. & _____ District Eastside
 Lot _____ Block _____ Addition _____ Facing N. _____ S. _____ E. _____ W. _____
 Dimension of lot 75 x 105 Dimension of house _____ x _____ No. rooms _____ No. stories _____ Attic _____
 Owner has: Abstract _____ Title Insurance _____ Cert. of Title _____ Contract _____ Deed
 Occupied by: Owner Vacant _____ Renter _____ Renter's name _____ Tel. _____
 Owner's name Floyd & Sheila Smith Tel. 269-9000
 May we use pass key _____ Key of _____ office, call first please
 Possession may be had 30 days
 Type of house _____ Type of roof _____
 Condition: roof good paint exterior good paint interior good
 Utilities: Electricity Gas _____ Phone Water city Garbage service
 For details as to chattels included in sale: See employment contract _____ See signed inventory _____

FEATURES & FINISH	HEATING	OUTSIDE	DISTANCE TO
Sink _____	House <u>elec. DB</u>	Garage: Sale _____ Db <input checked="" type="checkbox"/>	Bus or carline _____
L. trays _____		Lawn <input checked="" type="checkbox"/>	Name of line _____
Shower _____		Garden _____	Grade school _____
Hdwd. floor _____		Shrubbery <input checked="" type="checkbox"/>	High school _____
Fir floor _____		yard by <u>professional</u>	Pub. park _____
Plaster ceil. _____			Grocery store _____
Beam ceil. _____	Water <u>elec.</u>		MISCELLANEOUS
Rms. papered _____			Sewer <input checked="" type="checkbox"/>
Rms. tinted _____	BASEMENT	Paved <input checked="" type="checkbox"/>	Cesspool _____
En. finish _____	Full _____ Part _____	Macadam _____	Septic tank _____
Nat. finish _____	Fin. _____ Unfin. _____	Graded _____	Outdoor frpce. _____
	Floor drain _____	Ungraded _____	Walks _____
		Sidewalk _____	Weatherstripping _____
		Alley _____	Insulation <input checked="" type="checkbox"/>
			Wired elect. stove <input checked="" type="checkbox"/>

Remarks: Very nice. View of bay, house 2 1/2 years old, in good shape. 1 bedroom carpeted. Ex. N.
Directions: 2nd driveway past 16th St. listed by John on Coos River Rd. Signs permitted yes
 Inspected by John
 Will consider exchange for _____



704

FORM NO. 674 1/2
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 STEVENS-NESS LAW PUBLISHING CO.
 PORTLAND, OREGON KE

SALESMAN'S AND OFFICE COPY

USE WITH FORM NO. 674