20 II (2000)

PROJECT___RELOCATION EMANUEL BUSINESS AND INDIVIDUAL FILES (CONT.)

· · · · · ·	DESCRIPTION		ROLL NO	ODOMETER
PARCEL NO.	INGRAM, VIRGIE			
A-4-9	249 N. COOK			
PARCEL NO.	JACKSON, LEWIS			
E-3-9	2632 N. KERBY -			
PARCEL NO.	JONES, LAURA ELIZABETH			
R-9-1	3151 N. GANTENBEIN			
	(DECEASED)	•		
PARCEL NO.	JONES, OLLIE			
A-4-14	3317 N. VANCOUVER			
PARCEL NO.	JONES, ROOSEVELT (VEL)			1
A-4-7	3316 N. GANTENBEIN			
PARCEL NO.	JOHNSON, CLAUDE E.			
RS 4-9	7 N. RUSSELL			
PARCEL NO.	JOHNSON, LUCILLE			
E-4-8 -	321 N. RUSSELL	· · · · · · · · · · · · · · · · · · ·		
•				
PARCEL NO.	JOHNSON, RETTA -			
A-2-4	3104 N. GANTENBEIN			
PARCEL NO.	JOHNSON, SAM			
A-2-4	3110 N. GANTENBEIN			
PARCEL NO.	LAURENCE, ANN			
A-2-4	3110 N. GANTENBEIN			
PARCEL NO.	LAWRENCE, EDWARD			
A-2-6	217 N. MONROE			
PARCEL NO.	LEE, GEORGE			
A-3-19	3213 N. VANCOUVER		1000	
PARCEL NO.	LEE, ROBERT			
A-3-19	3213 N. VANCOUVER			
PARCEL NO.	MCALLTSTER, RAY			
E-4-7	423 N. RUSSELL			
PARCEL NO.	MACKIE, DAVID C.			
A-4-4	• 260 N. IVY			
DADOEL 110				
PARCEL NO. A-3-13	MARSHALL, JERRY W. 247 N. FARGO			
	21/ 11. 1 ANO			
PARCEL NO.	MARSHALL, JOYCE			
A-3-13	247 N. FARGO			
PARCEL NO.	MARSHALL, L & J BROTHERS EUST	NESS		
	247 N. FARGO			

INVENTORY

L & J BROTHERS BUSINESS

BASEMENT SHOP

THE REAL PROPERTY.

Shop smith - table saw & accessorys contents of 114 bins average size about 6" x 6" x 6" 7 boxes of plumbing supplies 2 large pulleys 1 large pipe cutter 6 boxes of nails approx. 50 lbs. 4 kegs of nails approx. 100 lbs. 3 cans of roof coating 1 roll of roofing material 5 tool boxes 1 handsaw l jig saw attachment 1 drill 1 sander 3 skill saws 2 sabre saws 1 electric motor 2 ladders paint materials in $5\frac{1}{2}$ 'x 3' cabinet carpentry clothes in 3' x 4' dresser building materials - sheets of plywood, particle board. misc. 1 table 3' x 3' $1 \quad 1 \quad 1\frac{1}{2} \times 3^{1}$

LOSS OF PROPERTY

Binds - 114 1 row 6' x 6" 1 wall 6' x 3¹/₂' 1 wall 2' x 6' 1 wall 2' x 6'

Approx, measu

workbench 7' x 3' Heavy duty construction of 4' x 4' and 2' x 8' decking, padded work service 110 v. duplex outlet 1 wood working vise (tog be removed)

Electrical - needs to be installed, present: one duplex plug, 2 | bulb incandescent lights.

WSJ:b 6-26-73

MENIO RE ITEMA A-1 d.

THE SUBSTITUTE EQUIPMENT CLAIM 1511 RESPECT OF SOME CARPENTERS WORKSHOP BING ABANDONGO AT THE FORMER LOCATION. THESE WERE STORAGE BING THAT WERE NOT PEREVASED AS PART OF THE REAL PROPERTY. THEY HAD THEEN BULLT IN THE SHOP AND WERE TOO LARGE TO TAKE THROCECH THE HOR A BASEMENT DOOR OR WINDOWS WITHOUT DIS ASSEMBLUNG THEM. THE DISASSEMBLUNG AND STORALE AND REASSEMIBLING INTOLELO COST MORE THEN BLEILDING NEW BING. WE HAVE MAKE DECIDED TO PAY A SCOBSTITUTE EQUIPMENT VAYANENT.



May 18, 1973

Mr. and Mrs. Louis Marshall 247 N. Fargo Portland, Oregon 97227

and the second

Southern States

Dear Mr. and Mrs. Marshall;

We have your claim for the business "in lieu" payment, together with page one of your 1971 Oregon tax return, Form 40-S, and page one of your Federal return, Form 1040.

Please note that the reason for asking for the returns is to verify the amount of your business income. Page 15, item 2 of the instructions to Businesses and Non-Profit Organizations requires that the payment shall be equal to the average annual net earnings of the business. Item 6, page 18, defines average annual net earnings; and item 18, page 19, requires documentation in support of a claim. It is, therefore, necessary that we receive a copy of your business income statements. The copies of tax returns submitted to us reports only income from wages and salaries.

Unless you submit the required copies of business income statements submitted to internal Revenue, we will not be able to continue the processing of your claim.

Very truly yours.

Benjamin C. Webb Chief, Relocation and Property Management

BCW: ch

US Individua Income Tax Return For the year January 1-December 31, 1972, or other taxable year beginning Name (if joint return, give first names and init. s of both Lat. Game Place label on MERSARM LINICE. ABOUTR, CO form you this Correct name, etc. Present home address (Number and street, including apartment mimber, or mill route) if necessary 241 N. FZACO man and have Enter social security number(s) only if incorrect or in care the City, town or post office, State and JIP code Occupation not shown on label. 110001 91 127 PINTIZNI Wile's HOVIC Wit Regular / 65 or over / Bfind Enter Exemptions Filing Status-check only one: cf boxes 1 [7] Single checked 7 Wife (husband) 2 Married filing joint return (even if only one had inchine 3 Married filing separately. If wife (husband) is a so 8 First names of your dependent children who lived with filing give her (his) social security number and 1 st 01 VOU Miznsh ZII PAMA a ż name here. 11 2 124 211 Form 4 D Unn arried Head of Household 5 🗍 Wide w(er) with dependent child (Enter year of de th 9 Number of oth r dependents (from line 32) 1 5 10 Total exemptions claimed of h isband (wife) > 19 11 Wages, salaries, tips, an other employee implicitation if unavailable stach isanation. 11 2/ 32 00 Copy Balance 🕨 12c 12a Dividends (see pages 6 and) \$_____ __1 b Les exclusion \$__ attach (If gross dividends and other distributions the over \$200, list in Part 1 of Schedule B.) 13 Interest income. [If \$210 or less, enter 1 tal without listing in Schedule B] If over \$200, enter tot 1 and list in Part II of Schedule B] ncome 13 14 Income other than wage dividends, and i terest (from line 45) 14 15 15 16 Adjustments to income such as "sick pa " moving expenses, etc. from line 50) - -16 6.1.72 20 17 Caution: If ou have unearned income and you could be claimed as a dependent on your plicent's return, be claimed as a dependent on your plicent's return, see board i struction on page 7, under the heading finit tax in Tables and enter on to line 51 to figure tax. be claimed as a dependent on your prient's return, see boxed instruction on page 7, under the heading "Tax-Credit Payments." Check this block []. line 18. Tax Rate Sched de X, Y, or Z Tax Tables 1-12, 151 00 Tax, check if from: 18 Schedule G or Form 4726 18 Schedule D 19 Credits 19 20 Income tax (subtract lin : 19 from line 11 20 21 Other taxes (from line 67) 21 15 7 22 Payments and Total (add lines 20 and 21) 22 23 Total Federal income ta withheld (attac) For is W-. 23 or W-2P to front) 24 1972 Estimated tax pay sents (include an ount allower as cre lit from 1971 return) 24 Amount paid with Form 486F. Application for Aut matic Extension 25 40 ax, Attach here 25 of Time to File U.S. Individual Income Tax Return 2% 26 Other payments (from I at 71) 26 Total (add lines 23, 2 , 25, and 26) 27 27 Pay in full with return Make check or money order parable to Internal Reinne Samoe 04 Order. 28 If line 2 is larger than Ii a 27, enter DALA CET UE IPS Bal. Due or Retund 28 29 29 If fine 27 is larger than I ne 22, enter and int O /ERPA .) 30 30 Line 2 1 to be REFUNDE TO YOU 1.10 - 1. 31 31 Line 29 to be credited or 1973 estimated to c Did you, at any time during the taxable year, have any increast in or signature or other authora Foreign over a bank, securities, or other financial account in a foreign clientry (except in a U.S. military banking facility perated by a U.S. financial i stitution)? If "Yes." attach Form 4: 13. (For definitions, see Form 4683.) NO NO Yes Note: Be sure to complete Revenue Sharin (line 33 a d 34) on ne t per Under penalties of perjury, I declare the i have systemme, this is use, in ruding a countrying school as and atements and to the bes of my kn eledge and belief it + true, correct, and complete. Declar con of prenager inflor an lar ager) is used an it informations which he has any know e. e. HE man pal 4, 12, 75 10 and after than to (at) Sign Date here Beatrice march is in if e ly one he incomes Ad iss (an if Code) Prepare s mp. Ider . or Soc. Sec. No. while DESTH and I would

Stream of the state of the stat	A STATE AND A STAT
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CREGON INDIVIDUAL INCOME	
TAX RETURN	1.O-S
DEPARTMENT OF REVENUE	I IORI FORM
the state of the s	071 DO NOT WHITE IN THIL SPACE
CALENDIAR YEAR RETURN ONLY	TAX PAL PAUNT
10.50	
Less Hama Maran Maran Var Hert dame on	ministration Security Number Ye - Occupation
	en end line to a grant entre source of Security Number Springe's Occupation
Home Address (Number and Street or Rural Route)	H.WIFR
Home Aldreiss (Number and Street or Rural Route) 2474 State City or Post Office	File his return on or before
City or Post Office State	Zin Unde April 15, 1972
pont -	
USE FORM 40-S ONLY IF • You were a full-year Oregon resident in 1971	USE FORM 40 INSTEAD OF TH S FORM IF • You have mill any active duty pay
 Your income is only from wages, salaries, interest a dividends 	
• Your adjus ed gross income on line 15 is \$20,000	er ess • You use item ed deductions en your Federal
• You use the tax table or standard deduction on your Form 1040 or have the Internal Revenue Service your federal tax	• You claim tax credits other than Oregon income
• You use the tax table or standard deduction on your Form 1040 or have the Internal Revenue Service your federal tax Did you file an Oregon Income Tax return for 1970	Yes [No f not state reason: 7 / B 14
the first the second of second s	pe - pe inter
FURNISH THE FOLLOWING INFORMATION AS Filing Status-check only one:	S ENTERED ON YOUR 1971 FEDERAL FORM 1040:
FURNISH THE FOLLOWING INFORMATION AS Filing Status check only one: 1 Single 2 Married filing jointly (even if only one had mer	Exemptions Regular 65 or 5 er. Blind 7 Yourself N Bumber
2 5 Married filing jointly (even if only one had mer	Spouse polies and if item 1 (7) [checked]
3 Married filing separately and spouse is also film Give spouse's social security number in space above and enter first name here b 4 1 Unmarried Head of Household	First names of your dependent children who lived with you I A V
	LANK E Enter D
5 Surviving widow (er) with dependent child 6 Married filing separately and spouse is not filing	10.Number of other dependents (from line 21)
	11 Total ex mptions claimed
12 Wages, salaries, tips, etc. from line 12, Federal F	1 m 040 12 6.373 04
The mages, selance, the, tee, non me as, teaching	prostation and subscripting
13 Dividends (balance) from line 13c. Federal Form	n 040 ottach when de of dividend and
14 Interest from line 14, Federal Form 1040	\$100.0
15 Adjusted gross income (add lines 12, 13, and 14)	amount on this line is not equal to the amount on line 15
	1 3 11
16 Tax from tax table on pages 5-8 of instructions. The	e ar tot le includes vour dediction for federal income tax.) 16
17 Oregon income tax withheld (attach Forms W-2 m	m 99W 17 9 6 30
18 If line 16 is larger than line 17, enter BALANCE	O TAY Make check payable to Department of Revenue 18
	143 30
19 If line 17 is larger than line 16, er ter overpayment	TO BE REFENTED
Under penalties of perjury, I declare that I have examined this return, including an complete. If prepared by a person ofner than taxpayer, his of zaration is based on	
Signature of prepart other than taxpaver	sics 1 the E 74 a shall
· · · · · · · · · · · · · · · · · · ·	HE IS Baty Marshill 2/9/72
Address	Becate a sign fore sit fore jointly, BOTH must sign a in it enty one had income)
MAIL, REFUND RI TURN. TO: REFU D P.O. BOX 700	MAIL LL OTHERS TO: DEPART TENT OF REVENUE STATE OF OREGON
19-1 Form 40-5, Page 1 SALEM. OREGON 973	
	1 Aug
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1/72 6 1/73

Partial List of Customers

1.	David Andrews	1029 N. E. Thompson
2.	Fred Allen	2812 N. E. 8th Ave.
3.	Floyd Booker	233 N. E. Holland
4.	V. F. Booker	1526 N. Webster
5.	Mr. Louis Browning	55 N. E. Ainsworth
6.	Mrs. C. W. Caples	3403 N. E. 13th
7.	Donald Caples	5236 N. E. 29th Ave.
8.	Dr. Webesten Brown	8330 N. Chautaqua Blvd.
9.	James Duckett	4635 N. Mississippi
10.	Albert Fisher	4624 N. E. Mallory
11.	Earnest Fisher	5833 N. Borthwick
12.	Albert Garnett	2350 N. Wygant
13.	Joe Hammond	3973 N. E. 7th Ave.
14.	Willie Hopkins	130 N. E. Tillamook
15.	George Jordan	4323 N. E. 6th Ave.
16.	Jack Johnson	1722 N. E. Saratoga
17.	Lynn Long	6617 S. E. Reed College Pl.
18.	Warren Robinson	5114 N. E. Mallory
19.	Mrs. Marsha Turner	205 N. E. Thompson
20.	Rev. O, B. Williams	1023 N. Ainsworth
21.	Harry Wysinger	124 N. E. Tillamook
22.	Harry Taylor	3536 N. Haight
23.	Mack Murphy	616 N. E. Cook
24.	Joe Reid	5075 S. W. Angel Ave. (work done on property in Albina.)
25.	C. T. Spratlen	10719 S. W. Boones Ferry Rd. (Same as above)

26. Mrs. Ruth Lugen

27. Edwin Dorsey

道 - 蘇加斯

standing attacking history and the second

2118 N. Vancouver Ave.

3702 S. E. 32nd Ave. (work for Dorsey in Albina area.)

Page 2





SCHEDULE D STATEMENT OF CLAIM FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES

MAY 14 1973

INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.

la.	Business name used on income tax return Louie E. Marshall	2. Principal on income Carpente		orted
16.	Business name as presented to public Louie Marshall		filed with District Direc I Revenue in	tor
3.	Employer identification number shown on income tax return	Ogden, City	<u>Utah</u> Sta	te
5a.	Does concern operate a similar establis YESX_NO If ''YES'	hment outside the pr , complete the follo		_
NAME	OF OTHER ESTABLISHMENT (S)	Address	TYPE OF BUSINESS ACTIV	ITY
		and the first states and		

Is concern affiliated with any other concern? 5b. YES If "YES", complete the following:

NAME OF AFFILIATED CONCERN(S)	Address	TYPE OF BUSINESS ACTIVITY
and the second		

Describe the nature of the affiliation:

6. Will displacement cause substantial loss of existing partronage? X YES NO If "YES", explain completely: The patronage of my business is about 90% from local area. The people of the Albina Community have become well aquainted with my shop and its location and where to find me. Now my home and business will be in separate quarters, and my customers are not aquainted with that arrangement. Many of my customers will not find my new location.

7. Signature constitutes certification of this schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment -Business" to which this Schedule D is an attachment, and that any Federal Income Tax reports attached hereto accurately duplicate the Income Tax Reports filed with the Internal Revenue Service Office in the city listed under Item 4 above.

Date

Signature of Owner or Authorized Agent

NO

(form continued next page)

May 7, 1973

Mr. and Mrs. Louis Marshall 247 N. Fargo Portland, Oregon 97227

Dear Mr. and Mrs. Marshall:

We have your letter of April 25, 1973 requesting an "in-lieu" payment for a displaced business.

We have enclosed a claim form, Schedule D, to be completed and returned to us in support of the claim. The claim form is to be completed and returned to us, together with copies of your Federal tax returns for the past two years and a schedule showing the names and addresses of your mejor customers for the period January 1, 1972 to January 1, 1973.

To assist you in completing the claim form, we have enclosed a copy of the instructions to Businesses and Non-profit Organizations. However, if you still have any questions, please call us.

Very truly yours,

Benjamin C. Webb Chief, Aslocation and Property Managabasi

BCW:ch Enclosure

Complete one of the three following tables, as appropriate. If data do not cover a full 8. year, indicate number of months covered. INDIVIDUAL_OR SOLE_PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040) 19 19 1. Gross receipts or gross sales, less returns or allowances 2. Gross Profit 3. Net Profit (or Loss) \$6.132 4. Salaries and wages paid to members of owner's family who are members of owner's immediate household* (Sum of Lines 3 and 4) NET EARNINGS Ś \$ \$6 132 PARTNERSHIP (Relates to IRS Form 1065) 19 19 1. Gross receipts or gross sales, less returns or allowances Ś Total Income 2. Ordinary Income (or Loss) 4. Compensation of principal partners 2/ Salaries and wages paid to members of principal 5. partners' families who are members of principal partners' immediate household* NET EARNINGS (Sum of Lines 3, 4, and 5) CORPORATION (Relates to IRS Forms 1120 and 1120-S) 19 19 1. Gross receipts or gross sales, less returns or allowances Total Income 2. Taxable Income 4. Compensation of principal stockholders 3/ 5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholders' immediate household* NET EARNINGS (Sum of Lines 3, 4, and 5) * List name and amount of payment to each.

1/ No deductions should be made for any "compensation" paid to owner.

 $\frac{2}{2}$ A principal partner is one with a proprietary interest of 15% or more in the concern. 3/ A principal stockholder is one who owns 15% or more of the capital stock of the corporation.



247 N. Fargo Street Portland, Oregon 97227 April 25, 1973

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

3

Dear Sirs:

RECELD

MAY S 1973

PORTLAND DEVELOPMENT COMMISSION

如果 建酸盐 运

Re Request for in Lieu Payment for Displaced Business

This is a request for a payment under HUD Relocation Handbook 1371.1, Chapter 6, Section 5, paragraph 88, for my displacement loss because I am forced to move my cabinet shop business from the house at 247 North Fargo Street, Portland, Oregon because this property has been taken by condemnation under the Emanuel Hospital urban renewal project.

About 16 years ago I started a cabinet shop in the basement of my home at 247 North Fargo Street. Originally, it was a partnership between me and my brother. After my brother's death a number of years ago, I have continued the business under our original name of L. & J. Marshall Brothers, which is duly registered as an assumed business name under the Oregon Laws.

The shop is completely fitted with a large table saw and various other power driven tools and wood working equipment. It has storage areas for plywood and other wood supplies. The principal part of the business is custom cabinet work but I also sell small supplies and do some general construction contracting. Customers come to the shop and also contact me by telephone. When a customer comes to me for custom cabinet work, I usually go to his home or place of business, make measurements and return to the shop and build the cabinets there which I later install.

The patronage of the business is at least 90% from the local area. During the past 16 years the people of the Albina community have become well acquainted with my shop and its location and where to find me.



Page 2

Since our home at 247 North Fargo Street has been taken for the urban renewal project we are being forced to move our business as well as our home.

It has been impossible to find any other location where we can have suitable living quarters and a cabinet shop on the same premises, although we have done considerable hunting for a new location.

We have now found a suitable replacement home, but I will have to look elsewhere to find separate quarters which I can rent for use as a cabinet shop. I do not have the funds to purchase a building for the shop.

My business losses due to the displacement of my cabinet shop business are as follows:

(a) Moving expenses consisting of moving my tools, machinery, materials and supplies to a new location.

(b) Cost of installation of machinery, wiring, shelves and tools at a new location.

(c) Additional rental for a replacement building. I estimate it will be a minimum of \$50.00 to \$75.00 a month for as long as I continue in business.

(d) Loss of patronage due to the fact that many of my customers will not find the new shop at a new location or my new telephone or will not be willing to make the effort to try to find me at a new location.

(e) Telephone expense involved through the fact that my home telephone has in the past been available as a shop telephone and that my wife was available to answer the telephone and take care of shop customers in my absence. Due to the dislocation I will have to have an additional telephone and make some other arrangement to care for the shop and the shop telephone in my absence.

My entire income comes from my cabinet work business. I have no other income. The cabinet shop is not part of a business having another establishment, as this is the only shop and only business I have.

My business income from the cabinet shop for the calendar year 1971 was \$6,373.04.



Page 3

My income was substantially less in 1972 than it was prior to that time. I believe that the reason for the loss of business was due to the disruption of the community because of the urban renewal activities.

Der Angebra. Australision beiter beiter

Respectfully submitted,

Souil t. marshalf

Louie E. Marshall

MARSHALL'S SHOP = APPOX. 20' × 10' (BAGENNENT)

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Date Nove 4 1973 Louis E. Marshall. 5951 RENT MUST BE PAID IN ADVANCE Received From. -Dollars \$ 65.00 00 1.2 mach 8 For Rent of 2 inery -11 From HOW PAID 0 CASH CHECK caroline M. Myers By m MONEY ORDER 8K803 Rediform

DVANCE	Received Fr	Date Dec. 4 1973 5952
BE PAID IN AD	Atyty. For Rent of	Firetor Dollars \$65.00 Storagety machinery
MUST 8	From HOW PAID	тоО
RENT A	CASH	
RE	CHECK	
	MONEY ORDER	By Mrs. Caroline Th- Mylers

L.E. MARSHALL SELF MONE SCHEDULE TO SHOW THE ACTUAL LABOR \$255 L.E. MARSHALL ROBERT BRADEN JERRY IVLARSHALL TRUCK-PICK UP (HEMILY, 20=9.60) 7205 BUF

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Contraction of the

Gentlemen:

NAME JERRY MARASHALL

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from <u>247 IN. FARGO</u> to <u>2135 IV. F. 16</u> AVE 1026 N. 515771

SOCIAL SECURITY NO.

 DATE
 HOURS WORKED
 HOURLY RATE
 AMOUNT PAID TO EMPLOYEE
 EMPLOYER'S CONTRIBUTION
 GROSS EARNINGS

 III
 III
 III
 III
 III
 III
 III

 IIII
 III
 III
 III
 III
 III

I, JERRY NHAGHALL, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of _______. (name of concern)

Marshall (Signature of Employee)

AC [.

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 247 N. FARGO to 2135 N.B. 16 + 1026 NE 107 PL.

NAME LIE. MARSHALL

SOCIAL SECURITY NO. 441-26-391×

AMOUNT PAID EMPLOYER'S GROSS EARNINGS HOURLY RATE DATE HOURS WORKED TO EMPLOYEE CONTRIBUTION # 225 @ THIS IS & BVIDLESLY WRONG. THERE ARE NOT 25 HOURSIN A DAY BHO BY DISCUSSIONS WITH CLIENT AND OUR PERSONAL KNOWLEDGE OF THE WORK TO BE DONE AND THE TIME HE SPENT WORK-ING-HIS SHOP IS WITHIN SIGNTOF OUR SITE OFFICE WE KNOW THAT HE SPENT MORE THEN HO HOURS HIMGELF IN THE MOVE no. well E. marshall 1, <u>L. Manshall</u>, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of <u>LYA, Manshall Bro</u>. name of concern) (Signature of Employee)

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from <u>747</u> N. FARGO to **2135** N.E. 16 AVE + AVE + 1026 N.E.107

NAME ROBERT BRADEN SOCIAL SECURITY NO.

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
1/4/13	K	6.00	8g4.00		624

1, <u>ROBERT BREDER</u>, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of <u>LE MERSAZI BRO</u>. CLIENT SAYS THAT HE IS CINARLE

To LOCATE THIS EMPLOYEE. _____ (Signature of Employee) APPLARS TO HAVE LEFT TOWN.

I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and 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. 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.

(Signature of Claimant)

COST OF BUSINESS MOVE 25 NUMBER HOURS 1-8 kus 2-12 kus, 3- 4 kus NUMBER MEN RATE PER HR. NAMES L.K. marshan (seef) gurs. marshaw 9. Rabert Braden Prek 2P TRUCK-TYPE 48 × PER9.20 9.40 NURNIBER MILLES Cost of labor, truck a knownst#385.00

STATEMENT

PHONE 252-6142

KORPELA Construction Co.

13222 N. E. ROSE PARKWAY PORTLAND, DREGON 97230

July 10, 1973

Portland Development Commission 1700 S.W. 4th Avenue Portland, Oregon

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To prepare estimate of cost to build replacement bins and a workbench similar to the property in use but being abandoned at the workshop at 247 N. Fargo Street.

> Travel Time l hr. Preparation of Bid l hr.

2 hrs. @ \$17.50 = \$35.00

KORPELA CONSTRUCTION CO.

13222 N.E. Rose Parkway

Portland, Oregon 97230

July 10, 1973

Portland Development Commission 1700 S.W. 4th Avenue Portland, Oregon

Subject: SHOP CABINETS 247 N. FARGO

Gentlemen:

RP-2

At your request we have prepared an estimate of the cost to build replacement workshop bins and a workbench similar to the property now at 247 N. Fargo. The bins are of irregular size but average from 3 1/2 to 6 feet high and are approximately 17 feet wide. We estimate the replacement cost to be \$297.50, computed as follows:

> Cost Per Linear Foot \$17.50 Total Linear Feet <u>17</u> <u>\$297.50</u>

The above cost includes labor and material.

We have not included an estimate for the workbench because it appears to be moveable.

Very truly yours.

KORPELA CONSTRUCTION CC.

Grow H: Kongela

Arvo H. Korpela

AHK/BCW/v

November 16, 1973

Spence Benfield

Ben Webb

Louis E. and Beatrice Marshall, Emanuel Hospital Project

This memo refers to the Novembar 13, 1973 letter from the Marshalls to the Commission, copy attached. To enable you to understand the contents of the letter without having to dig through the file, also attached, I will give you some brief background information.

The Marshalls were owner-occupants in the Emanuel Hospital Project area. They were not inclined to communicate with the Commission. As a result of this attitude, the Commission obtained a default judgment in the Multhomah County Circuit Court in early January, 1972. Unfortunately, this occurred at a time when the Marshalls were involved in a race discrimination case. The Marshalls would not accept correspondence sent to them by Don Stark, and therefore did not know about the judgment until I received the information from Don Stark and telephoned them. They were, therefore, unable to move until the matter was settled by the sellers of the property and the HUD Equal Opportunity Officer, Charles Howlett. This was a period of about seven months.

We had informed the Equal Opportunity Officer of the situation and had also informed him that under the Regulations we would be required to charge rent to the Marshalls after 60 days from the date of the judgment. Mr. Howlett said that the terms of the settlement would include compensation for any damages that the Marshalls might suffer, which would include any rents that they had to pay during the period of negotiation. However, when the settlement finally was reached, no provision was made whereby the sellers would pay the Marshalls' rent. We reminded Mr. Howlett of his promise, and at his request asked HUD to give us authority to write off the rent since the Hendbook, itself, did not give us this suthority. Mr. Howlett hes not given us this authority, and it is our opinion that he cannot give us this authority.

We have communicated this information to the Marshalls. The Marshalls have also had conversations both with Mr. Howlett and Russell Dawson on this matter. Consequently, in our latter of October 31, 1973 we notified the Marshalls of our intent to offset the delinquent rent against their moving allowance, as we are required to do under the provisions of the Relocation Handbook. The Marshalls have objected to this proposal under rights granted to them by the Handbook. We are, therefore, required by the Handbook to either accept their objections or get off the delinquent rent against the moving allowance, and within 30 days initiate "judicial actions" to collect the rent. Nemo to Spence Benfield Page 2 November 16, 1973

My question is this: Shall we put this matter to the Commission in the form of a CRD and ask them to either grant us the authority to take the necessary actions to collect the rent, or else grant us the authority to write off the delinquent rent?

For your information, the authority to write off delinquent rent is the Urban Renewal Handbook RHA 7211.1, Chapter 3, page 3, and reads as follows:

"COLLECTION OF DELINQUENT RENT

"The LPA shall establish a policy with respect to delinquent rent which shall include:

- (1) Fixing a time period for the institution of eviction actions, which shall not be earlier than 30 days after the rent due date. Eviction actions shall be preceded by the sending of such notices as may be customary in the locality. Eviction actions are to be taken only as a last resort. The relocation plan must contain standards for eviction and provide for continuing relocation assistance to be rendered by the LPA after eviction. (See 7212.1, Relocation, Chapter 2, Section 1.)
- (2) Actions which will be taken to collect rent from tenants who move while owing rent."

"CHARGEOFF OF DELINQUENT RENT

"Delinquent rent shall be charged off only after the governing body of the LPA has found that there is no reasonable prospect of collection, that the probable cost of further efforts to collect would not be warranted, or that collection would impose undue hardship on the tenant. These findings shall be made not less than semi-annually."

Please note that we must enswer within 30 days.

BCW:ch Attachments

PHONE 254-3530

January 10, 1974

Mr. Louis E. Marshall 1026 N. E. 107th Place Portland, Oregon 97220

Dear Mr. Marshall:

Same of the local distance

We have enclosed our Warrant No. 880 EH in the amount of \$355, in full and complete satisfaction of your claim for storage costs in connection with the relocation of your business from 247 N. Fargo by the Emanuel Hospital Project.

Please note that in computing the amount due you we have deducted \$35 due the Korpela Construction Company for its work in preparing the estimate of the actual cost to replace certain items of personal property not moved by you from 247 N. Fargo. This adjustment is necessary because you were overpaid this amount by our Warrant No. 837 EH, deted October 31, 1973.

Very truly yours,

Benjamin C. Webb Chief, Relocation

BON: ch Encl.

URBAN REI	DEVELOPMENT FUND-	ROJECT EXPENDITURES-EMANUEL HOSPITAL,	ORE. R-20	Warrant Number
	ORTLAND	DEVELOPMENT COMMINIE 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201	N?	880 EH
			DATE January 9	, 19 74
PAY TO	Louis E. Mar	shell		355.00
				DOLLARS
ci	TO THE TREASURER OF THE TY OF PORTLAND, OREGO	4		AUTHORIZED SIGNATURE
Portland De	velopment Commission	224-4800	DETACH BEFC	RE DEPOSITING CHECK
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
		Reimbursement per Claim for S from 247 N. Fargo (Parcel A-3	torage Costs filed. No -13).	\$355.00
Accou	unt Distributio	n		

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RELOCATION PAYMENT

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* Previously paid directly to Louis E. Marshall by Warrant No. 837 EH; Balance due Korpela Construction Co. of \$35.00 by previous claim never paid by Louis Marshall.

of me

0600 E60 901

		SCHEDULE A-2								
3		G DATA - STORAGE COSTS								
	5011011110	3 DATA - STORAGE C0313								
	STORAGE PERIOD									
1.	Total period (if this is not the final									
	claim, enter estimate)		Six MONTHS							
2.	Period covered by this claim		Six MONTHS							
3.	Date property moved to storage		July 4, 1973							
4.	Date property moved from storage									
	STORAGE COSTS	AMOUNT	AMOUNT APPROVED							
1.	Monthly rate	\$ 65.00	\$ 65.00							
2.	Total costs actually incurred	A 200 00	4 200 00							
3.	(cumulative) Amount previously received as	\$ 390.00	\$ 390.00							
5.	relocation payment	\$ -0-	\$ -0-							
4.	Amount claimed herewith (line 2 minus	· · · · · · · · · · · · · · · · · · ·								
	line 3) enter this amount in Block A-1									
	on line marked "storage".	\$ 390.00	\$ 390.00							
		ON OF PROPERTY STORED								
	List each major item separately. Attac									
	a complete listing, if a detailed stora									
	provided. (Storage costs compensable a	as moving expense, must be	reduced accordingly							
	when items are removed from storage):									
	SEE ATTACHED									
		CHEDULE A-3								
		IOD OF PAYMENT								
	<u>I HAVE NOT</u> paid the costs of the following services:									
	CartageMechanical	Bids/Estimates X								
	Storage Electrical	Other								
	The unpaid itemized invoices or bills a									
	made (check one): () in advance, ()									
-	the Local Agency and the mover and/or o		request that the							
	amounts due be paid directly to the app	propriate contractor(s).	X DM							
			Initials							
	I HAVE PAID the costs of the following	services:								
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	Storage X Electrical	Other								
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	request rembursament.		Initials							
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	This concern has conducted a SELF-MOVE	and has incurred costs as	evidenced by							
	the attached itemized invoices, payroll									
	hereby request reimbursement.									
			Initials							
	Signature constitutes certification of									
	with and subject to the provisions of I Business" to which this Schedule is an		elocation Payment =							
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VORK AND/OR	IDENTIFICATION OF MOVER, STO	RAGE COMPANY, AND/OR OTHER	R CONTRACTORS	AMOUNT	FOR LOCAL AGENCY USE		
RVICE PERFORMED	NAME ADDRESS		TELEPHONE	CLAIMED	AMOUNT APPROVED		
MOVING							
ELECTRICAL							
MECHANICAL							
PREPARATION OF BIDS/ESTIMATES							
SUBSTITUTE EQUIPMENT*							
OTHER (List)							
STORAGE	Caroline M. Myers			\$390.00	\$390.00		
			TOTAL	\$ 390.00	\$ 390.00		
. Actual cost of	stitute Equipment substitute equipment installed	d \$	\neg				
. Less proceeds . Unrecovered co	from sale, trade-in, or market	value \$	_				

e. AMOUNT CLAIMED (lesser of c. or d.)

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

STIMATED MOVING & STORAGE COMPANY 7021 N.E. HALSEY STREET 7021 N.E. HALSEY STREET	PORTI			OP 51 HONE 206-693-2531 HONE 503-255-6010	Date 7		LS /
Chess of Engoer <u>J:12 N. F.H. En</u> Chess of Engoer <u>J:12 N. F.H. En</u> Chess of Engoer <u>J:12 N. F. H. E. 1691</u> Street	57.	Pe,	TJ ++ +P	CIE			2-3536
ander's Destination Contact					_Phone N		tion Bulletin
Time Loading Date Requested		Rec	very Date		_Given	Mai	led
aning information PCITINN DELE	18 5	INI T.	LCATIC	· PT : 37	THN	Jen	Ę
MPORTANT NOTICE: This estimate covers of							- 5169
will not exceed the amount of the estimate. O dental charges computed on the basis of rate estimates made by the carrier or its agents. I weight of the goods transported, and such c van and weighed. Charges for additional serv based on actual time starting from the time t	s shown Exact c harges vices with	n in their harges fo may not ill be add	lawfully publ r loading, t be determin ed to the tr	lished tariffs, regard ransporting, and un ed prior to the time ransportation charge	ess of pri- loading a the good s. Local	or rate quine based s are loa moving o	uotations or d upon tha
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hrs. @	-						
Storagelbs.; @ Warehouse Handlinglbs.; @							
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CRATES, WOODEN - MIRROR AND PIC. CTNS. Gross Measurement of Crate(s)				Crib MIRROR & PIC		ONS	• • •
LABOR ADDIFIONAL Hours Per Man				Small			
Total Estimated Packing and Unpacking Costs		7750		Large			
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No. of Concession, Name

determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Information For Shippers of Household Goods are re-quired by the Oregon Public Utilities Commission, he should be furnished it at this time for the transformed to the should be furnished it at the time for the should be furnished it at the time for the should be furnished it at the time for the should be furnished it at the time for the should be furnished it at the should be furnished be furnished it at the should be furnished it at the should be furnished be for the should be furnished be furnished it at the should be furnished be

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NOTICE: It is mandatory that the total cubic footage shown or the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Information For Shippers of Household Goods are required by the Oregon Public Utilities Commission, he should be firmished it at this time

Remarks.

ame of Shipper			Date 12/14/73 Phone No. 283-35	30
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illing Information				
			Phone No.	
dental charges computed on the basis of rates estimates made by the carrier or its agents. En weight of the goods transported, and such ch van and weighed. Charges for additional servi based on actual time starting from the time th	shown in their lawfully publi act charges for loading, tr arges may not be determine ces will be added to the tra	shed tariffs, regard ansporting, and used prior to the time ansportation charge	unloading are based upon ne the goods are loaded on ges. Local moving charges ck at warehouse.	ns or the the
estimates made by the carrier or its agents. Es weight of the goods transported, and such ch van and weighed. Charges for additional servi based on actual time starting from the time th STIMATED COST OF SERVICES	shown in their lawfully publi act charges for loading, tr arges may not be determine ces will be added to the tra	shed tariffs, regard ansporting, and used prior to the time ansportation charge	dless of prior rate quotation unloading are based upon ne the goods are loaded on ges. Local moving charges ck at warehouse.	ns or the the
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estimates made by the carrier or its agents. Est weight of the goods transported, and such ch van and weighed. Charges for additional servi based on actual time starting from the time th STIMATED COST OF SERVICES ased on Tariff, No) ansportation: Est. Wt.*tbs.;rate per 100 lbs. ck-up of Delivery for Storage	shown in their lawfully public act charges for loading, transferred arges may not be determined ces will be added to the transferred and men leave the war	shed tariffs, regard ansporting, and u ed prior to the tim ansportation charg arehouse until bac	dless of prior rate quotation unloading are based upon ne the goods are loaded on ges. Local moving charges ck at warehouse.	ns or the the
estimates made by the carrier or its agents. Est weight of the goods transported, and such ch van and weighed. Charges for additional servi based on actual time starting from the time th STIMATED COST OF SERVICES ased on Tariff, No) ansportation: Est. Wt.*tbs.;rate per 100 lbs. ck-up of Delivery for Storage	shown in their lawfully publicat charges for loading, trarges may not be determined to the transmission of transmission of the transmission of transmission of the transmission of transmissio	shed tariffs, regard ansporting, and u ed prior to the tim ansportation charg arehouse until bac	dless of prior rate quotation unloading are based upon ne the goods are loaded on ges. Local moving charges ck at warehouse.	ns or the the
estimates made by the carrier or its agents. Est weight of the goods transported, and such ch van and weighed. Charges for additional servi based on actual time starting from the time th STIMATED COST OF SERVICES ased on Tariff, No) ansportation: Est. Wt.*tbs.;rate per 100 lbs. ck-up of Delivery for Storage	shown in their lawfully public act charges for loading, transferred arges may not be determined ces will be added to the transferred and men leave the war	shed tariffs, regard ansporting, and u ed prior to the tim ansportation charg arehouse until bac	dless of prior rate quotation unloading are based upon ne the goods are loaded on ges. Local moving charges ck at warehouse.	ns or the the
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					Quantity	Rate	Amount
BARREL, DRUM OR	FIBRE CONTAIN	IER					
BOXES, WOODEN	not over	5 c	U.	ft.			
Over 5 cu. ft.	not over	8 0	cu.	ft.			
Over 8 cu. ft.	(See Crates)						
CARTONS	less that	n 1½ c	cu.	ft.			
		11/2 (cu.	ft.			
		3 (cu.	ft.			
		6 (cu.	ft.			
		61/2 0	cu.	ft.			
WARDROBE CARTO	N						
CRIB MATTRESS C.	ARTONS						
MATTRESS CARTON	NS						
MATTRESS CARTON	NS (Exceeding 5	4" x 7	5")				
CRATES, WOODEN - Gross Measu	MIRROR AND P		VS.				
LABOR ADDITIONA Hours Per Ma							
Total Estimated Pac	king and Unpacl	king Co	sts				-

Appliances To Serv Washer Make Organ Make Other		
MATTRESSES	MATT	BOX
Singles		
Doubles		
Singles Foam		
Doubles Foam		
Queen Size		
King Size		-
Crib		
MIRROR & PIC	TURE CARTO	NS
Small		
Medium		
Large		

Remarks.

NOTICE: It is mandatory that the total cubic footage shown on the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.

If the prospective shipper has not previously been furnished with the Information For Shippers of Household Goods are re-quired by the Oregon Public Utilities Commission, he should be furnished it at this time. In the full of the

Signature and Title of Estimator

RECEIPT Date set 14 1077 7058	
Received From Louis E. marshall	
Address 107-6 2- E. 1079- Place.	
sixty Five Dollars \$65	
For storage of machinery	
1. I would be worked	
ACCOUNT HOW PAID	
ACCOUNT CASH AME PAID CHECK	
BALANCE MONEY By Mrs. Caroline m. Myers V	
SK802 Rediform	
TOTT NA	
RECEIPT Date july 4 1973 7055 NS	
Received From Louis E. Imarshell	
Address 1026 n-E. 10.7# Place	
Sinty-Fire Dollars \$65.00	
For Story & Malchingue	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ACCOUNT HOW PAID	
ACCOUNT CASH RECOUNT	
BALANCE MONEY By My Caroline m myers	
BK302 Rediform	
RECEIPT Date defat. 4 1973 7057	
Received From Louis E-marshall	
Address 607-6 n. E 107 = Place	
Sinte Fire Dollars \$ 65	
For storage of machinery	
101 - the inger of their trang	
ACCOUNT HOW PAID	
AMT. OF CASH D	
AMT. PAID BALANCE DUE DUE BUE BUE BY MD. Carpline M. Myers	
SKS02 Rediform	
	•
RECEIP: Data Aug 1073 7056	
RECEIPT Date Aug 4 - 1973 1000 Received From Louis E. marshall	
Addies (a b ()) - That a back	
Address 1026 N-E. 1075 Place	
Dollars \$ 65	
For Alorage of machinery	
ACCOUNT HOW PAID	
AMT OF CASH	
AMT. PAID CHECK By Mus. Cauline M. Myers	-

CLAIM FOR RELOCATION PAYMENT - BUSINESS

INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations. NOTE: If claim exceeds \$10,000, the Local Agency must obtain HUD concurrence prior to making payment. 1. NAME OF CONCERN: Louis Marshall (L & J Brothers) ADDRESS(ES) 2 ADDRESSES IN PROJECT OR PROGRAM DATES OCCUPIED AREA OCCUPIED BY CONCERN PRIOR FROM TO TO SUBMISSION OF THIS CLAIM 247 N. Fargo 1956 July 1973 ADDRESS PRESENTLY OCCUPIED BY CONCERN 4. STATE TYPE OF BUSINESS OR PRINCIPAL 3. Storage BUSINESS ACTIVITY Date move to this address started July 1973 Carpentry 6. DID CONCERN DISCONTINUE BUSINESS? Yes 5. FORM OF OPERATION (check one) X Sole Proprietorship IF YES, STATE REASON FOR DISCONTINUING Partnership BUSINESS Corporation Nonprofit Organization Other (identify) DOES CONCERN PLAN TO REESTABLISH? Yes No TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL SUPPLEMENTARY FINAL 7. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES: AMOUNT 8. Reimbursement for actual reasonable moving expenses a. (Attach completed Schedule A). Includes storage costs. \$390.00 b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B) Reimbursement for actual reasonable searching expenses c. (Attach completed Schedule C) TOTAL AMOUNT CLAIMED TOTAL \$390.00 PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not 9.

9. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$_____.

Signature of Agent or Owner

Title

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: 10. "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

Signature of Owner or Authorized Agent

DATE

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT - BUSINESS (this page for Local Agency use only)

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NAME OF CONCERN: L & J Brothers (Louis Marshall) NAME OF LOCAL AGENCY: PDC PROJECT OR PROGRAM IDENTIFICATION: Emanuel Hospital Project PARCEL NO. A-3-13 INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD. BASIC INFORMATION: Business Α. Nonprofit Farm X 1. Claimant is (check one): Concern Organization Operator 2. Date of HUD approval of project or program April 23, 1971 3. Direct cause of displacement: Notice of intent to acquire (date) Acquisition of Real Property (date) Jan. 2, 1973 Other, explain 4. Date move started July 3, 1973 5. Date property vacated July 10, 1973 7. Date storage authorized Oct. 18, 1973 Date claim filed 6. July 10. 1973 PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES: Β. 1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes 🗖 No 🗖 2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes No 🗖 3. Average annual net income: As reported by claimant: \$_____ As verified by Agency: \$ (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.) State basis for Agency verification of income: AMOUNT OF IN LIEU PAYMENT: \$ APPROVED: \$ 4 PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES D. CERTIFICATION С. I certify that I have examined this Amount Amount Item claim and have found it to be in Claimed Approved accord with all applicable provisions 1. Moving expenses, of Federal Law and the Regulations including \$ 390.00 issued by the Department of Housing covering storage. \$ 390.00 \$ 390.00 and Urban Development pursuant thereto. Therefore, this claim is approved and Direct loss of 2. payment is authorized in the amount of property Ś \$ \$ 390.00 Searching expenses 3. \$ Ś DATE Total (sum of lines 4. Me 1, 2, and 3) 14 Authorized Signature \$ 390.00 \$ 390.00 E. RECORD OF PAYMENTS MADE: AMOUNT CHECK NO. DATE 省東京長村 00 2-74 Ś \$ Ś Ŝ
URBAN R	EDEVELOPMENT FUND-	PROJECT EXPENDITURES-EMANUEL HOSPITAL, O	RE. R-20	Warrant Numbe
P	ORTLAND	DEVELOPMENT COMM 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201		37 EH
			DATE October 31	. 19_73
PAY TO	Louis E. Mar	shall	\$ 1,	147.20
				DOLLARS
	TO THE TREASURER OF THE TY OF PORTLAND, OREGON		NON-NEGO	
Portland De	velopment Commission	224-4800	AUTHO DETACH BEFORE DEP	OSITING CHECK
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
		Reimbursement per Claim for Relo Move from 247 N. Fargo (Parcel A	cation Payments filed. -3-13).	
		Business Moving Expenses Business Searching Expenses	\$647.20 <u>500.00</u>	\$1.147.20

Account Distribution

NO

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel PAYABLE TO: Louis & Marshall		PARC	EL: _	A	-3	-13	
For:RHP for Homeowners							.\$
RHP - Tenants & Certain Others - Downpayment Settlement Costs (on acquisition by LPA only) Interest Expense	· · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Name of Client Louis &. Marshall		7 Fan	nily		L	ess -	\$
Move from 247 N. Fargo		/ Ind	divid 	ua 1 — —		otal	\$ 1,147.20
Accounting: Indicate symbol and Accounting No. 	ject	Cost		*()

0600 E66 901

DETERMINATION OF ELIGIBILITY FOR RELOCATION MENT - BUSINESS (this page for Local Agency use only)

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(L & J BROTH	IERS)		
NAME OF CONCERN: LOUIS MARSH		NAME	OF LOCAL AGENCY: PORTLAND DEVELOPMENT COM-
PROJECT OR PROGRAM IDENTIFICA	TION: Emanu	uel Hospital	Project PARCEL NO. A-3-13 MISSION
INSTRUCTIONS: Complete Block for a payment in lieu of actu- is for a payment for actual m claim form(s) filed by the cl	A, D, and H ual moving an noving and re laimant. At ved. NOTE:	E for all pay nd related ex elated expension tach an explain No claim for	yments. Complete Block B if claim is xpenses. Complete Block C if claim ses. Attach the completed form to the anation of any difference in the amount r a relocation payment in excess of
 A. BASIC INFORMATION: 1. Claimant is (check or 2. Date of HUD approval 3. Direct cause of displ 4. Date move started <u>Ju</u> 6. Date claim filed <u>10</u> 	of project of acement:	n [XX] (or program Notice of in Acquisition Other, expla 5. [of Real Property (date) Jan. 2, 1973
same or similar busin 2. Can the business be r State basis for Agence 3. Average annual net in As reported by claima	of a commerce ness which is relocated with ty determination ant: \$ne ant: \$ne amount on \$10,000.)	cial enterpris s not being a thout substan tion: 	ise having another establishment in the acquired: Yes No C ntial loss of its existing patronage: Yes No C As verified by Agency: \$ less than \$2,500, enter \$2,500; if more
4. AMOUNT OF IN LIEU PAY		EVDENCES	APPROVED: \$
C. PAYMENT FOR ACTUAL MOVING		T	D. CERTIFICATION I certify that I have examined this
ltem	Amount Claimed	Amount Approved	claim and have found it to be in
1. Moving expenses, including \$ covering storage.	\$ 977.50	\$ 647.20	accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto.
2. Direct loss of property	\$	\$	Therefore, this claim is approved and payment is authorized in the amount of
3. Searching expenses	\$ 500.00	\$ 500.00	\$ 1,147.20 DATE 10/25
4. Total (sum of lines 1, 2, and 3)	\$ 1,477.50	\$ 1,147.20	Aatrick Jalure
E. RECORD OF PAYMENTS MADE:			0
DATE CHECK NO.	A	MOUNT	
10/31/73 8376н	\$ 1,14 \$ \$ \$ \$	7.20	

CLAIN OR RELOCATION PAYMENT - BUSINESS

INSTRUCTIONS: Complete all items on this page <u>except</u>: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.

NOTE: If claim exceeds \$10,000, the Local Agency must obtain HUD concurrence prior to making payment.

1. NAME OF CONCERN: L & J BROTHERS

		L G J DRUTTERS					
	2.	ADDRESSES IN PROJECT OR PROGRAM	AD	DRESS(ES)	DATES O	CCUPIED	
		AREA OCCUPIED BY CONCERN PRIOR			FROM	TO	
		TO SUBMISSION OF THIS CLAIM	247 N.	Fargo	1956	July 1973	
	3.	ADDRESS PRESENTLY OCCUPIED BY CONCERN Storage Date move to this address started <u>Ju</u>		STATE TYPE OF BUSINESS ACT	F BUSINESS OR PR	INCIPAL	
-	5.	FORM OF OPERATION (check one)	6.	DID CONCERN I	DISCONTINUE BUSI	NESS? Yes	
		X Sole Proprietorship Partnership Corporation Nonprofit Organization		BUSINESS	E REASON FOR DIS		
		Other (identify)		DOES CONCERN	PLAN TO REESTAB	SLISH? Yes X	No
	7.	TYPE OF CLAIM: THIS CLAIM FOR REIMBU	RSEMENT	IS: INITIAL	X SUPPLEMENTAR	YFINAL	
-	8.	AMOUNT OF BUSINESS RELOCATION CLAIM F	OR MOVIN	G AND RELATED	EXPENSES:	AMOUNT	
		a. Reimbursement for actual reasonab (Attach completed Schedule A). 1				\$ 647.20	
		 Reimbursement for actual direct 1 (Attach completed Schedule B) 			nal property	-0-	
		 Reimbursement for actual reasonable (Attach completed Schedule C) 	e search	ing expenses		500.00	
		TOTAL AMOUNT CLAIMED			TOTAL	\$1,147.20	
_	-		ENDENCE		these shifes have		

9. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$_____.

Signature of Agent or Owner

Owner

Title

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: 10. "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

Signature of Owner Authorized Agent

DATE

SCHEDULE A - S	STATEMENT OF	CLAIM F	FOR ACT	FUAL M	IOVING I	EXPENSES
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AND STO

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR	IDENTIFICATION OF MOVER,	AMOUNT	FOR LOCAL AGENCY USE		
SERVICE PERFORMED	NAME	ADDRESS	TELEPHONE	CLAIMED	AMOUNT APPROVED
MOVING	SELF	1026 N.E. 107th Pl.	254-3530	\$ 385.00	\$ 314.70
ELECTRICAL					
MECHANICAL					
PREPARATION OF BIDS/ESTIMATES	KORPELA CONST. CO.	13222 N.E. Rose Parkway Portland, Oregon	252-6142	35.00	35.00
SUBSTITUTE EQUIPMENT*	L. E. MARSHALL	1026 N.E. 107th Pl.	254-3530	297.50	297.50
OTHER (List)					
STORAGE				260.00	-0-
GAL AA	LE TO BE SET	TLED LATER	TOTAL	\$ 977.50	\$ 647.20

	in onition ousselface equipment		
а.	Actual cost of substitute equipment installed	\$ 297.50	
ь.	Less proceeds from sale, trade-in, or market value	\$ -0-	
с.	Unrecovered cost (a. minus b.)	\$ 297.50	
d.	Estimated cost to move old equipment	\$ See Memo	
e.	AMOUNT CLAIMED (lesser of c. or d.)	\$ 297.50	

	PORTIN	SCHEDULE A-2 G DATA - STORAGE COSTS	
	STORAGE PERIOD		
1.	Total period (if this is not the final		
	claim, enter estimate)		MONTHS
	Period covered by this claim		MONTHS
3.			
4.			
	STORAGE COSTS	AMOUNT	AMOUNT APPROVED
1.	Monthly rate	\$	\$
2.	Total costs actually incurred		
2	(cumulative)	\$	\$
3.	Amount previously received as relocation payment	Ś	s
4.			**
4.	line 3) enter this amount in Block A-1		
	on line marked "storage".	\$	\$
	-		
		ON OF PROPERTY STORED	
	List each major item separately. Atta		
	a complete listing, if a detailed stor		
	provided. (Storage costs compensable	as moving expense, must be	reduced accordingly
	when items are removed from storage):		
		SCHEDULE A-3	
		HOD OF PAYMENT	
	I HAVE NOT paid the costs of the follow	wing services:	
100			
	Cartage Mechanical	Bids/Estimates	
	StorageElectrical_	Uther	
	The unpaid itemized invoices or bills	are attached In accordance	e with arrangements
	made (check one): () in advance, (
	the Local Agency and the mover and/or		
1111	amounts due be paid directly to the ap		
			Initials
	<u>I HAVE PAID</u> the costs of the following	services:	
	Courses Masharias)		
		Bids/Estimates	
	StorageElectrical_	Other	
	Itemized receipts or paid bills in the	proper amounts are attache	d. I hereby
	request reimbursement.	Freper should be accord	
			Initials
	This concern has conducted a SELF-MOVE	and has incurred costs as	evidenced by
	the attached itemized invoices, payrol		
	hereby request reimbursement.		×9. A. m
			Initials
	Classic	this Cabadula and its state	abmente in accordance
	Signature constitutes certification of		
	with and subject to the provisions of Business" to which this Schedulg is an		erocation rayment -
	business to which this schedule is an	attachinent.	
	15. Ama. 1. 11		
	Signature of Owner or Authorized Age	ent	Date
	- June - Contract - Co		

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Mr. Russell H. Dawson, Area Director Department of Housing and Urban Development Portland Area Office 520 S. W. Sixth Avenue Portland, Dregon 97204

Attention: Mr. Duane E. Patterson, Relocation Specialist

Dear Mr. Dawson:

ALC: NO BOOM

Subject: Chapter 6, Section 5, Paragraph 80, Relocation Handbook - Substitute Equipment Payment

This letter is pursuant to our telephone conversation of October 19, 1973, during which time the above matter was discussed. As mentioned in our telephone conversation, it is necessary, we feel, to make the above-mentioned payment to the Harshalls prior to the time that they have actually incurred the expenditure, for the following reasons:

The Marshalls represent that rugged, individualistic, American, small businessman, who believes that he should be allowed to operate his business in the way that he sees fit, without any interference from the government or enyone else. For several years the Marshalls have owned and operated a modest, home business under the provisions of a "grandfather clause" that provided them with a modest living but very little else. The business was that of a carpenter and small contractor, with a shop in the basement. Because of the Marshalls' attitude, it was not possible to communicate to them the full impact of what the urban renewel project was going to have upon them. In their mind, if we were going to relocate them from their present home and business operation, we should put them in another home and business operation with the same type of setup. They were not concerned about such questions as the cost or whether or not they could have this type of setup under the building codes; nor were they any more responsive to the letters and notices that they received from our attorneys, nor would they hire an attorney of their own. As a result, the Commission acquired their property through a default judgment in the circuit court. This happened at the time the Marshalls were also involved in a racial discrimination suit with respect to the property that they wanted to buy as a





Hr. Russell H. Dewson October 25, 1973 Page 2

replacement housing unit. Because of the confusion and the delay, the Marshalls were unable to move for several months and incurred an accrued rental charge of almost \$300 which they do not feel they should pay. Under the provisions of the property management handbook, we are unable to write off this amount and will be required to offset it against their moving allowance.

The Marshalls have also filed for a business in-lieu payment under the provisions of Section 202(c) of the Act but were again disappointed because we were unable to qualify them for the payment.

Because of the above-mentioned attitudes and disappointments, the Marshalls have had to incur costs that they had not anticipated and have also not been able to locate a carpenter shop at a rent they can afford. Their tools and equipment have, therefore, had to be placed in storage. Mr. Marshall has informed us - and we have no reason to doubt him - that because of these setbacks and because of the money that he has had to borrow, his available cash and credit has been extended to the absolute limit; and he, therefore, requires every dollar in relocation payment that we can make to him in order to rent and renovate a new facility to be used as a shop. For these reasons, we have proposed to make the payment for substitute equipment in the amount of \$297.50 (which amount hes been supported by an independent, professional estimate) at this time, even though the expense has not yet been incurred. We feel justified in doing this, because it is quite obvious that the expense will have to be incurred to enable Mr. Marshall to continue his business operation which is his only means of support.

As you will remember, in our Friday telephone conversation you concurred in this opinion but asked that we send you a latter for your files. This latter is in response to that request.

I wish to thank you very much for your attention in this matter.

Yours very truly,

Benjamin C. Webb Chief, Relocation and Property Management

BCW:ch

NAME OF CONCERN	: L and J Bro	thers (Louie E. Marshall)		
1. Transportat	ion:553	miles_at20¢ per	mile \$_11	10.60
2. Man hours u	sed in searching:	118 at 7.00	\$ 82	26.00
		no. per hour		
		at no. per hour		
DATE	NAME OF OWNER OR EMPLOYEE INVOLVED IN SEARCH	LOCATIONS VISITED IN SEARCH (ADDRESSES)	MILES DRIVEN	MAN HOURS USED IN SEARCHING
9 - 1972 10 - 1972 4 - 1973 4 - 1973 6 - 1973 1 1 1y thru Aug. 1973	Self "" "" "" "" ""	2334 NE 18th 3964 N Bothwick 4632 NE Mallory 124 NE Tillamook 2405 N Vancouver 2130 N Vancouver 6456 N Willamette 2135 NE 16th (Searching on Weekends)	45 28 90 125 Total 265 Miles 553	16 12 20 22 48 Total Hours 118
	f-town (\$10.00/day m edule of places visi		ys \$	
4. Lodging at	\$per	nightof night	ts \$	
5. Fees paid t	o real estate broker		\$	
6. Other expen	ses		\$	
		, on the "Claim for Relocat	\$\$36	.60

SCHEDULE C STATEMENT OF CLAIM FOR ACTUAL REASONABLE EXPENSES IN SEARCHING FOR A NEW LOCATION

REAL STREET

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Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Line 10 on the "Claim for Relocation Payment - Business" to which this Schedule C is an attachment.

Signature of Owner or Authorized Agent

Date

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Elafn Cogan

PORTLAND DEVELOPMENT COMMISSION

Chairman

October 31, 1973

John B. Kenward Executive Director

Secretary John S. Griffith Charlotte Beeman

Bob Walsh

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Dr. W. A. Jenkins

Mr. and Mrs. Louis E. Marshall 1026 N. E. 107th Place Portland, Oregon

Dear Mr. and Mrs. Marshall:

We have enclosed our Warrants Nos. 836 EH and 837 EH, in the amounts of \$200 and \$1,147.20, respectively, for a total of \$1,347.20. This amount is to reimburse you for your actual expense in searching for a new location and moving your business from 247 N. Fargo, and also to pay you the dislocation allowance in respect of your self move from 247 N. Fargo. Please note that the reimbursement for the business move includes a \$297.50 payment for the cost of materials, construction and installation of storage bins for your carpentry shop. To date we have not received receipts for this expenditure. It will be necessary that we receive the receipt as soon as the work is done.

Finally, please note that this payment does not include any amount for the fixed moving allowance payable to you in respect of the self move of your residential personal property from 247 N. Fargo. The reason for this omission is as follows:

As you know, on January 2, 1973 the Commission acquired your property through a default judgment in the Multnomah County Circuit Court. HUD regulations required that we start charging a fair rent to you as a former owner-occupant of real property at a date not later than two months after we acquired the propery if you are still in occupancy at that time. Accordingly, we charged you rent at the rate of \$63.75 from March 5, 1973 to July 10, 1973. The total rent due is, therefore, \$265.63. By this letter we wish to inform you that we intend to offset the amount of rent due the Commission (\$265.63) against the \$300 fixed moving allowance, and pay you the balance of \$34.36.

If you are agreeable to this proposal, may we have your agreement. If you are not agreeable, HUD regulations require that you give us your written objections within 30 days from the date of this letter. If we do not receive your objection within 30 days, we will be required Mr. and Mrs. Louis E. Marshall October 31, 1973 Page 2

to offset the rent as proposed above. If we do receive your objection within 30 days, we will be required to recommend to the Commission that it take legal actions to collect the rent.

Your prompt attention in this matter will be appreciated.

Very truly yours,

3 mg- a well

Benjamin É. Webb Chief, Relocation and Property Management

BCW:ch Enclosures January 10, 1974

Korpela Construction Company 13222 N. E. Rose Parkway Portland, Oregon 97230

Gentlemen:

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We have enclosed our Warrant No. 879 EH in the amount of \$35.00, in satisfaction of your invoice of July 19, 1973. copy enclosed, as compensation for the preparation of an estimate of the cost to replace certain items in a workshop at 247 N. Eargo.

Very truly yours,

Sec.

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Benjamin C. Webb Chief, Relocation

BCW: ch Encl.

URBAN REI	DEVELOPMENT FUND-	PROJECT EXPENDITURES-EMANUEL	HOSPITAL, ORE. R-20		Warra	ant Number
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AMOUNT