

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. E-4-7	PAYTON, FRANK 423 N. RUSSELL		
PARCEL NO. R-14-2	PENDERGRAPH, INELL 536 N. MONROE		
PARCEL NO. A-2-4	PENHARLOW, CHERYL N. 3102 N. GANTENBEIN		
PARCEL NO. A-3-8	PEOPLES, RUTH 252 N. COOK		
PARCEL NO. A-2-3	PERKINS, MARY 3146 N. GANTENBEIN		
PARCEL NO. R-10-14	PETERSON, FRED 501 N. MONROE		
PARCEL NO. RS-4-9	POWELL, LUSHIE 7 N. RUSSELL		
PARCEL NO. A-3-12	PRUITT, LAVERNE 248 N. IVY		
PARCEL NO. R-9-11	RADEL, ANNA 3127 N. GANTENBEIN		
PARCEL NO. RS-4-9	ROBERTS, BETTY (DECEASED) 7 N. RUSSELL		
PARCEL NO. RS-3-3	ROBINSON, JAKE 122 N. GRAHAM		
PARCEL NO. A-2-7	SKIPPER, GENERAL S. 3103 N. VANCOUVER		
PARCEL NO. A-3-14	SKOKO, LUCY (DECEASED) 241 N. FARGO		
PARCEL NO. A-3-4	SMITH, AARON J. 222 N. COOK		
PARCEL NO. A-4-3	SMITH, RICHARD DENNIS 232 N. IVY		
PARCEL NO. A-4-3	SMITH, WILLIAM 232 N. IVY		
PARCEL NO. RS 8-3	STEWART, MARY (ESTATE OF) 203 N. STANTON		
PARCEL NO. A-2-2	STITT, WILLIAM D. 3138 N. GANTENBEIN		

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. A.2.7 Advisor CD  
 Client's Name Skippin, General Phone \_\_\_\_\_  
 Address 3103 N. Concordia Ethn Black Age 70

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

Family Composition

Total Number in Family 2

2 wife, husband

Other: Relation Age Relation Age

wife	68		

Economic Data

Employer \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income \$ \_\_\_\_\_  
 Total Monthly Income \$ ( \_\_\_\_\_ )

- 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 7-12-71      Date of Info pamphlet delivery \_\_\_\_\_

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

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1956

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

Date of initiation of negotiations for purchase of property 6-1-71

Date of Acquisition 8-11-71

Date of letter of Intent \_\_\_\_\_

Date of move 8-24-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1890

Size of Habitable Area 774

Furnished with claimant's furniture  
 YES  NO

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

Number of Bedrooms 2 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ 6500.00 Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 5765 78 904<sup>th</sup> Rd. LPA Referred  Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit 1018

Size of Habitable Area 1927

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 14500.00

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ 8,000

For Claimants Who Rented

Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

1 Standard Sales

Standard Rent

Agency Referrals:

MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )

Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

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

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

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

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME SKIPPER, General S. RELOCATION ADVISOR CD  
 ADDRESS 3103 N. Vancouver PHONE 288-4982 PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN \_\_\_\_\_ AGE 70 PARCEL NO. A-2-7  
 MARITAL STATUS married TENURE owner  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 7/12/71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>16 years-plus</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>8/11/71</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

Name	Relation	Age
<u>Alberdia</u>	<u>wife</u>	<u>68</u>

**DWELLING UNIT FROM WHICH RELOCATED**

		S	SS
Subsidized Sales	Single Family	<u>X</u>	
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales	<u>X</u>		

Age of Structure 1890 No. Rooms 5  
 No. Bedrooms 2 Furn.   Unfurn    
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ \_\_\_\_\_  
 Acquisition Price \$ 6,500.00  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 774 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

**AGENCY ACTION:**

**REASONS:**

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

**TEMPORARY RELOCATION**

Within Project	
Outside Project	

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

**REPLACEMENT DWELLING UNIT**

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

Address 5765 N. E. Garfield Phone 283-2687 Date of Move \_\_\_\_\_

**WHERE RELOCATED:**

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

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

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ \_\_\_\_\_ Purchase Price \$ 14,500.00

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

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

**BENEFITS RECEIVED**

Type	Ck #	Date	Amount
RHP	959 G	8/2/71	\$ 8,000.00
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	25 EH	8/26/71	\$ 460.00
Actual Move			\$
Storage			\$
Incidental	25 EH	8/26/71	\$ 34.00
Interest			\$

Purchase Price \$ 14,500.00  
 Down Payment \$ \_\_\_\_\_  
 RHP \$ 8,000.00  
 Total Down - \$ \_\_\_\_\_  
 Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 8,494.00

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

## INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: Delivered by Hazel Polk. Would like meeting and would attend. "Would like new house to be "free and clear like this one is."	
2/13/71	SURVEY: Mr. Skipper has had serious heart attack - should not be upset. Very nice people; just wants to be treated fairly. Would like comparable housing, North area, free and clear, near bus and their church.	
7/12/71	Talked with Mr. Skipper about the relocation payment. He said he had a \$14,500 house he liked. Told Mr. Skipper I would have it inspected.	CD
7/19/71	Bureau of Buildings inspection came back - okay.	
7/21/71	Mr. Medak called (287-4131) to find out how inspection came out. Inspect-report indicated structure was standard.	
7/13/71	Signed earnest money on house at 5765 N. Garfield. They were very happy about the house - had made up their minds.	
7/71	Delivered letter approving ARP to Mr. Skipper. Went over escrow closing with Mr. and Mrs. Skipper.	
8/26/71	Made form for ARP to get money over to escrow, everything moving along.	CD
8/12/71	Took Mr. and Mrs. Skipper and their daughter down to Pioneer Mortgage Co. to sign over the deed to PDC. Everything waiting for Medak and Sellers to move out.	
8/20/71	Took Mr. Skipper and family to Pioneer National to sign for new house and see closing statement. Skippers decided to buy oil from Dixon at 5765 N. E. Garfield.	
8/24/71	Mr. Skipper is moving today and should finish completely by tomorrow.	CD
8/25/71	Went by to see Mr. Skipper's new house. They have put in new carpeting and were happy with the way the house was left. Can release money now. Signed form releasing \$8,000 for RHP. Mr. Skipper brought in keys to old house.	
8/27/71	Went by Mr. Skippers to deliver their moving payment. They went on and on about how we had performed in their behalf. They had nothing but praise for the way things went and I was proud to have been able to be of service to these people. They were forthright and honest in their desire for a home. What they said they wanted in the beginning held true throughout. Very nice people, very understanding, only needed someone to explain the program. They found the house they wanted through Medak Realty. The location of the house was just what the doctor order. Location of the new house is near store, shopping center, not too far from church, and is situated on bus line.	CD

R E S U M E

DATE Aug. 30, 1971

NAME SKIPPER, General S.

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Mr. and Mrs. Skipper were very easy to work with. They listen to the explanation of the relocation as it affected them and went out and found a house within the guide lines. Medak Realty found them a house and it was inspected by City Bureau of Buildings. Very good house, everything approved as standard.

The most we can say is that we found pleasure in working with these people because they were forthright in the dealings and after they understood the program they went about the job of selecting a new house

(signed) Chet Daniels  
worker

August 27, 1971

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

ATTENTION: Jean Egberg  
Escrow Officer

Re: Escrow No. 385235  
SKIPPER, General S. and  
Alberdia

Gentlemen:

You have in the above-identified escrow account an \$8,000 Replacement Housing Payment in accordance with our instructions of August 2, 1971.

This is to certify that Mr. and Mrs. Skipper have acquired and moved into a standard structure located at 5765 N. E. Garfield Street. You are hereby authorized to release the Replacement Housing Payment and disburse it in such manner as directed by Mr. and Mrs. Skipper.

Yours very truly,

John B. Kenward  
Executive Director

JBK:dl

A-2-7

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 959 G

DATE August 2, 1971

PAY TO Pioneer National Title Insurance Co.

\$ 2,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission • 224-4900

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Deposit in escrow account for General S. Skipper, replacement housing payment per claim filed. Parcel A-3-7. From 3103 N. Vancouver to 5765 N. Garfield.	\$2,000.00

**Account Distribution**

NO.	TITLE	AMOUNT
		\$2,000.00

*AD*

*CPM*

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  <b>DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT</b>	NAME OF CLAIMANT General S. Skipper 5765 N.E. Garfield
	NAME OF DISPLACING AGENCY Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.*

*DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)*

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?	YES	NO
Initial Date of Ownership:	X	

\_\_\_\_\_  
 Oct. 15, 1955  
 Month-Day-Year

\_\_\_\_\_  
 Date of Acquisition:  
 Month-Day-Year

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?	YES	NO
Initial Date of Ownership:	X	

\_\_\_\_\_  
 Oct. 15, 1955  
 Month-Day-Year

\_\_\_\_\_  
 Date of Initiation of Negotiations:  
 Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?		
---	--	--

Initial Date of Ownership:

\_\_\_\_\_  
 Month-Day-Year

Date of HUD Approval of the Project:

\_\_\_\_\_  
 Month-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?		
--	--	--

Date of Displacement:

\_\_\_\_\_  
 Month-Day-Year

Date of Purchase of Replacement Housing:

\_\_\_\_\_  
 Month-Day-Year

Date of Occupancy of Replacement Housing:

\_\_\_\_\_  
 Month-Day-Year

5. Has the replacement housing been inspected and found to be standard? <i>(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)</i>	YES	NO
	X	

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

\_\_\_\_\_  
 Month-Day-Year

**NOTE:** The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

**COMPUTATION OF REPLACEMENT HOUSING PAYMENT**

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 6,500
3. Line 1 minus line 2.	\$ 8,139
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i> asper relocation act of 1970	\$ 8,000
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 8,000

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

**CERTIFICATION OF THE DISPLACING AGENCY**

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

7-30-71

Date

  
Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT CHECK NO.	AMOUNT
	8/2/71	9596	\$ 8,000.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR REPLACEMENT HOUSING PAYMENT**

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (If Applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

*INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.*

**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 OWNER-OCCUPANT CLAIMANT.  
(as shown in deed to displacing agency or in condemnation proceeding)

General S. Skipper

3. DATE OF DISPLACEMENT

August 24, 1971

2. Family  Individual

4. DWELLING UNIT FROM WHICH YOU MOVED A-2-7

a. Address: 3103 N. Vancouver  
Portland, Oregon

b. Date you first occupied this dwelling unit as the owner:

Oct. 15, 1955  
Month-Day-Year

c. Check one:

- Single-family dwelling unit  
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?

Yes  No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 5765 N.E. Garfield  
Portland, Oregon

b. Number of bedrooms: 3

c. Purchase price: \$ 14,500

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: Month-Day-Year

(2) Date you moved into this dwelling: Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: Month-Day-Year

(2) Date of settlement: Month-Day-Year

(3) Date you expect to occupy: Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

7/27/71  
Date

General S. Skipper  
Signature of Owner-Occupant

COMPUTATION OF RHP UNDER UNIFORM RELOCATION ACT OF 1970

1. Average sales price for a standard dwelling  
suitable for the claimant or  
Purchase Price of New House \$14,500  
Whichever is less
  
2. Acquisition payment received by the claimant \$ 6,500  
for his single dwelling
  
3. Amount of RHP (Line 1 minus Line 2) \$ 8,000



August 22, 1971

TO: Dep 1446  
FROM: Escrow Site Office  
SUBJECT: Release of NP from Escrow

ESCROW COMPANY: Plumley Escrow Title Ins. Co.

ESCROW NO. 10000

PARCEL NO. A-100

DATE RELEASE

RELEASING DATE 8/22/71

The above stated NP  
has been released  
of the escrow  
and the proceeds  
of the sale  
of the property  
are being  
distributed  
to the  
benefit of the  
trustees of the  
trust.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 25 EH

DATE August 26, 19 71

PAY TO **General S. Skipper**

\$ **494.00**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Relocation Claims filed. Move from 3103 N. Vancouver (Parcel A-2-7) to 5765 N.E. Garfield. Fixed Payment - own furniture \$260.00 Dislocation Allowance 200.00 Settlement Costs <u>34.00</u>	<u>\$494.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed - own furn. - family)	\$494.00

*General S. Skipper*  
 8-27-1971

*Received*

*BD*

*ERM*

In the event that the time limit hereunder shall fall on any day this office is not open for business, such date will extend to the next business day.

ESCROW INSTRUCTIONS

Escrow No. 385589

PIONEER NATIONAL TITLE INSURANCE COMPANY: Portland, Oregon, August 19, 1971  
I hand you herewith the sum of \$80.38;

which you are authorized to use in connection with your above numbered Escrow upon credit payment for my account of \$ the above sum; plus credit for transferred funds from escrow No. 385235; \$6,283.82; plus credit for funds (additional) transferred from escrow 385235, \$8,200.00; plus credit for 1971-72 pro-rata share taxes from 7-1-71 to 8-24-71, \$50.30 (estimate, based on 1970 to '71 taxes)

and when you can issue your Owner's Title Insurance Policy in your usual form, containing the printed exceptions usual in such policies (with your liability thereunder not to exceed \$14,500.00) on the following described real property situated in the County of Multnomah and State of Oregon, to-wit: Lot 7, Block 19, PIEDMONT in the City of Portland, County of Multnomah, State of Oregon;

which will show record title to said property vested in GENERAL S. SKIPPER and ALBERDIA SKIPPER,

husband and wife; free from incumbrances except: Building restrictions and conditions (if any) affecting the use and occupancy of said property as the same may now appear of record. Mortgage—deed of trust, executed by in favor of to secure the payment of \$

Conditions and restrictions of record; and 1971-72 taxes, due but not yet payable.

I authorize you to deduct or pay, before the closing of this Escrow, the following:

- 1. One-half share of escrow fee, \$32.50.
2. Recording Deed, \$1.50.
3. Pay for oil left in tank, \$80.50.
4. Virgil P. Dickson, et ux, demand for deed, \$14,500.00

You are hereby authorized to use 8-24-71 for tax pro-rate date.

It is hereby understood and agreed that all matters regarding fire insurance will be handled outside of this escrow

It is understood that water and utility charges will be adjusted between the seller and buyer outside this escrow. In any acts in this escrow relating to fire insurance, including adjustments, if any, you shall be fully protected in assuming that each policy is in force and that the necessary premium therefor has been paid.

You will file for record the necessary legal instruments and then pay off such incumbrances of record as may exist at the time of filing such instruments, to vest the title as above stated, and shall not be held responsible for any liens that may attach after such filing or recording.

You are not required to ascertain compliance with any "consumer credit protection", "truth in lending", or similar law, and it is agreed you will have no liability for loss or damage arising out of noncompliance with such laws.

All funds received in this escrow shall be deposited with other escrow funds in a general escrow account or accounts of Pioneer National Title Insurance Company with any State or National bank, and may be transferred to any other such general escrow account or accounts. All disbursements shall be made by check of Pioneer National Title Insurance Company.

All adjustments to be made on a basis of 30-day month.

When requested to do so, a copy of the closing statement showing disbursements, in accordance with these instructions, may be delivered to the realtor who consummated the transaction, the mortgagee or its agent or to my attorney.

Any amendment of or supplements to any instructions must be in writing.

If you are unable to comply with the instructions within -30- days after date, said money and/or instruments shall thereafter be returned to me on my written demand, but in the absence of such demand you will proceed to comply with these instructions as soon as possible thereafter.

Notwithstanding any instruction hereinabove contained to the contrary, when time is of the essence in requiring performance of any condition of this escrow and delivery of the documents or monies upon which full compliance and performance is conditioned is not made until the last day limited and defined herein, no tender of such performance or compliance shall be binding upon you unless made prior to 3:00 p.m. on the last day limited for performance, and the parties hereto agree that in the event tender of full performance is made subsequent to 3:00 p.m. on said day, that you are authorized to perform duties imposed hereunder upon the next following business day without liability for delay in the closing of this escrow.

Mail papers to: General S. Skipper
Alberdia Skipper

Receipt of money and/or instruments hereinabove mentioned is hereby acknowledged.

PIONEER NATIONAL TITLE INSURANCE COMPANY

By Jean Egberg, Escrow Officer

DATED this 19<sup>th</sup> day of Aug 19    .

The undersigned does hereby consent and agree that all personal property left by me in the premises at 3103 N. Vancouver Ave, 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.

x General S. S. Kopper  
(firm name)

by: \_\_\_\_\_

# CLAIM FOR RELOCATION PAYMENT

HUD-6147  
(4-66)

(Settlement Costs Incurred by Owner)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project <hr/> PROJECT NUMBER Ore. R-20
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**INSTRUCTIONS:** Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted with this claim.

**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. IDENTIFICATION OF CLAIMANT**

Name (as shown in deed to local agency or in condemnation proceeding) General S. SKIPPER	Address (Include ZIP code) 3103 N. Vancouver A-2-7
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**2. IDENTIFICATION OF PROPERTY**

a. Address or Legal Description 5765 N.E. Garfield Street (new house)	c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Parcel Number(s)	

**3. SETTLEMENT COSTS INCURRED BY CLAIMANT**

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
One-Half Share of escrow fee	\$ 32.50	\$	\$ 32.50	\$
Recording Deed	1.50		1.50	
<b>TOTAL</b>	<b>\$ 34.00</b>	<b>\$</b>	<b>\$ 34.00</b>	<b>\$</b>

**4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)**

**ESCROW INSTRUCTIONS: PIONEER NATIONAL TITLE INSURANCE COMPANY**

**5. 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 this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

8/24/71  
Date
*General S. Skipper*  
Signature of claimant

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

Yes  No

If "No," explain:

B. DETAIL OF COSTS COVERING MORTGAGE PREPAYMENT PENALTY AND COSTS ALLOCABLE TO PERIOD SUBSEQUENT TO TRANSFER OF TITLE (Show basis for, and amount of, reimbursement due claimant for (1) any mortgage prepayment penalty, or (2) any taxes or public service charges paid by, or charged to, claimant for any period subsequent to vesting title or possession in the local agency, if the amount claimed was paid directly by claimant or if the computation is not shown on the settlement statement.)

C. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNT OF REIMBURSEMENT CLAIMED AND AMOUNT APPROVED FOR PAYMENT

D. CERTIFICATION

I CERTIFY that I have examined this 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, this

claim is hereby approved and payment is authorized in the total amount of \$ 34.00

9-25-71

Date

  
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 34.00 by check No. WARRANT 25EH dated 9/26/71 BJ

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and (Individuals))

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

General S. Skipper  
5765 N.E. Garfield Street  
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 260.00		8-25-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/26/71	25 EH	\$ 260.00	AD		\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

**INSTRUCTIONS:** If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

**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 (F) General S. Skipper	2. DATE(S) OF MOVE August 24, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3103 N. Vancouver b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>May 1955</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 5765 N.E. Garfield St. b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: Check c if applicable:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property  c. Supplementary claim for reimbursement of storage costs

b. Fixed Payment (May not be made if storage costs are involved) (6 Rooms)

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 260.00
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**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
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10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

8/24/71  
Date
General S. Skipper  
Signature of claimant

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

General S. Skipper  
5765 N.E. Garfield  
Portland, Oregon

NAME OF LOCAL AGENCY

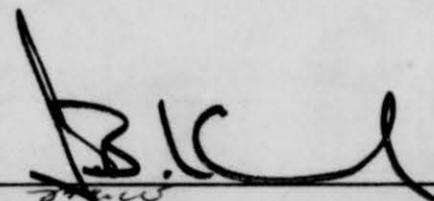
Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		8-25-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/26/71	25EH	\$ 200.00	8/25/71		\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

\*\* DISLOCATION ALLOWANCE



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

July 19, 1971

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermeyer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clerc, Chief

Housing Division  
S. J. Chegwiddden, Chief

Portland Development Commission  
235 N. Monroe Street  
Portland, Oregon 97227

Re: 5765 N.E. Garfield Street

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the structures are in standard condition and comply with City regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:mfm

July 13, 1971

Mr. Benjamin Webb  
Portland Development Commission  
235 North Monroe  
Portland, Oregon 97227

Dear Mr. Webb:

We would like to request that the Portland Development Commission provide written assurance as to the amount of a Replacement Housing Payment which can be applied towards the purchase of a house at 5765 N. E. Garfield.

An earnest money agreement was signed on July 13, 1971, for the purchase of the above house in the amount of \$14,500.00 with a contingency that assurance be provided by Portland Development Commission within ten (10) days that a Replacement Housing Payment in the amount of \$8,000.00 will be available in addition to the \$6,500.00 which is the Portland Development Commission purchase price of my house in the project.

Very truly yours,

*Mr. General S. Skipper*  
\_\_\_\_\_  
General Skipper

*Mrs. Alberdia Skipper*  
\_\_\_\_\_  
Alberdia Skipper

Rec'd  
7-23-71  
EMMANUEL

**REALTORS OF PORTLAND  
OFFICIAL EARNST MONEY AGREEMENT**

Received of Arnold Skjerve and Albert Skjerve, husband and wife Portland, Oregon July 11, 1954  
 hereinafter called "purchaser," in the form of cash, cash, note \$ 5,000.00 earnest money and part payment for the purchase of the following  
 described real estate situated in the City of Portland County of Multnomah  
 and State of Oregon, to-wit: 4-200 and 401-403-405-407-409-411-413-415-417-419-421-423-425-427-429-431-433-435-437-439-441-443-445-447-449-451-453-455-457-459-461-463-465-467-469-471-473-475-477-479-481-483-485-487-489-491-493-495-497-499-501-503-505-507-509-511-513-515-517-519-521-523-525-527-529-531-533-535-537-539-541-543-545-547-549-551-553-555-557-559-561-563-565-567-569-571-573-575-577-579-581-583-585-587-589-591-593-595-597-599-601-603-605-607-609-611-613-615-617-619-621-623-625-627-629-631-633-635-637-639-641-643-645-647-649-651-653-655-657-659-661-663-665-667-669-671-673-675-677-679-681-683-685-687-689-691-693-695-697-699-701-703-705-707-709-711-713-715-717-719-721-723-725-727-729-731-733-735-737-739-741-743-745-747-749-751-753-755-757-759-761-763-765-767-769-771-773-775-777-779-781-783-785-787-789-791-793-795-797-799-801-803-805-807-809-811-813-815-817-819-821-823-825-827-829-831-833-835-837-839-841-843-845-847-849-851-853-855-857-859-861-863-865-867-869-871-873-875-877-879-881-883-885-887-889-891-893-895-897-899-901-903-905-907-909-911-913-915-917-919-921-923-925-927-929-931-933-935-937-939-941-943-945-947-949-951-953-955-957-959-961-963-965-967-969-971-973-975-977-979-981-983-985-987-989-991-993-995-997-999-1001-1003-1005-1007-1009-1011-1013-1015-1017-1019-1021-1023-1025-1027-1029-1031-1033-1035-1037-1039-1041-1043-1045-1047-1049-1051-1053-1055-1057-1059-1061-1063-1065-1067-1069-1071-1073-1075-1077-1079-1081-1083-1085-1087-1089-1091-1093-1095-1097-1099-1101-1103-1105-1107-1109-1111-1113-1115-1117-1119-1121-1123-1125-1127-1129-1131-1133-1135-1137-1139-1141-1143-1145-1147-1149-1151-1153-1155-1157-1159-1161-1163-1165-1167-1169-1171-1173-1175-1177-1179-1181-1183-1185-1187-1189-1191-1193-1195-1197-1199-1201-1203-1205-1207-1209-1211-1213-1215-1217-1219-1221-1223-1225-1227-1229-1231-1233-1235-1237-1239-1241-1243-1245-1247-1249-1251-1253-1255-1257-1259-1261-1263-1265-1267-1269-1271-1273-1275-1277-1279-1281-1283-1285-1287-1289-1291-1293-1295-1297-1299-1301-1303-1305-1307-1309-1311-1313-1315-1317-1319-1321-1323-1325-1327-1329-1331-1333-1335-1337-1339-1341-1343-1345-1347-1349-1351-1353-1355-1357-1359-1361-1363-1365-1367-1369-1371-1373-1375-1377-1379-1381-1383-1385-1387-1389-1391-1393-1395-1397-1399-1401-1403-1405-1407-1409-1411-1413-1415-1417-1419-1421-1423-1425-1427-1429-1431-1433-1435-1437-1439-1441-1443-1445-1447-1449-1451-1453-1455-1457-1459-1461-1463-1465-1467-1469-1471-1473-1475-1477-1479-1481-1483-1485-1487-1489-1491-1493-1495-1497-1499-1501-1503-1505-1507-1509-1511-1513-1515-1517-1519-1521-1523-1525-1527-1529-1531-1533-1535-1537-1539-1541-1543-1545-1547-1549-1551-1553-1555-1557-1559-1561-1563-1565-1567-1569-1571-1573-1575-1577-1579-1581-1583-1585-1587-1589-1591-1593-1595-1597-1599-1601-1603-1605-1607-1609-1611-1613-1615-1617-1619-1621-1623-1625-1627-1629-1631-1633-1635-1637-1639-1641-1643-1645-1647-1649-1651-1653-1655-1657-1659-1661-1663-1665-1667-1669-1671-1673-1675-1677-1679-1681-1683-1685-1687-1689-1691-1693-1695-1697-1699-1701-1703-1705-1707-1709-1711-1713-1715-1717-1719-1721-1723-1725-1727-1729-1731-1733-1735-1737-1739-1741-1743-1745-1747-1749-1751-1753-1755-1757-1759-1761-1763-1765-1767-1769-1771-1773-1775-1777-1779-1781-1783-1785-1787-1789-1791-1793-1795-1797-1799-1801-1803-1805-1807-1809-1811-1813-1815-1817-1819-1821-1823-1825-1827-1829-1831-1833-1835-1837-1839-1841-1843-1845-1847-1849-1851-1853-1855-1857-1859-1861-1863-1865-1867-1869-1871-1873-1875-1877-1879-1881-1883-1885-1887-1889-1891-1893-1895-1897-1899-1901-1903-1905-1907-1909-1911-1913-1915-1917-1919-1921-1923-1925-1927-1929-1931-1933-1935-1937-1939-1941-1943-1945-1947-1949-1951-1953-1955-1957-1959-1961-1963-1965-1967-1969-1971-1973-1975-1977-1979-1981-1983-1985-1987-1989-1991-1993-1995-1997-1999-2001-2003-2005-2007-2009-2011-2013-2015-2017-2019-2021-2023-2025-2027-2029-2031-2033-2035-2037-2039-2041-2043-2045-2047-2049-2051-2053-2055-2057-2059-2061-2063-2065-2067-2069-2071-2073-2075-2077-2079-2081-2083-2085-2087-2089-2091-2093-2095-2097-2099-2101-2103-2105-2107-2109-2111-2113-2115-2117-2119-2121-2123-2125-2127-2129-2131-2133-2135-2137-2139-2141-2143-2145-2147-2149-2151-2153-2155-2157-2159-2161-2163-2165-2167-2169-2171-2173-2175-2177-2179-2181-2183-2185-2187-2189-2191-2193-2195-2197-2199-2201-2203-2205-2207-2209-2211-2213-2215-2217-2219-2221-2223-2225-2227-2229-2231-2233-2235-2237-2239-2241-2243-2245-2247-2249-2251-2253-2255-2257-2259-2261-2263-2265-2267-2269-2271-2273-2275-2277-2279-2281-2283-2285-2287-2289-2291-2293-2295-2297-2299-2301-2303-2305-2307-2309-2311-2313-2315-2317-2319-2321-2323-2325-2327-2329-2331-2333-2335-2337-2339-2341-2343-2345-2347-2349-2351-2353-2355-2357-2359-2361-2363-2365-2367-2369-2371-2373-2375-2377-2379-2381-2383-2385-2387-2389-2391-2393-2395-2397-2399-2401-2403-2405-2407-2409-2411-2413-2415-2417-2419-2421-2423-2425-2427-2429-2431-2433-2435-2437-2439-2441-2443-2445-2447-2449-2451-2453-2455-2457-2459-2461-2463-2465-2467-2469-2471-2473-2475-2477-2479-2481-2483-2485-2487-2489-2491-2493-2495-2497-2499-2501-2503-2505-2507-2509-2511-2513-2515-2517-2519-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Emanuel

July 10, 1972

Mr. and Mrs. General Skipper  
5765 N. E. Garfield  
Portland, Oregon 97211

Dear Mr. and Mrs. Skipper:

We are returning herein your copies of the reports of the various inspections of your present dwelling.

The information is now under review, and we will contact you again in the near future.

Very truly yours,

Richard C. Hill  
Chief of Inspection and  
Property Management

cc: Don Sklar

MANIPULATED

June 19, 1972

Mr. & Mrs. General Skipper  
5765 N. Garfield  
Portland, Oregon 97211

Dear Mr. & Mrs. Skipper:

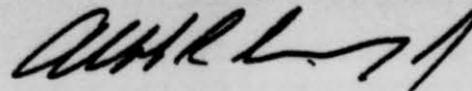
To supplement the housing inspection made by the Bureau of Buildings Housing Division on June 15, 1972, an approved Electrical survey of your home has been completed to comply with HUD regulation. The purpose of this survey is to effect correction of electrical hazards that may exist, to improve maintenance and to upgrade your home in accordance with all City of Portland Code requirements and Rehabilitation Standards established for your area.

As the result of the survey at the above address, the following electrical conditions were found to be in non-compliance with the Property Renewal Standards:

1. Illegal wiring, light and switch in garage. 2V
2. Exposed wiring in basement. 2V
3. Illegal drop cord light in basement. 2V
4. Insulating link needed on P.C. switches. 2V

We ask your cooperation in complying with City regulations by correcting the above conditions under proper permit. Should you have any questions concerning this program, please feel free to call the Portland Development Commission, Rehabilitation Division, 288-5075.

Yours very truly,



Albert R. Kenney, Jr. PE  
Vice President

ARK:cb

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Oregon  
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Pennsylvania

0324 S.W. ABERNETHY  
PORTLAND, OREGON 97201  
PHONE 503/224-9560

SKIPPER, General  
5765 N. Garfield

1. Drain lines appear to be restricted. Back flow through floor drain. 2-P-1
2. Kitchen sink is chipped. 2-P-1
3. Water closet 2nd floor bath is cracked. 2-P-1

We further note that the following items, while not constituting a violation at this time, can be expected to deteriorate into a substandard condition unless corrective measures are taken:

1. Tile around first floor bath is cracked.
2. Plastic tile 2nd floor shower is loose and broken.

C. R. Wilson

6/15/72  
jp

John S. Griffith  
*Chairman*

Edward H. Look  
*Secretary*

Vincent Raschio  
Elaine Cogan  
Arthur A. Riedel

## PORTLAND DEVELOPMENT COMMISSION

1700 S. W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward  
*Executive Director*

Dear Property Owner:

Due to the delay in funding for the Boise-Humboldt Neighborhood Development Project Area, the start of housing rehabilitation, using low interest loans and grants, has also been delayed. It is anticipated that funds will be available either on or soon after July 1, 1972.

To avoid further delays, we are pre-processing a limited number of loans and grants in this area so that if and when funds become available rehabilitation work can commence within the shortest time possible. This pre-processing is at the option of the property owner and will give them first priority for assistance when funds are available.

Very truly yours,



Chas. E. Taft  
Deputy Director, Operations

CET/DSS:ves

John S. Griffith  
Chairman

Edward H. Look  
Secretary

Vincent Raschio

Elaine Cogan

Arthur A. Riedel

## PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

June 15, 1972

John B. Kenward  
Executive Director

Mr. and Mrs. General Skipper  
5765 N. . Garfield  
Portland, Oregon 97211

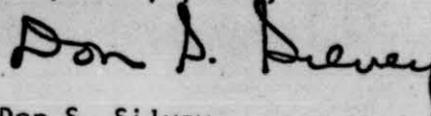
Dear Mr. and Mrs. Skipper:

To supplement the housing inspection made by the Bureau of Buildings, Housing Division, on February 24, 1972, an approved plumbing survey of your home has been completed to comply with HUD regulation. The purpose of this survey is to effect correction of plumbing hazards that may exist, to improve maintenance and to upgrade your home in accordance with City of Portland Code requirements and Rehabilitation Standards established for your area.

As the result of the survey at the above address, the attached plumbing conditions were found to be in non-compliance with the Property Renewal Standards.

We ask your cooperation in complying with City Regulations by correcting the conditions named, under proper permit. Should you have any questions concerning this program, please feel free to call the Portland Development Commission, Rehabilitation Division, 288-5075.

Very truly yours,



Don S. Silvey  
Chief: Housing Rehabilitation  
and Development

C. R. Wilson  
Rehabilitation Supervisor

DSS:jp.  
Enc.

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

March 17, 1972

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermeyer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clerc, Chief

Housing Division  
S. J. Chegwidde, Chief

Mr. Jim Skipper  
5765 N. E. Garfield Avenue  
Portland, Oregon 97211

Re: 5765 N. E. Garfield Avenue

Dear Mr. Skipper:

Recently the City of Portland, through its Concentrated Code Compliance Program, initiated a survey of structures located in the Boise-Humboldt Neighborhood Development Program area.

The purpose of this program is to effect corrections of hazards that may exist, to improve maintenance, and to upgrade the general community in compliance with City of Portland Code requirements.

As the result of this survey, an inspection was made of your two-story, wood frame, single-family dwelling and detached garage at the above address, and the following conditions are in noncompliance with City Housing regulations and the Property Rehabilitation Standards as adopted for the Boise-Humboldt Neighborhood Development Program:

1. Broken window panes in the cellar and rear porch.  
Section 29.28.010 (a-13)
2. The garage roof is leaking and portions of the siding are broken.  
Section 29.28.010 (a-13)
3. Portions of walls, ceilings and millwork are worn. II Q 6

Due to obvious deficiencies in the plumbing and electrical installation, an inspection by the respective divisions will be necessary.

It will be necessary, therefore, to correct the above conditions under proper permits in compliance with City regulations.

Your attention is called to Section 29.12.030 of the Portland Housing Regulations Ordinance #130672 which provides for your right to appeal to the Housing Advisory & Appeals Board.

Mr. Jim Skipper

-2-

March 17, 1972

Should you have any questions concerning this program, please feel free to call the Bureau of Buildings, Housing Division, 2200 N. E. 24 Avenue, Telephone 288-6077.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidde  
Chief Housing Inspector

CHF:ms

cc: Portland Dev. Commission  
Plg. & Elec. Division

Dwelling Unit Inventory

3 Beds & Springs  
2 Bedroom Chair  
1 Breakfast Table  
4 Breakfast Table Chairs  
2 Bridge Lamp & Shade  
1 Buffet  
2 Chest of Drawers  
2 Coffee Table  
~~1~~ Couch  
1 Davenport  
1 Desk  
1 Dining Table  
8 Dining Chairs  
3 Dresser  
3 End Table  
     Floor Lamp & Shade  
2 Mirror

     Night Stand  
1 Occasional Chair  
1 Overstuffed Chair  
     Overstuffed Rocker  
1 Range  
1 Refrigerator: Brand       
1 Rocker  
1 Rug & Pad: Size       
2 Stool  
4 Table Lamp & Shade  
1 Table, small  
2 Vanity & Bench  
5 Suitcases  
2 Trunks  
✓ Cartons, Boxes, Etc.  
✓ Clothes  
✓ Bedding & Linens

Miscellaneous (List Items)

Deep Freeze  
china Closet  
Organ  
Washing Machine  
Stove  
2 Sewing Machine

3 T.V.  
Brake Front  
      
      
      
    

COMMENTS:

*OWNER-occupant*

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER CD PROJECT NO. Ore. R-20 PARCEL A-2-7  
NAME SKIPPER, General S. ADDRESS 3103 N. Vancouver APT NO. \_\_\_\_\_  
PHONE 288-4982 INITIAL INTERVIEW \_\_\_\_\_ SEX M W NW B AGE 70  
U.S. CITIZEN \_\_\_\_\_ ALIEN / VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE 16 yrs-plus

FAMILY COMPOSITION

Name	Relation	Age
<u>Alberdia</u>	<u>Wife</u>	<u>68</u>

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

Rent Owner, 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 hsg. with refusal of further aid \_\_\_\_\_  
Standard sales housing \_\_\_\_\_  
Sub-standard sales hsg. \_\_\_\_\_  
Out-of-town \_\_\_\_\_  
Address unknown, abandoned \_\_\_\_\_  
Evicted, no further assistance \_\_\_\_\_  
Other (explain) \_\_\_\_\_

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

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

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 5765 NE, Garfield Bur. of Building 283-2687  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

DATE	NOTES	C/W
1/15/71	Flyer delivered by Hazel Polk. Would like meeting and would attend. "Would like new house to be "free and clear like this one is."	
2/13/71	Survey: Mr. Skipper has had serious heart attack - should not be upset. Very nice people; just want to be treated fairly. Would like comparable housing, North area, free and clear near bus and their church.	
7/12/71	Talked with Mr. Skipper about the relocation payment. He said he had a \$14,500 house he liked. Told Mr. Skipper I would have it inspected.	CD
7/19/71	Bureau of Buildings inspection came back - ok	
7/21/71	Mr. Medak called (287-4131) to find out how inspection came out. Inspection report indicated structure was standard.	
7/13/71	Signed earnest money on house at 5765 N. Garfield. They were very happy about house - had made up their minds.	CD
7/71	Delivered letter approving ARP to Mr. Skipper. Went over escrow closing with Mr. & Mrs. Skipper.	
8/26/71	Made form for ARP to get money over to escrow, everything moving along.	CD
8/12/71	Took Mr. & Mrs. Skipper and their daughter down to Pioneer Mortgage Co. to sign over the deed to PDC. Everything waiting for Medak & Sellers to move out.	CD
8/20/71	Took Mr. Skipper and family to Pioneer National to sign for new house and see closing statement. Skippers decided to buy oil from Dixon at 5765 N.E. Garfield	
8/24/71	Mr. Skipper is moving today and should finish completely by tomorrow.	CD
8/25/71	Went by to see Mr. Skippers new house. They have put in new carpeting and were happy with way house was left. Can release money now. Signed form releasing \$8,000 for RHP. Mr. Skipper brought in keys to old house.	CD
8/27/71	Went by Mr. Skippers to deliver their moving payment. They went on and on about how we had performed in their behalf. They had nothing but praise for the way things went and I was proud to have been able to be of service to these people. They were forthright and honest in their desire for a home. What they said they wanted in the beginning held true throughout. Very nice people, very understanding, only needed someone to explain the program. They found the house they wanted through Medak Realty. The location of the house was just what the doctor ordered. Location of new house is near store, shopping center, not too far from church and is situated on bus line.	

**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 Cannucci Date of survey 2/13/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 5 Structure No. 5 Census Block No. 28 Census Tract No. 22A  
 Street Address 2102 N Vancouver 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 \_\_\_\_\_

*Mr Skippio has had serious heart attack. should not be upset too much. Very nice people - just want new house to be in good area & free & clear. "Treat them fairly & they will act same"*

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Skippio, General</u>	<u>Head of household</u>	<u>70</u>	<u>M</u>	<u>retired</u>
2.	<u>" Alberdia</u>	<u>wife</u>	<u>68</u>	<u>F</u>	<u>-</u>
3.					
4.					
5.					
6.					
7.					
8.					
9.					

*Do not impact with low others.*

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

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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located to work</u>	<u>Distance</u>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>retirement</u>	<u>\$ _____</u>	<u>\$ _____</u>
<u>soc. sec.</u>	<u>\$ _____</u>	<u>\$ _____</u>
<u>Total family or household income per month</u>	<u>\$ 300.00</u>	<u>\$ estimated</u>

*would not give*

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

1. Location (indicate approximate cross streets) N area near bus & church (on Vancouver near present location...)
2. Transportation, number of autos owned 0, 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 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit 800
7. Other characteristics W O B I M

*date on site: 16 yrs. plus*

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

Date \_\_\_\_\_

Analyst Cannucci Surveyed 2/17/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 5 Structure No. 5 Census Block No. 28 Census Tract No. 22A  
 Street Address 3103 N Vancouver Apartment No. -  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>MM G.B. Skipper</u>	NAME & ADDRESS OF OWNER <u>MM G.B. Skipper</u> <u>3103 N Vancouver</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>288-4982</u>	TELEPHONE: <u>288-4982</u>	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> 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**

774 Sq. ft. in first floor (county figure)  
774 Sq. ft. in dwelling unit (if more than 1 floor)  
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 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  
1890 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2130</u>	\$ _____
Improvements	<u>1040</u>	_____
Total	<u>3170</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 1-00990-0350 SKIPPER, GENERAL S & ALBERDIA

5

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

3103 N VANCOUVER AVE  
 PORTLAND OREGON

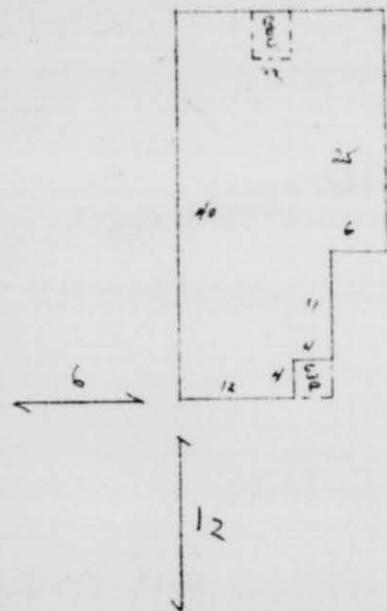
97227

ALBINA ADD LOT BLOCK

S 33 1/3' OF E 70' OF 13 2

PROPERTY ADDRESS: 3103 N VANCOUVER AVE  
 PORTLAND

APPEALS:



AVE. OR ST.

1 1/2 20'



3103 N Vancouver AVE OR ST  
 FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS.	TOTAL	SIGN DATE
1968			2050	1000	3050	UD
1971			2,130	1,040	3,170	UD

FUNCT G P

ECON G P

COND G P

REMARKS

*not best land use*

INSIDE	DATE 2 14 68	SIGN <i>Kan Peterson</i>	DEPUTY
CHECKED	REVIEWED	BLDG COUNT	INDEX
DATE FEB 23 88	3 28 68		
BY ANDREWS	<i>Sisker</i>		

FORM 67 REV. 7-66

