

	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, LUSHTIE 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. 9-34 Advisor JC
 Client's Name Smell, Aaron Phone _____
 Address 222 N. Cook Ethn Black Age 57

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

Family Composition

Total Number in Family 4
2 wife, husband

Other: Relation Age Relation Age

wife	57		
son	15		
son	35		

Economic Data

Employment SHIP REPAIRMAN \$ 500
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (500)

- 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 9-10-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1959

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

Date of initiation of negotiations for purchase of property

8-2-71

Date of Acquisition

9-27-71

Date of letter of intent

Date of move

10-19-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales	Single Family
Private Rental	Duplex
Other	Multiple Family

Age of Housing Unit 1910

Size of Habitable Area 1518

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ _____ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 5,250⁰⁰ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1204 7th Sealing LPA Referred _____ Self Referred _____

Private Sales	Single Family
Private Rental	Duplex
Other	Multiple Family

Outside city Outside state

Age of Housing Unit 1967

Size of Habitable Area 1142

No. of Rooms 7 No. of Bedrooms 4

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 16500.00

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 11,250

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

Agency Referrals: 0

0 Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

_____ Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME SMITH, Aaron J. RELOCATION ADVISOR JC
 ADDRESS 222 N. Cook PHONE 288-2143 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN AGE 57 PARCEL NO. A 3-4
 MARITAL STATUS married TENURE owner
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 9-10-71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE: <u>12 years</u>
INITIATION OF NEGOTIATIONS: <u>8/2/71</u>
DATE OF ACQUISITION: <u>9/27/71</u>

ECONOMIC DATA

Employer Ship repairman estimated \$ 500+
 Address NW Marine Drive
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$

FAMILY COMPOSITION

Name	Relation	Age
Sarah L.	wife	57
Karen	daughter	15
(added person?)	son	35

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1910 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn.
 Utilities \$
 Monthly Payments (Rent) \$
 Acquisition Price \$ 5,250.00
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 1518 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1204 N. E. Failing Phone _____ 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 3 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 16,500.00

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	34 FH	9/9/71	\$ 11,250.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	122EH & 27079 G		\$ 500.00
Actual Move			\$
Storage			\$
Incidental	122 FH	10/29/71	\$ 53.15
Interest			\$

Purchase Price \$16,500.00
 Down Payment \$ _____
 RHP \$ 11,250.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 11,803.15

REALTOR: _____ ESCROW CO. Pioneer National OFFICER Jean Egberg

9/10/71

Okay to use moving expense money and dislocation allowance to satisfy back taxes against their property so that they will not be held up from getting their house because of a deadline on assuring present owner of their money.

9/30/71

They signed their closing paper today at the escrow company. They expect to move around the 15th of October, when the seller will be moving out. Need to sign moving expense claim and incidental expense claim.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 122 EH

DATE October 29, 1971

PAY TO **Aaron J. & Sarah L. Smith**

\$353.15

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 claims filed - 222 N Cook (A-3-4) - Fixed payment - own furn. - \$300.00 Settlement costs <u>53.15</u>	\$353.15

Account Distribution

NO.	TITLE	AMOUNT
E1501	Rebo Pmts. EH (Fixed - own furn. - F - \$300.00) (Settlement costs <u>53.15</u>) <u>\$353.15</u>	\$353.15

Sarah L. Smith

11-2-71

BS

SL

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

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon 97227		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), complete items 1 through 12. If an item does not apply, write "None" in the space.		
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 SMITH, Aaron J. and Sarah L.		(f)
2. DATE(S) OF MOVE 10/19/71		
3. DWELLING UNIT FROM WHICH YOU MOVED a. Address 222 N. Cook, Portland, Oregon 97227 b. Apartment, Floor, or Room Number 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): 7 e. Date you moved into this address: 10/19/71
4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) 1204 NE Failing, Portland, Oregon b. Apartment, Floor, or Room Number		c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete table, "Statement of Claim for Storage Costs"
5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) <input checked="" type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
6. TOTAL CLAIM (If claim is for fixed payment, consult local agency. If claim is for reimbursement of actual moving expenses and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)		\$ 300.00
DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT		
7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NUMBER	9. ADDRESS OF MOVING COMPANY (OR PERSON)

[Form continued on next page]

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u>			
2. Dislocation allowance \$ <u>200.00</u> pd. ch # 270796, 970		<i>[Signature]</i>	10-28-71
3. Total \$ <u>300.00</u>	<u>300.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment(s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
10/29/71	300-12254	\$ 300.00			\$

1371.3

APPENDIX 5. GUIDELINES DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

<p style="text-align: center;">(For Local Agency Use Only)</p> <p style="text-align: center;">DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)</p>	<p>NAME AND ADDRESS OF CLAIMANT Aaron J. and Sarah L. Smith 1204 NE Failing, Portland, Oregon</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p>
<p>INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.</p>	
<p>1. Does claimant meet basic eligibility requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," explain:</p>	
<p>2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:</p> <p>Date items inspected: _____ Month-Day-Year</p>	
<p>3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," explain basis for approved amount:</p>	
<p>4. CERTIFICATION</p> <p>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:</p>	

[form continued on next page]

1371.1

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

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

_____ Date

_____ Signature of Claimant

11. AMOUNT OF ACTUAL COSTS

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

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

10/19/71
_____ Date

Ann J. Smith
_____ Signature of Claimant

[Form continued on next page]

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27079 G

DATE September 30, 19 71

PAY TO THE
ORDER OF

Pioneer National Title Insurance Company

\$ 200.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Aaron J. & Sarah L. Smith, 222 N. Cook (Parcel A-3-4) - dislocation allowance per claim for relocation filed	\$200.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payment (Fixed - own furn. - Family)	EH \$200.00

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September 30, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Webb:

I hereby authorize you to place in escrow the amount of \$200.00, representing our dislocation allowance for our move from 222 N. Cook to 1204 N. E. Failing, to be used to pay off the cost of back taxes at 222 N. Cook.

Sincerely,



Sarah L. Smith

WJ

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)

SMITH, Aaron J.
222 N. Cook
Portland, Oregon 97227

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 **	<i>[Signature]</i>	10-28-71
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
9/30/71	270796	\$ 200.00			\$

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

** Dislocation Allowance

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) SMITH, Aaron J.	2. DATE(S) OF MOVE 10/19/71
---	--------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A 3-4 222 N. Cook, Portland, Oregon 97227 b. Apt., Floor, or Room No. _____ 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>7</u> e. Date you moved into this address: <u>1959</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 1204 N. E. Failing, Portland, Oregon b. Apt., Floor, or Room No. _____ 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:
<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property	<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs	<input checked="" type="checkbox"/> X Dislocation Allowance
<input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)		

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.)	\$ 200.00
---	-----------

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)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.

9/30/71
Date

Sarah L. Smith
Signature of claimant

APPENDIX 7. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

(For Local Agency Use Only) DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	NAME AND ADDRESS OF CLAIMANT Aaron J. and Sarah L. Smith 1204 NE Failing, Portland, Oregon NAME OF LOCAL AGENCY Portland Development Commission
INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim forms.	
1. Did the claimant own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Date of Ownership: <u>8/51</u> Date of Acquisition: <u>9/27/71</u> Month-Day-Year Month-Day-Year	
2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Date of Ownership: <u>8/51</u> Date of Initiation of Negotiations: <u>8/2/71</u> Month-Day-Year Month-Day-Year	
3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Displacement: <u>10/19/71</u> Date of Purchase of Replacement Housing: <u>10/19/71</u> Month-Day-Year Month-Day-Year Date of Occupancy of Replacement Housing: <u>10/19/71</u> Month-Day-Year (If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)	
4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Issuance Date of Mortgage: _____ Date of Discharge of Mortgage: _____ Month-Day-Year Month-Day-Year Date of Initiation of Negotiations: _____ Month-Day-Year	
5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. CERTIFICATION OF LOCAL 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. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ <u>53.15</u> is authorized. <u>10-28-71</u> Date <u>[Signature]</u> Authorized Signature	
7. RECORD OF PAYMENT Date of payment: <u>10/29/71</u> Check number: <u>122EH</u> Amount: \$ <u>53.15</u>	

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
escrow fee	\$ 33.50	\$	\$ 33.50	\$ 33.50
recording	1.50		1.50	1.50
revenue stamps	18.15		18.15	18.15
TOTAL	\$ 53.15	\$	\$ 53.15	\$ 53.15

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

4. I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, 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.

10/19/71
Date

James J. Smith
Signature of Owner-Occupant(s)

APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS	PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon 97201	PROJECT NUMBER ORE R-20
INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim.	
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) (f) SMITH, Aaron J. and Sarah L.	2. DATE OF DISPLACEMENT 10/19/71
3. INFORMATION IN SUPPORT OF CLAIM	
A. Differential Payment PARCEL: A-3-4	
Part I. Data on dwelling unit from which you moved	
1. Address of dwelling unit from which you moved <u>222 N. Cook, Portland, Oregon 97227</u>	
2. Date you first occupied this dwelling as the owner <u>8/51</u> Month-Day-Year	
3. Number of bedrooms in the dwelling <u>3</u>	
4. Date of initiation of negotiations for local agency acquisition of dwelling <u>8/2/71</u> Month-Day-Year	
5. Payment made by local agency for the dwelling \$ <u>5,250.00</u>	
Part II. Data on dwelling unit to which you moved	
6. Address of dwelling unit to which you moved (include ZIP Code) <u>1204 N.E. Failing, Portland, Oregon</u>	
7. Number of bedrooms in replacement dwelling <u>3</u>	
8. Purchase price of the replacement dwelling \$ <u>16,500.00</u>	

[form continued on next page]

RELOCATION HANDBOOK

1371.1

CHAPTER 6 APPENDIX B

APPENDIX B. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

<p>(For Local Agency Use Only)</p> <p>WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>Aaron I. & Sarah I. Smith NAME AND ADDRESS OF CLAIMANT 1204 NE Failing Portland, Oregon 97227</p> <p>COMPUTATION PREPARED BY: Crolley, J. 10/19/71 (Name) (Date)</p>
<p>INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.</p>	
<p>A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	
<p>1. Amount of differential payment (Block B, Line 6)</p> <p>2. Plus interest payment (Block C, Step 4, Last line)</p> <p>3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e))</p> <p>4. Total (Sum of Lines 1, 2, and 3)</p> <p>5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others)</p> <p>6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5)</p> <p>(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)</p>	<p>\$ _____</p> <p>+ \$ _____</p> <p>+ \$ 53.15</p> <p>\$ _____</p> <p>- \$ _____</p> <p>\$ 53 15</p>
<p>B. COMPUTATION OF DIFFERENTIAL PAYMENT</p>	
<p><u>Required Information</u></p>	
<p>1. Actual purchase price of replacement dwelling</p> <p>2. Cost of comparable replacement dwelling (Cost based on: <input type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other)</p> <p>3. Acquisition payment made by agency for claimant's former dwelling</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p><u>Computation</u></p>	
<p>4. Line 1 or Line 2, whichever is less</p> <p>5. Minus Line 3</p> <p>6. Amount of differential payment</p>	<p>\$ _____</p> <p>- \$ _____</p> <p>\$ _____</p>

[form continued on next page]

9. Complete either a or b:

a. If you have purchased and occupy the replacement dwelling:

Date you signed purchase agreement 8-31-71 Date of settlement 10-5-71
 Month-Day-Year Month-Day-Year

b. If you have purchased but do not yet occupy the replacement dwelling:

Date you signed purchase contract _____ Date of settlement _____
 Month-Day-Year Month-Day-Year

Date you expect to occupy _____
 Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment.

Schedule Comparative

B. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved \$ _____
2. Number of monthly payments remaining on the mortgage _____
3. Annual interest rate of mortgage on the dwelling from which you moved _____ %
4. Annual interest rate of mortgage on the replacement dwelling _____ %
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located _____ %

[form continued on next page]

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____
ESCROW STATEMENT

Esc. No. 386719

Aaron J. Smith & Sarah J. Smith

10-5 1971

PROPERTY ADDRESS 1204 NE Failing

DESCRIPTION	Debit	Credit
<u>W 56' of Lot 1, Block "I", North Irvington</u>		\$
<u>To be deposited by Portland Devel. Comm.</u>		<u>200 00</u>
<u>" " " " " " " " " " " "</u>		<u>11,250 00</u>
<u>transferred from escrow # 349219</u>		<u>1,801 47</u>
<u>Demand Deposit by Smith</u>		
Title Insurance Policy No.		
Escrow Fee <u>1/2</u>	<u>85 52</u>	
Taxes <u>1971-72 pro rata share 7-1-71 to 7-1-5</u>		
City Liens		
Reconveyance		
RECORDING		
Deed <u>Schultzeiss</u> to <u>Smith</u>	<u>150</u>	
Deed		
Mortgage		
Trust Deed		
Release of Mortgage		
Reconveyance		
Contract between		
% Interest Adjustment on \$	from	to
Insurance pro rata on \$	from	to
Paid for real estate commission		
Paid <u>David Schultzeiss</u> for deed	<u>16,500 00</u>	
Paid for		
<u>Revenue Stamps</u>	<u>18 15</u>	
Balance - Our Check Herewith		
Balance - Debit		
TOTAL		

This covers money settlement only.
 Any papers to which you are entitled
 will follow later.

Pioneer National Title Insurance Company

By Marge Traylor

October 26, 1971

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

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 386545
Parcel No. A-3-4
SMITH, Aaron J. and Sarah L.

Gentlemen:

You have in the above-identified escrow account a \$11,250 replacement housing payment in accordance with our instructions of September 13, 1971.

This is to certify that Mr. and Mrs. Smith have acquired and moved into a standard structure located at 1204 N. E. Falling Street. You are hereby authorized to release the replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Smith.

Yours very truly,

John B. Kenward
Executive Director

JBK:dl

MEMORANDUM

Date 10/22/71

TO: Ben Webb
FROM: Emanuel Site Office
SUBJECT: Release of RHP from Escrow

Escrow Company Pioneer National Title Insurance Co.
Escrow No. 386919
Parcel No. A-3-4
Name SMITH, Aaron J.
Moving Date 10/19/71

The above client has relocated and does occupy the property which they purchased at 1204 NE Felling. The City Bureau of Buildings reports that the structure complies with City Housing Regulations.

Please authorize the release of the Replacement Housing Payment in the amount of \$ 11,000.00.

Relocation Worker

September 13, 1971

Mr. and Mrs. Aaron J. Smith
222 N. Cook
Portland, Oregon 97227

Dear Mr. and Mrs. Smith:

The Portland Development Commission has authorized a Replacement Housing Payment in the amount of \$11,250.00 contingent upon the purchase of a replacement house at 1204 N. E. Felling for the sales price of \$16,500.00. This amount will be placed in your escrow account at Pioneer National Title Insurance with instructions to be released when verification has been furnished that you have purchased and occupy the new house. The Bureau of Buildings has already provided verification that the above house current

complies, as you are doing, with the Portland Development Commission's requirements to purchase your new house in full payment for the amount of \$11,250.00.

Sincerely,
Portland Development Commission

WJL:ls

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº

34 EH

DATE September 9, 19 71

PAY TO **Pioneer National Title Insurance Company**

\$ **11,250.00**

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
		Deposit in escrow for Aaron J. & Sarah L. Smith, replacement housing payment per claim filed - move from 222 N Cook (Parcel A-3-4)	\$11,250.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments (Repl. Housing)	\$11,250.00

AL

BD

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. or actual purchase (From approved Form HUD-6155) price of dwelling whichever is less	\$ 16,500
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 5,250.
3. Line 1 minus line 2.	\$ 11,250
4. Amount of Replacement Housing Payment (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.)	\$ _____
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$ _____
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.	\$ 11,250
7. Total (line 5 and 6)	\$ _____
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ 11,250

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.

9-7-71
Date


Authorized Signature

	DATE	WARRANT CHECK NO.	AMOUNT
RECORD OF PAYMENT	9/9/71	34EH	11,250. ⁰⁰

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT Aaron J. & Sarah L. Smith				
NAME OF DISPLACING AGENCY Portland Development Commission					
<i>INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.</i>					
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? Initial Date of Ownership: <u>August 1951</u> <i>Month-Day-Year</i>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date of Acquisition: _____ <i>Month-Day-Year</i>					
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations? Initial Date of Ownership: <u>August 1951</u> <i>Month-Day-Year</i>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date of Initiation of Negotiations: _____ <i>Month-Day-Year</i>					
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling for 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: _____ <i>Month-Day-Year</i>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td></td> </tr> </table>	YES	NO		
YES	NO				
Date of HUD Approval of the Project: _____ <i>Month-Day-Year</i>					
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Date of Displacement: _____ <i>Month-Day-Year</i>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	YES	NO	X	
YES	NO				
X					
Date of Purchase of Replacement Housing: _____ <i>Month-Day-Year</i>	Date of Occupancy of Replacement Housing: _____ <i>Month-Day-Year</i>				
5. Has the replacement housing been inspected and found to be standard? (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).) Date previously substandard dwelling was inspected and found to be standard: _____ <i>Month-Day-Year</i>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td></td> </tr> </table>	YES	NO		
YES	NO				

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.

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. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> Aaron J. & Sarah L. Smith	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED PARCEL A-3-4 a. Address: <u>222 North Cook</u> <u>Portland, Oregon</u> b. Date you first occupied this dwelling unit as the owner: <u>August 1951</u> <i>Month-Day-Year</i> c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. DWELLING UNIT TO WHICH YOU MOVED a. Address (Include ZIP Code): <u>1204 N.E. Failing</u> <u>Portland, Oregon</u> b. Number of bedrooms: <u>3</u> c. Purchase price: <u>\$ 16,500</u> d. If you have purchased and occupied this dwelling (1) Date you signed purchase contract: <u>Month-Day-Year</u> (2) Date you moved into this dwelling: <u>Month-Day-Year</u> e. If you have purchased but not occupied this dwelling: (1) Date you signed purchase contract: <u>Month-Day-Year</u> (2) Date of settlement: <u>Month-Day-Year</u> (3) Date you expect to occupy: <u>Month-Day-Year</u>
---	---

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.

9-2-71
Date

Aaron J. Smith
Signature of Owner-Occupant

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

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

June 22, 1971

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

Re: 1204 N.E. Failing Street

Attn: Mr. Crowley

Gentlemen:

A reinspection was made by the Housing Division of the two-story, wood frame, four bedroom, single-family dwelling and attached garage at the above address.

Our inspector reports the substandard condition has been corrected and the structure complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF :mfm

REC'D
6-23-71

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 15, 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. Chegwidden, Chief

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

Re: 1204 N.E. Failing Street

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the hot water tank lacks the required A.S.M.E. approved pressure relief valve and drainpipe. In view of this, we are referring the structure to the Plumbing Division for a complete inspection report and you will be notified of their findings.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the correction has been completed under proper permit and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CHF:mfm
cc: Plumbing Division

Rec'd
6-17-71

OFFICIAL EARNEST MONEY AGREEMENT

Received of ARON J. SMITH AND SARAH L. SMITH, HUSBAND & WIFE hereinafter called "purchaser," in the form of (check, cash, note) \$ 1000.00 as 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: W 56, ST 1, BL A NO. IRVINGTON ADD. OTHERS UNKNOWN AS 1204 N.E. FAIRING.

together with the following described personal property: DRAPES IN LIVING ROOM AND DINING ROOM, STOVE AND REFR

which we have this day sold to the said purchaser, subject to the approval of the seller, for the sum of SIXTEEN THOUSAND, FIVE HUNDRED DOLLARS Dollars (\$ 16,500.00) on the following terms, to wit: The sum, hereinabove received for, ONE THOUSAND DOLLARS Dollars (\$ 1,000.00) on 19 } as additional earnest money, the sum of _____ Dollars (\$ _____) on Owner's acceptance Upon acceptance of title and delivery of deed or contract, the sum of _____ Dollars (\$ _____) The balance of FIFTEEN THOUSAND, FIVE HUNDRED DOLLARS Dollars (\$ 15,500.00) payable as follows: SUBJECT TO PAYMENT OF BONIFITS UNDER THE UNIFORM REAL PROPERTY ACQUISITION & RELOCATION COLLIER ACT OF 1970 IN THE AMOUNT OF \$ 11,250.00 BY PORTLAND GOVERNMENT COMMISSION

PURCHASER TO QUANIFY WITHIN 15 DAYS AND SELLER TO BE NOTIFIED OF AGREEMENT IS VOID

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein received for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein received for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents, and NO OTHER

All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except NO EXCEPTIONS

are to be left upon the premises as part of the property purchased. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other matters as of the date of delivery of possession, unless otherwise stated. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by Seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

SELLER AND PURCHASER AGREE THAT SUBJECT SALE will be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of the above described premises is to be delivered to the purchaser 15 days from the delivery of deed or contract above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: 4413 N.E. FREMONT, PORTLAND Realtor's Phone: 282-8658 PAUL DAUGHTREY & NEWS Realtor By: Francis G. Bruns

AGREEMENT TO PURCHASE Date 31 AUG, 1971

I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of ARON J. SMITH AND SARAH L. SMITH, HUSBAND AND WIFE

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor. Address 222 N. COOK STREET PURCHASER: Arion J. Smith Phone 285-2143 PURCHASER: Sarah L. Smith

AGREEMENT TO SELL Date 1 Sept, 1971

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named Realtor for services a commission of \$ 970.00

I authorize said Realtor to order title insurance and, if sale not completed, to pay any cost thereof and to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients Trust Account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor. Address 1204 FAIRING, PORTLAND SELLER: Lydia D. Schultze Phone 282-4915 SELLER: Lydia D. Schultze

Dwelling Unit Inventory

9-27-71

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>3</u>	Beds & Springs 12 Springs	<u>-</u>	Night Stand
<u>3</u>	Bedroom Chair	<u>2</u>	Occasional Chair
<u>1</u>	Breakfast Table	<u>1</u>	Overstuffed Chair
<u>5</u>	Breakfast Table Chairs	<u>-</u>	Overstuffed Rocker
<u>-</u>	Bridge Lamp & Shade	<u>1</u>	Range
<u>1</u>	Buffet	<u>1</u>	Refrigerator: Brand <u>Jennack</u>
<u>2</u>	Chest of Drawers	<u>-</u>	Rocker
<u>2</u>	Coffee Table	<u>2</u>	Rug & Pad: Size <u>9x12</u>
<u>1</u>	Couch	<u>2</u>	Stool
<u>-</u>	Davenport	<u>2</u>	Table Lamp & Shade
<u>-</u>	Desk	<u>3</u>	Table, small
<u>1</u>	Dining Table	<u>1</u>	Vanity & Bench
<u>6</u>	Dining Chairs	<u>2</u>	Suitcases
<u>3</u>	Dresser	<u>-</u>	Trunks
<u>2</u>	End Table	<u>20</u>	Cartons, Boxes, Etc.
<u>-</u>	Floor Lamp & Shade	<u>3</u>	Clothes
<u>-</u>	Mirror	<u>8</u>	Bedding & Linens

Miscellaneous (List Items)

- | | |
|--|--------------------------|
| <u>1 Grand + Stool</u> | <u>1 Phone Table</u> |
| <u>1 Record Player</u> | <u>1 Washing Machine</u> |
| <u>2 TV's 11" ^{flats} 11" ^{port} w/stand</u> | <u>1 Vacuum Cleaner</u> |
| <u>1 Record Cabinet</u> | <u>Lawn Mower</u> |
| <u>1 Cedar Chest</u> | <u>_____</u> |
| <u>1 China Cabinet</u> | <u>_____</u> |

COMMENTS:

1 Room of storage

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 386919

ESCROW STATEMENT

Aaron J. Smith & Sarah J. Smith

19__

PROPERTY ADDRESS 1204 NE Failing

DESCRIPTION W 56' of Lot 1, Block "I", 4th District, Irvington Debit Credit

To be deposited by Portland Devel. Comm. \$ 500.00

transferred from escrow # 349219 11,250.00

Demand Deposit by Smith 11,821.41

Title Insurance Policy No. _____

Escrow Fee 12 53.50

Taxes 1971-72 pro rata share 7-1-71 to 3-10-5 85.52

City Liens _____

Reconveyance _____

RECORDING _____

Deed Schultheiss to Smith 150

Deed _____ to _____

Mortgage _____ to _____

Trust Deed _____ to _____

Release of Mortgage _____ to _____

Reconveyance _____

Contract between _____ and _____

_____ % Interest Adjustment on \$ _____ from _____ to _____

Insurance pro rata on \$ _____ from _____ to _____ NONE

Paid _____ for real estate commission

Paid David Schultheiss for deed 16,500.00

Paid _____ for _____

Revenue Stamps 18 15

Balance - Our Check Herewith

Balance - Debit

TOTAL

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Marge Trigler

MEMORANDUM

Date August 31, 1971

TO: The File
FROM: Benjamin C. Webb
SUBJECT: Relocation Benefits - Aaron J. Smith

On 8/31/71 a meeting was held at the C-CAP Office, 106 N.E. Morris, for the purpose of discussing the relocation benefits due the Aaron Smiths. Present at the meeting were Jim Barnes from Legal Aid; Frances Brus from Paul Daughtrey Realtor; the client; Olly Norville, PDC attorney; and Ben Webb, PDC staff.

The clients want to purchase a replacement dwelling at 1204 N.E. Failing. This property has three bedrooms, with another small room off one bedroom; two baths; a full cement basement with a party room and a fireplace. The property is approximately twenty years old. The asking price is \$16,500. Our option is \$5,250. The RHP is therefore \$11,250.

As soon as we receive a copy of the earnest money receipt, we are to ask for a city inspection.

Jim Barnes also wants a copy of the earnest money receipt and option.

BCW:ch

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

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. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> <u>ARON J. & SARAH L. SMITH</u>	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

<p>4. DWELLING UNIT FROM WHICH YOU MOVED</p> <p>a. Address: <u>222 N. COOK</u></p> <p>b. Date you first occupied this dwelling unit as the owner: <u>AUG. 1951</u> <i>Month-Day-Year</i></p> <p>c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit</p> <p>d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. DWELLING UNIT TO WHICH YOU MOVED</p> <p>a. Address (Include ZIP Code): <u>1204 NE Fairing</u></p> <p>b. Number of bedrooms: <u>3</u></p> <p>c. Purchase price: <u>\$ 16,500.00</u></p> <p>d. If you have purchased and occupied this dwelling</p> <p>(1) Date you signed purchase contract: <u>Month-Day-Year</u></p> <p>(2) Date you moved into this dwelling: <u>Month-Day-Year</u></p> <p>e. If you have purchased but not occupied this dwelling:</p> <p>(1) Date you signed purchase contract: <u>Month-Day-Year</u></p> <p>(2) Date of settlement: <u>Month-Day-Year</u></p> <p>(3) Date you expect to occupy: <u>Month-Day-Year</u></p>
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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.

_____ Date

_____ Signature of Owner-Occupant

HOUSING RESOURCES SURVEY

A-3

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

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

Analyst JG Date of survey 2/18/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 6 Structure No. 5 Census Block No. 23 Census Tract No. 22A
 Street Address 222 N. Cook 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 _____

*Call back at
2:00 pm Friday*

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

Name	Family relation	Age	Sex	Occupation
1. Aaron J. Smith	Head of household	57	M	Ship repair man
2. Sarah L. Smith	wife	57	F	Housewife
3. Karen	daughter	15	F	Student
4. Add. Person?	Son	35	M	ESCO
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

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

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
_____	<u>N.W. Marine</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>gave no info</u>	\$ _____	\$ _____
<u>estimated</u>	\$ <u>500+</u>	_____
Total family or household income per month	\$ <u>500+</u>	\$ _____

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

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

gave no info

DATE on site - 12 yrs

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

Analyst JC Date 2/18/71 Surveyed 2/18/71 Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 5 Census Block No. 23 Census Tract No. 22A
 Street Address 222 N. Cook Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: (Same) NAME & ADDRESS OF OWNER Smith, Aaron J. & Sarah L. NAME & ADDRESS OF PROP. MGR: _____
222 N. Cook St.
 TELEPHONE: _____ TELEPHONE: 288-2143 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1+A stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1018 Sq. ft. in first floor (county figure)
1518 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 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
1967 Date of last appraisal
1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2960</u>	\$ _____
Improvements	<u>1710</u>	_____
Total	<u>4670</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

IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE
4850	3/70	D 725-584	

MONTHLY RENTAL \$	X GRM	= \$	IND VALUE
ZONING			
SITE ADJUSTMENTS			
ROAD TYPE D.G.1			
TOPOGRAPHY 3'A.G.			
VIEW			
OTHER			
DEPTH FACTOR			
STANDARD DEPTH			
EFFECTIVE DEPTH			

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ.D. UNIT VALUE	VALUE
41x100 @ 20' off		820	Loc		820
@ .90¢	4/100	3690	320		2860

TOTAL AREA	SUB-TOTAL	2860
REMARKS: B.H. Lot 7 Bix 3 Albino Add		
SITE ADJ. %	TOTAL APPR. VALUE	28501
19	APPR. VALUE	
19	APPR. VALUE	
19	APPR. VALUE	
19	APPR. VALUE	
APPRaiser 77	DATE 5 8 67	

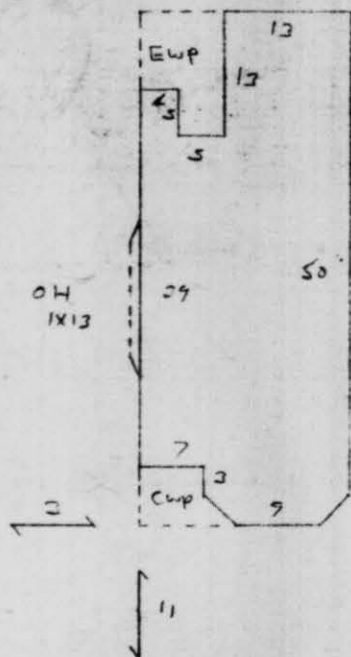
ACCOUNT NO. 1-00990-0210	19 68
CLASS 3 STORY AREA 1018	ADJ. 7 7000
ADDRESS 222 N Cook	BASE FACTOR 7672
FDN. Cont. Br. W.P. BSMT. Full 3 4 1 4	100
BSMT ROOMS 0	Lav. Bath
FLOORS D 8 Lino Tile Hdwr Fir Con	180
ROOF G H F Alum. Comp. Shg. Shk Tile Built-Up	190
EXTER. D 8 Shks. Siding Blk. Stuc. Brk. P.D.	
INTER. L & Drywall Trim Fir Hdwr B.I. Ayo	
PLUMB G FACILITY Sink D.W. Toilet W.B. Tub Enc. Shower OT Enc. St. Loun. W.H.	
Quantity 1 1 1 1 1 1 1 1 1 1	40 420
HEAT H.W. Pkg. Pipe Floor Oil Gas Elect H.A. 63/	
FIREPLACE Ins. O.S. S D T 1-Stry 2-Stry Five	
ATTIC Unf. Fin. BR Bath Lav. H 3 4 1/4	
2ND STY 0 BR Bath Lav H	
BAYS 1x13 13φ DORMERS	50
MISC.	
MISC. V.F. & H. R & O. V.F. Tile	
OUTSIDE 100φ Conc. B.T. Sprinkler Y.L.	50
FIRST FLOOR	GARAGE
Rec. Hall Class	
Serv. Hall Type	
Liv. Rm. Dim. X	
Din. Area IMP. AREA REPL COST ADJ. REP COST	
Fdn. No. 1018 9220 12 7659	
Neck GAR.	
Kitchen Floor MISC.	
Utility Const. MISC.	
Bedroom Roof MISC.	
Bath Misc.	
Lav.	
Den	
TOTAL DEPRECIATED REPLACEMENT COST	109
MISC.	
Dim. X BUILT 1910	ADJUSTMENT 19 68
Fdn. PERM. NO.	Age 42 - APPR. VALUE 1650
Const. PREV APPR 1962	Func 19 APPR. VALUE
Roof D.P.A. RM MO RENTAL	Econ -22 19 APPR. VALUE
MISC.	Cend -2 19 APPR. VALUE
Dim. X	NET 18 19 APPR. VALUE
Fdn.	19 APPR. VALUE
Const.	
Roof	

1 1-00990-0410/ MILLER, HARRY & MARION E
 MAP: 2730 BY SMITH AARON J & SARAH L
 ZONE: A25
 RATIO: 1401 222 N COOK ST
 L VY C: 001 PORTLAND OREGON 97227

ALBINA ADD LOT BLOCK
 3 3

PROPERTY ADDRESS: 222 N COOK ST
 PORTLAND

APPEALS:



1 1/2 20'



222 N Cook AVE OR ST.
 FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			2850	1650	4500	213/0
1971			2960	1710	4670	UD

REMARKS
 G A / P
 G A / 1 Not best land use
 G A / Poor inside cont.

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED
FEB 21 '68		3-28-68				
BY	K. J. Kubli					

EX 12 '67 KUBLI

FORM 67 REV 1-65