

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-4-7	LEW'S MAN'S SHOP 113 N. RUSSELL OWNER: LEW GRESS		
PARCEL NO. RS-3-9	LEE TRAILER COMPANY 2716 N. VANCOUVER OWNER: HOWARD R. LEE		
PARCEL NO. A-3-19	GEORGE LEE ROOMING HOUSE 3213 N. VANCOUVER		
PARCEL NO. E-4-9	LYNN KIRBY FORD BODY SHOP 315 N. RUSSELL		
PARCEL NO. RS-2-1	MANNING BROS. GARAGE 2847 N. WILLIAMS OWNER: MARTIN MANNING	C.R. INGLE SERVICE STATION	
PARCEL NO. E-4-7	McGUIRE APARTMENTS 423 N. RUSSELL (4 PLEX) OWNER: FRANK McGUIRE		
PARCEL NO. RS-5-1	OREGON RUG & MATTRESS CO. 2651 N. VANCOUVER OWNER: RICHARD WALKER		
PARCEL NO. RS-4-8	JAMES PARKS DBA PAUL'S RESTAURANT 23 N. RUSSELL		
PARCEL NO. RS-4-8	PAUL'S COCKTAILS 19 N. RUSSELL OWNER: PAUL KNAULS		
PARCEL NO. RS-4-3	PHILBIN MFG. COMPANY 27 N. RUSSELL OWNER: GEORGE NEISZ		
PARCEL NO. R-15-3	ROBBIN'S INN (TAVERN) 3000 N. COMMERCIAL OWNER: HENRY LEHL	CR. HENRY LEHL	
PARCEL NO. A-2-4	SPRATLEN APARTMENTS 3100-3106 N. GANTENBEIN		
PARCEL NO. RS-2-3	ST. MARTIN'S DAY NURSERY 2805 N. WILLIAMS OPERATED BY: SOC. OF ST. VINCENT		
PARCEL NO. RS-4-9	THOMAS APARTMENTS 7 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. 8-9 & 10	TONY FORBES DBA BEGAN EQUIPMENT CO. (ARCO DEALER) 945 N. E. DEKUM		
PARCEL NO. RS-4-9	THOMAS SHINE PARLOR & BICYCLE SHOP 11 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. RS-3-9	WALLACE BUILDING WRECKERS 2712 N. WILLIAMS OWNER: D.E. WALLACE		
PARCEL NO. RS-4-4	WALTON APARTMENTS 102 N. KNOTT OWNER: WILLIE WALTON		

Date _____

Name LEW'S MAN'S SHOP Operation Men's Clothing Store Tel 282-4900
 Address 113 North Russell Opr/Mgr Lew Gress R/Tel 246-7175
 Owner Lewis J. & Barbara Gress Address 6403 S.W. Dover Tel 246-7175
 (divorced)
 Attorney _____ Address _____ Tel _____
 Other _____ Tel _____
 Moved into project _____ Moved to above address _____
 Lease _____ Sub-lease _____ Owns Equip. _____ Rental _____ Exp _____
 Gas by _____ Elec by _____ Garbage by _____
 Water _____ Heat by _____
 No. Dwlg. Units _____ Aver. Ten. _____ Rent Range _____
 Future Plans _____
 Space Requirements _____ Zone _____

Date	Notes	by
2/5/68	Received copy of letter to HUD from Emanuel area businesses-one of them being Lew's Man's shop re: relocation.	
2/29/68	Received copy of letter to Emanuel area business men's spokesman from HUD	
3/14/70	PDC, HUD, FHA, SBA and others met with area businessmen, including Lew Gress, re: relocation.	
3/4/71	Spoke with Mr. Gress at his business. Explained present situation of project and very basic relocation benefits. Mr. Gress owns property and also rents to Fred Hampton Medical Center (Kent Ford). Wants to relocate on N.E. Broadway by Lloyd Center	WSJ
6/3/71	Spoke with Lew Gress and went over options available to him under relocation benefits. Could not ascertain what his present plans might be. I have a feeling that he may be thinking of retiring.	WSJ
9-30-71	Spoke with Mr. Gress about relocation. He apparently would like for us to try to locate something for him on Broadway as close to the Lloyd Center as possible. He also would like to have the awning & Security Gate appraised and added to price of real estate. He had no preference as to appraisers. Relayed information to Harold Hand.	WSJ
3-2-72	Spoke with Lew Gress about his inquiry of what would happen if he now decides to sell business rather than just quit as previously planned. Person who wants to buy will be established about 30 Blocks away. Since he maintains that at his age he would not be able to move and reset up business again he was deemed eligible for the alternate payment based on the fact that business was not going to continue. Indicated that there is no problem if stock and fixtures are sold to another business.	WSJ

ESTIMATED COST OF SERVICES

GREYHOUND VAN LINES, INC.



HEADQUARTERS: 13 E. LAKE STREET • NORTHLAKE, ILLINOIS 60164 • (312) 345-8120

GREYHOUND ORDER NO

NAME OF SHIPPER L J GRASS		PHONE NUMBER	DATE	
ADDRESS OF SHIPPER 6403 SW Dodge St		CITY Portland	STATE Ore	ZIP CODE
SHIPMENT MOVING FROM 709 N Russell St		CITY & STATE Portland	COUNTY Mult	RES OFF WH APT FLR ELEV
TO Longview, WA		CITY & STATE Longview WA	COUNTY Cowlitz	RES OFF WH APT FLR ELEV
SHIPPER'S DESTINATION CONTACT		PHONE NUMBER		
PACKING DATE REQUESTED	LOADING DATE OR PERIOD OF TIME REQUESTED	DELIVERY DATE OR PERIOD OF TIME REQUESTED		

IMPORTANT NOTICE: This estimate covers only the articles and services listed. It is not a guarantee that the actual charges will not exceed the amount of the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis of rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Exact charges for loading, transporting, and unloading are based upon the weight of the goods transported, and such charges may not be determined prior to the time the goods are loaded on the van and weighed. Charges for additional services will be added to the transportation charges.

ESTIMATED COST OF SERVICES (BASED ON TARIFF)		MP ICC NO.	ESTIMATED CHARGES	
TRANSPORTATION: EST. WT.	1500 LBS.	43 MI.	970 PER 100 LBS.	14550
VALUATION CHARGE: FOR LIABILITY ON PART OF CARRIER IN EXCESS OF THAT ASSUMED WHEN ITS LOWEST RATES ARE CHARGED.				
ON TRANSPORTATION; \$ @ 50¢ PER \$100 OR FRACTION THEREOF				
ON STORAGE-IN-TRANSIT @ \$ PER CWT. (10% OF MONTHLY STORAGE RATE FOR EACH 30 DAYS OR FRACTION THEREOF)				
ADDITIONAL TRANSPORTATION CHARGES (Explain)		ORIGIN	DESTINATION	
PICK-UP OR DELIVERY FOR STORAGE IN TRANSIT		LBS. @ \$	PER 100 LBS.	
STORAGE-IN-TRANSIT AT		LBS. @	¢ PER 100 LBS. FOR EA. 30 DAYS OR FRACTION THEREOF	
WAREHOUSE HANDLING		LBS. @	¢ PER 100 LBS. ONE TIME CHARGE	
EXTRA PICK-UP OR DELIVERY AT				
SPECIAL SERVICING OF APPLIANCES				
HOISTING, LOWERING, OR CARRYING OF PIANOS, HEAVY ARTICLES (EXPLAIN)				
CONTAINERS (See Below)				
PACKING (See Below)				
UNPACKING (See Below)				
LABOR	MAN/HR	HRS. @ \$	PER MAN HOUR	
OTHER SERVICES (Explain)				
TOTAL ESTIMATED CHARGES				14550

If the total tariff charges for the listed articles and services exceed this estimate by more than ten percent, then, upon your request, the carrier must relinquish possession of your shipment upon delivery in advance of the payment of the total amount of tariff charges shown on the bill of lading or freight bill. You are still obligated to pay the balance of the total charges within 15 days. Maximum amount to be paid on delivery of your C.O.D. shipment in cash, certified check or money order is (total estimated cost plus 10 percent): \$

	CONTAINERS		PACKING			UNPACKING		
	EST. EACH	TOTAL	EST. EACH	PER EACH	TOTAL	EST. EACH	PER EACH	TOTAL
BARRELS, DISH PACT, DRUM, ETC.								
BOXES, NOT OVER 5 CU. FT.								
OVER 5 NOT OVER 6 CU. FT.								
CARTONS: LESS THAN 1 1/2 CU. FT.								
1 1/2 CU. FT.								
3 CU. FT.								
4 1/2 CU. FT.								
6 CU. FT.								
6 1/2 CU. FT.								
WARDROBE CARTON								
CRIB MATTRESS CARTON								
MATTRESS CARTON (NOT EXCEEDING 54" X 75")								
MATTRESS CARTON (EXCEEDING 54" X 75")								
MATTRESS COVER (PLASTIC OR PAPER)								
CRATES AND CONTAINERS (SPECIALLY DESIGNED FOR SHIPMENT)								
PAINTINGS, GLASS OR MARBLE TOPS AND SIMILAR FRAGILE ARTICLES								
OTHER FRAGILE ARTICLES								
CRATES OR CONTAINERS								
	ESTIMATED CONTAINER COSTS \$		ESTIMATED PACKING COSTS \$			ESTIMATED UNPACKING COSTS \$		

NOTICE: It is mandatory that the total cubic footage shown on the table of measurements be multiplied by not less than 7 to determine the total estimated weight. Articles not to be shipped should be indicated by a "check mark" in the column provided on the table of measurements.
If the prospective shipper has not previously been furnished with the Summary of Information For Shippers of Household Goods as required by the Interstate Commerce Commission, he should be furnished at this time.

I HEREBY ACKNOWLEDGE that I have received from (CHECK ONE)
 the carrier supplying this estimate
 a carrier supplying another estimate
 other source
 Summary of Information for Shippers of Household Goods, Form BOp 103.

(SIGNATURE AND TITLE OF ESTIMATOR) **4. BOOKING AGENT** SIGNATURE OF SHIPPER OR HIS REPRESENTATIVE
MAIL TO B/A AFTER ESTIMATE COMPLETED AND O/S SIGNED.

TABLE OF MEASUREMENTS ON REVERSE SIDE

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 499 EH

DATE August 16, 1972

PAY TO Lewis J. Gress

\$9,528.00

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 Claim for Relocation Payment filed. In lieu payment - business.	\$9,528.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Business - in lieu payment)	\$9,528.00

8-18-72
 dg

Lewis J. Gress

JAG

January 10, 1973

Lewis J. Gress
6403 S. W. Dover
Portland, Oregon 97225

Dear Mr. Gress:

Please sign and return the enclosed form at your earliest convenience.

We hope you are enjoying your stay out of town.

Very truly yours,

(Believe of personal property)

RELOCATION PAYMENT

Project: Emanuel ORE 12-20 Parcel: RS-4-7

Payable to: Lewis J. Gress

Amount

For: <u> </u>	RHP for Homeowners	\$	<u> </u>
<u> </u>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> </u>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
	or Purchase:	\$	<u> </u>
<u> </u>	Fixed Moving Payment	\$	<u> </u>
<u> </u>	Dislocation Allowance.	\$	<u> </u>
<u> </u>	Actual Moving Costs.	\$	<u> </u>
<u> </u>	Storage Costs (if separate claim).	\$	<u> </u>
<u> </u>	Business: Moving Expenses.	\$	<u> </u>
<u> X </u>	Business: In Lieu Payment.	\$	<u> </u>
<u> </u>	Business: Storage Costs.	\$	<u> 9528 </u>
<u> </u>	Business: Loss of Property	\$	<u> </u>
<u> </u>	Business: Searching Expenses	\$	<u> </u>

Name of Client Lew's Man's Shop

Less - \$ *

Move from 113 N. Russell

Total \$ 9528

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment; Project Cost *()

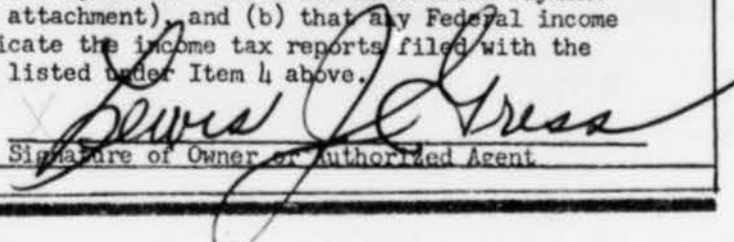
APPENDIX 23. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)

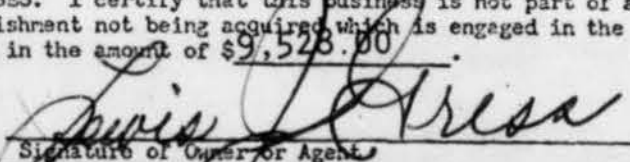
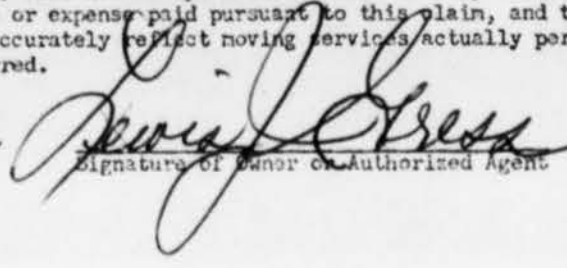
<p>(For Local Agency Use Only)</p> <p style="text-align: center;"><u>DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)</u></p>	<p>NAME OF CONCERN LEW'S MAN'S SHOP</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p> <p>PROJECT OR PROGRAM IDENTIFICATION: ORE R-20</p>																									
<p>INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.</p>																										
<p>A. BASIC INFORMATION</p> <p>1. Claimant is (check one): <input checked="" type="checkbox"/> Business concern <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Farm operation</p> <p>2. Date of HUD approval of project or program: <u>April 24, 1971</u></p> <p>3. Direct cause of displacement: <u>Acquisition by LPA</u></p> <p>4. Date move started: <u>March 17, 1972</u> 5. Date move completed: <u>March 17, 1972</u></p> <p>6. Date claim filed: <u>Aug. 3, 1972</u> 7. If applicable, date storage authorized: _____</p>																										
<p>B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES</p> <p>1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Can the business be relocated without substantial loss of its existing patronage? State basis for agency determination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see attachment)</p> <p>3. Amount of payment</p> <p style="margin-left: 20px;">a. Average annual net income: As reported by claimant: <u>\$9,528.00</u> As verified by agency: <u>\$9,528.00</u></p> <p style="margin-left: 20px;">b. State basis for agency verification: _____</p> <p style="margin-left: 20px;">c. Amount of payment: <u>\$9,528.00</u> (If verified amount is less than \$2,500, payment shall be in the amount of \$2,500. If verified amount is more than \$10,000, payment shall be in the amount of \$10,000.)</p>																										
<p>C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Item</th> <th style="width:15%;">Amount claimed</th> <th style="width:15%;">Amount approved</th> <th style="width:25%;">Authorized Signature</th> <th style="width:15%;">Date</th> </tr> </thead> <tbody> <tr> <td>1. Moving expenses, including covering storage</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>2. Direct loss of property</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>3. Searching expenses</td> <td>\$</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>4. Total (Sum of Lines 1, 2, and 3)</td> <td>\$</td> <td>\$</td> <td style="text-align: center;">//////</td> <td></td> </tr> </tbody> </table>		Item	Amount claimed	Amount approved	Authorized Signature	Date	1. Moving expenses, including covering storage	\$	\$			2. Direct loss of property	\$	\$			3. Searching expenses	\$	\$			4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////	
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2. Direct loss of property	\$	\$																								
3. Searching expenses	\$	\$																								
4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////																							
<p>D. CERTIFICATION: I certify that I have examined this claim, and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of <u>\$9,528.00</u></p> <p style="margin-left: 100px;"><u>8-9-72</u> DATE</p> <p style="margin-left: 400px;"> Authorized Signature</p>																										
<p>E. RECORD OF PAYMENTS MADE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td><u>8/16/72</u></td> <td><u>499EN</u></td> <td><u>\$9,528.00</u></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>		DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT	<u>8/16/72</u>	<u>499EN</u>	<u>\$9,528.00</u>			\$			\$			\$							
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<u>8/16/72</u>	<u>499EN</u>	<u>\$9,528.00</u>			\$																					
		\$			\$																					

(109)

APPENDIX 22. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)

SCHEDULE D

SCHEDULE D STATEMENT OF CLAIM FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES		NAME OF CONCERN
		Lew's Man's Shop
INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.		
1a. Business name used on income tax return	2. Principal business activity(ies) reported on income tax return	
Lew's Man's Shop	Retail Merchant	
1b. Business name as presented to public		
Lew's Man's Shop		
3. Employer identification number shown on income tax return	4. Tax return filed with District Director of Internal Revenue in	
93-0352756	Portland, Oregon (City) (State)	
5a. Does concern operate a similar establishment outside the project or program area? () Yes (X) No If "Yes," complete the following:		
NAME OF OTHER ESTABLISHMENT(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5b. Is concern affiliated with any other concern? () Yes (X) No If "Yes," complete the following:		
NAME OF AFFILIATED CONCERN(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5c. Describe the nature of the affiliation:		
6. Will displacement cause substantial loss of existing patronage? (X) Yes () No If "Yes," explain completely: (see attachment)		
7. Signature constitutes certification (a) of this Schedule and its attachments in accordance with and subject to the provisions of Item 13 on the "Claim for Relocation Payment (Business)" (to which this Schedule D is an attachment), and (b) that any Federal income tax reports attached hereto accurately duplicate the income tax reports filed with the Internal Revenue Service office in the city listed under Item 4 above.		
Date _____		
	Signature of Owner or Authorized Agent	
[form continued next page]		

CLAIM FOR RELOCATION PAY (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project	
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW Fourth, Portland 97201		PROJECT NUMBER ORE R-20	
<p>INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 12; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 11. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.</p> <p>NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.</p>			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Lew's Man's Shop		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Lewis J. Gress 6403 SW Dover, Portland 97225	
2. LEGAL NAME OF BUSINESS Lew's Man's Shop		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED RS-4-7	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN:	
Address(es)		a. Date move to this address started: N/A	
Date(s) Occupied		b. Date move to this address completed: N/A	
From		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
To		If "Yes," state reason for discontinuing business: (see attachment)	
113 N. Russell		Does concern plan to reestablish? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. FORM OF OPERATION (check one)		9. BUSINESS CONCERN (check one)	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Owner <input type="checkbox"/> Farm Operator		MANUFACTURING SERVICES FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Light <input type="checkbox"/> Personal <input type="checkbox"/> Field Crops <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Heavy <input type="checkbox"/> Business <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Fraternal <input type="checkbox"/> Commercial <input type="checkbox"/> Professional <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Wholesale <input type="checkbox"/> Outdoor <input type="checkbox"/> Horticulture <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Retail Advertising <input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> Other	
10. TYPE OF CLAIM		11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES	
This claim for reimbursement is:		a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A)	
<input type="checkbox"/> Initial		<input type="checkbox"/> Include storage costs	
<input type="checkbox"/> Supplementary		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input checked="" type="checkbox"/> Final		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
		Total Amount Claimed \$	
12. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, and claim payment in the amount of \$9,528.00			
 Signature of Owner or Agent			
13. PENALTY FOR FALSE OR FRAUDULENT STATEMENTS. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."			
<p>I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.</p>			
Date 8-8-72		 Signature of Owner or Authorized Agent	
		Title Owner	

8. Complete one of the three following tables, as appropriate (see first page of claim form, Item h). If data do not cover a full year, indicate number of months covered.

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)		PARTNERSHIP (Relates to IRS Form 1065)				
	1970	1971	19__	19__		
1. Gross receipts or gross sales, less returns or allowances	102,607	96,036	\$	\$		
2. Gross profit	23,958	28,207				
3. Net profit (or loss) ^{1/}	6,033	13,023	\$	\$		
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*	N/A	N/A				
NET EARNINGS (Sum of Lines 3 and 4)	6,033	13,023	\$	\$		
CORPORATION (Relates to IRS Forms 1120 and 1120-S)		Use this space for additional listings for Lines 4 or 5 if necessary:				
	19__	19__	Line No.	NAME	19__	19__
1. Gross receipts or gross sales, less returns or allowances	\$	\$				
2. Total income						
3. Taxable income	\$	\$				
4. Compensation of principal ^{2/} stockholders*						
5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholder's immediate household*						
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$				

*List name and amount of payment to each
^{1/} No deductions should be made for any "compensation" paid to owner.
^{2/} A principal stockholder is one who owns 15% or more of the capital stock of the corporation.
^{3/} A principal partner is one with a proprietary interest of 15% or more in the concern.

CORNELY, ADKISSON & CO.

CERTIFIED PUBLIC ACCOUNTANTS

Lester J. Cornely, C.P.A.
Donald C. Adkisson, C.P.A.

Phone 226-4941
500 HENRY BUILDING
PORTLAND, OREGON 97204

Paul E. Adkisson, C.P.A.

April 13, 1971

Mr. and Mrs. Lewis J. Gress
6403 S. W. Dover Street
Portland, Oregon 97225

Dear Mr. and Mrs. Gress:

Enclosed are copies of your 1970 federal and State of Oregon income tax returns for your files. The original should be signed and mailed as indicated below:

FEDERAL INCOME TAX RETURN mailed to the Internal Revenue Service Center, Western Region, 1100 West 12th Street, Ogden, Utah 84405, in time to reach that office by April 15, 1971.

- Enclose your check in the amount of \$ 332.00.
- The overpayment of \$ _____ will be refunded to you.
- The overpayment of \$ _____ will be credited to your 1971 estimate.

STATE OF OREGON RETURN mailed in time to reach that office by April 15, 1971.

- Enclose your check in the amount of \$ 483.00 and mail to the Department of Revenue, State of Oregon, Salem, Oregon 97310.
- The overpayment of \$ _____ will be refunded to you. Mail to Refund, P. O. Box 700, Salem, Oregon 97310.

FORM 1040-ES, ESTIMATED TAX DECLARATION FOR INDIVIDUALS, mailed to the Internal Revenue Service Center, Western Region, 1100 West 12th Street, Ogden, Utah 84405, together with the enclosed vouchers as follows:

Voucher 1 - April 15, 1971	\$ 530.00
Voucher 2 - June 15, 1971	530.00
Voucher 3 - September 15, 1971	530.00
Voucher 4 - January 15, 1972	530.00
Total Declaration	<u>\$ 2,120.00</u>

Yours very truly,

Cornely, Adkisson & Co.
Certified Public Accountants

SCHEDULE C (Form 1040)

Profit (or Loss) From Business or Profession (Sole Proprietorship)

1970

Department of the Treasury Internal Revenue Service

Partnerships, joint ventures, etc., must file on Form 1065. Attach to Form 1040.

Name as shown on Form 1040

Social security number

LEWIS J AND BARBARA GRESS

A Principal business activity RETAIL MERCHANT; product MENS CLOTHES

B Business name LEWIS MANS SHOP; C Employer Identification Number 93--0352756

D Business address 113 N RUSSELL STREET PORTLAND ORE 97227

E Indicate method of accounting: (1) cash; (2) X accrual; (3) other.

F Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories? YES NO. If "Yes," attach explanation.

G Were you required to file Forms 1096 and 1099 or 1087 for the calendar year 1970? YES NO. If "Yes," where were they filed?

Table with 26 rows for business deductions and a summary table for lines 2-24. Includes items like Gross receipts, Inventory, Merchandise purchased, and Net profit.

SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24

Table with 6 columns: Line No., Explanation, Amount, Line No., Explanation, Amount. Includes 'SEE STATEMENT 4'.

CONTINUATION OF SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24

Line No.	Explanation	Amount	Line No.	Explanation	Amount
		\$			\$

SCHEDULE C-2. EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED ON LINE 11.—Taxpayers using Revenue Procedures 62-21 and 65-13: Make no entry in column b, enter the cost or other basis of assets held at end of year in column c, and enter the accumulated depreciation at end of year in column d. Note: You may (1) group depreciable assets in accordance with the categories specified below or (2) continue to list your assets in the same manner as in prior years. If you need more space, use Form 4562.

a. Group and guideline class or description of property	b. Date acquired	c. Cost or other basis	d. Depreciation allowed or allowable in prior years	e. Method of computing depreciation	f. Life or rate	g. Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) →						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
SEE STATEMENT 4						
2 Totals						
		8,587				546
3 Less: Amount of depreciation claimed elsewhere in Schedule C						
4 Balance—Enter here and on page 1, line 11						
						546

SUMMARY OF DEPRECIATION

	Straight line	Declining balance	Sum of the years-digits	Units of production	Additional first-year (section 179)	Other (specify)	Total
1 Under Rev. Procs. 62-21 and 65-13							
2 Other	150	396					546

EXPENSE ACCOUNT INFORMATION

Enter information with regard to yourself and your five highest paid employees. In determining the five highest paid employees, expense account allowances must be added to their salaries and wages. However, the information need not be submitted for any employee for whom the combined amount is less than \$10,000, or for yourself if your expense account allowance plus line 26, page 1, is less than \$10,000. See separate instructions for Schedule C, for definition of "expense account."

Name	Expense account	Salaries and Wages
Owner		
1		
2		
3		
4		
5		

Did you claim a deduction for expenses connected with:

- (1) Entertainment facility (boat, resort, ranch, etc.)? YES NO
- (2) Living accommodations (except employees on business)? YES NO
- (3) Employees' families at conventions or meetings? YES NO
- (4) Employee or family vacations not reported on Form W-2? YES NO

CORNELY, ADKISSON & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Lester J. Cornely, C.P.A.
Donald C. Adkisson, C.P.A.

100 S.W. MARKET STREET
PORTLAND, OREGON 97201
PHONE 503-226-4941

February 2, 1972

Mr. Lewis J. Gress
113 N. Russell Street
Portland, Oregon 97227

Dear Lew:

Enclosed is a copy of Schedule C showing your business income for the year 1971.

As soon as the rest of your information is available we will complete your return.

Yours very truly,

CORNELY, ADKISSON & CO.

By 
Donald C. Adkisson

DCA: jlm

**SCHEDULE C
(Form 1040)**

**Profit (or Loss) From Business or Profession
(Sole Proprietorship)**

1971

Department of the Treasury
Internal Revenue Service

▶ Partnerships, joint ventures, etc., must file on Form 1065.
▶ Attach to Form 1040.

Name(s) as shown on Form 1040

Social security number

Leon and Barbara Gress

A Principal business activity *Retail Merchant; product Mens Clothes*
(See separate instructions) (For example: retail—hardware; wholesale—tobacco; services—legal; manufacturing—furniture; etc.)

B Business name *Leon Mens Shop* C Employer Identification Number *93-0392756*

D Business address *113 N. Russell Street, Portland, Oregon* *97227*
E Indicate method of accounting: (1) cash; (2) accrual; (3) other. (ZIP code)

F Was there any substantial change in the manner of determining quantities, costs, or valuations between the opening and closing inventories?
 YES NO. If "Yes," attach explanation.

G Were you required to file Forms 1096 and 1099 or 1087 for the calendar year 1971? (See "Item G" in separate instructions for Schedule C.)
 YES NO. If "Yes," where were they filed? ▶

1	Gross receipts or gross sales \$.....	Less: Returns and allowances \$.....	\$ <i>96,076</i>
2	Inventory at beginning of year (if different from last year's closing inventory attach explanation)	<i>38,210</i>	
3	Merchandise purchased \$..... less cost of any items withdrawn from business for personal use \$.....	<i>46,487</i>	
4	Cost of labor (do not include salary paid to yourself)	<i>136</i>	
5	Material and supplies	<i>766</i>	
6	Other costs (explain in Schedule C-1) <i>Freight</i>	<i>85,599</i>	
7	Total of lines 2 through 6	<i>17,770</i>	
8	Inventory at end of this year		<i>67,829</i>
9	Cost of goods sold and/or operations (subtract line 8 from line 7)		<i>28,207</i>
10	Gross profit (subtract line 9 from line 1)		
OTHER BUSINESS DEDUCTIONS			
11	Depreciation (explain in Schedule C-2)	<i>183</i>	
12	Taxes on business and business property (explain in Schedule C-1)	<i>1058</i>	
13	Rent on business property		
14	Repairs (explain in Schedule C-1)		
15	Salaries and wages not included on line 4 (exclude any paid to yourself)	<i>10,350</i>	
16	Insurance	<i>513</i>	
17	Legal and professional fees	<i>235</i>	
18	Commissions		
19	Amortization (attach statement)		
20	(a) Pension and profit-sharing plans (See Instructions)		
	(b) Employee benefit programs (See Instructions)		
21	Interest on business indebtedness		
22	Bad debts arising from sales or services		
23	Depletion		
24	Other business expenses (explain in Schedule C-1)	<i>2845</i>	
25	Total of lines 11 through 24		<i>15,184</i>
26	Net profit (or loss) (subtract line 25 from line 10). Enter here and on line 34, Form 1040. ALSO enter on Schedule SE, Part I, line 1		<i>13,023</i>

SCHEDULE C-1. EXPLANATION OF LINES 6, 12, 14, AND 24

Line No.	Explanation	Amount	Line No.	Explanation	Amount
<i>24</i>	<i>Property taxes</i>	<i>\$ 824</i>			
	<i>Advertising</i>	<i>461</i>			
	<i>Repairs</i>	<i>398</i>			
	<i>Entertainment</i>	<i>150</i>			
	<i>Utilities</i>	<i>516</i>			
	<i>Insurance</i>	<i>88</i>			
	<i>Travel</i>	<i>174</i>			
	<i>Interest on business</i>	<i>144</i>			

ATTACHMENT TO:

1. Claim for Relocation Payment (Business)
Block 7
 2. Determination of Eligibility
for Relocation Payment (Business)
Line B-2
 3. Schedule D
Statement of Claim for Payment in Lieu
of Moving and Related Expenses
Block 6
-

Lew's Man's Shop was a small shop dealing in men's clothing which appealed to those from this general area. The business had a corner location in a building that was in better condition than most of those in the project. A search was made for a comparable building offering comparable facilities but none suitable could be found within a mile of the old location. Mr. Gress felt that a move further out of the area would seriously affect his present business. He decided that if he were younger he might want to try it, but at his age, he felt making such a move would be too difficult. Mr. Gress, therefore, felt that it would be best for him to retire under the circumstances and not try to continue the business. Mr. Gress was able to sell his inventory (about \$29,000 at time of sale) and fixtures to Leons Man's Shop which operated at 4950 N. E. Union.

1089

MEMORANDUM

Date: November 11, 1971

TO: Harold Hand
FROM: WSJ
SUBJECT: Addendum to Option - RS-4-7

"Subject to Grantor qualifying for and receiving an alternate relocation payment for businesses under PL 91-646 in an amount equal to the average annual net earnings of the business, known as Lew's Man's Shop, for the two tax years immediately preceding displacement, except that such payment shall not be less than \$2,500.00 nor more than \$10,000.00."

WSJ:slc

February 17, 1972

Mr. Lew Gress
6403 S. W. Dover Street
Portland, Oregon 97225

Dear Mr. Gress:

Enclosed is an original and a copy of the rental agreement for 113 N. Russell. Please sign both copies and return in the enclosed envelope; an executed copy will be returned to you.

We are returning the enclosed documents which you submitted to us to establish your eligibility for a relocation claim. Copies have been made for our files.

Thank you.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

encls

ORDER FOR SERVICES—GREYHOUND STORAGE

Name **LEWIS MAN'S SHOP** Tel. No. **282-4900** Requested Moving Dates **W/A**

Pickup Address **113 N. RUSSELL ST.** Floor Apt. No. Delivery Address **W/A** Apt. No. Floor

City **PORTLAND** Zone **OREGON** State City **W/A** Zone State

Storage Warehouse Name _____ In Transit Permanent

IMPORTANT—Shipper can be reached while goods are in transit or in permanent Storage at _____ Phone _____

Address _____ City _____ c/o Hotel, Company, Relatives, etc. _____

Subject to the terms and conditions appearing on the reverse hereof and the rates current at the time of performance of services I hereby order the above services.

2 FROM _____ TO _____ MI. _____ INVOICE **PORTLAND DEVELOPMENT COMM.**

FROM _____ MI. _____ ATTENTION **STAN H. JONES**

FROM _____ MI. _____ STREET **235 N. MAROE**

FROM _____ MI. _____ CITY **PORTLAND OREGON**

TOTAL CALCULATED MILEAGE _____ CHARGES AUTHORIZED BY _____

APPROVED MOVING DATE _____ C.O.D. BILL PREPAID

RATE QUOTATIONS

3 LOCAL MOVES AND DRAYAGE			ESTIMATED COST	4 INTRA STATE MOVES AND S.I.T.			ESTIMATED COST
LOADING VAN AND 6 MEN 7-8 HRS. @ \$ 80.00	PER HR.		566.30	CU. FT. _____	TARIFF _____	PG. _____	
UNLOADING VAN AND _____ MEN _____ HRS. @ \$ _____	PER HR.		647.30	TO DEST. _____ LBS. _____ MI. @ _____ CWT.			
DRIVING TIME _____ HRS. @ \$ _____	PER HR.			TO OR FROM WHSE. _____ LBS. _____ MI. @ _____ CWT.			
MILEAGE _____ MI. @ \$ _____	PER MI.			Additional Transportation Charges For Restricted Areas _____ LBS. @ _____ CWT.			
EXTRA LABOR _____ MEN _____ HRS. @ \$ _____	PER HR.			EXTRA PICK-UP AND DELIVERY _____			
\$ _____ TRANSIT INSURANCE @ \$ _____	PER M			\$ _____ TRANSIT INSURANCE @ \$ _____	PER M		
PACKING AND WARDROBE CHARGES _____				S.I.T. FOR EA. 30 DAY PERIOD (NOT OVER 60 DAYS) @ _____			
HEAVY ITEMS _____				PACKING AND WARDROBE CHARGES _____			
<input type="checkbox"/> PIANO <input type="checkbox"/> STOVE				OTHER CHARGES _____			
<input type="checkbox"/> DEEP FREEZE <input type="checkbox"/> REFRIGERATOR				OTHER CHARGES _____			
TOTAL ESTIMATED COST 647.30				TOTAL ESTIMATED COST _____			
SIGNATURE ACKNOWLEDGES _____				SIGNATURE ACKNOWLEDGES _____			
AMOUNT PREPAID ONLY _____	AGENT	DEPOSIT \$ _____		AMOUNT PREPAID ONLY _____	AGENT	DEPOSIT \$ _____	

5 PROVIDE PERMANENT STORAGE FOR			ESTIMATED COST	6 PACKING INSTRUCTIONS				
CU. FT. _____	MONTHLY RATE _____	PER CU. FT. _____		PACKER _____	MATERIAL BARRELS	EST.	MATERIAL CARTONS	EST.
LABOR IN OR OUT _____ MEN _____ HRS. @ \$ _____		PER HR. _____		PACKING DATE _____ TIME _____			Not Over 1 1/2 CF	
WRAPPING AND PALLETIZING _____				PACKER SIGNATURE _____			Over 1 1/2 Not Over 3CF	
PERMANENT STORAGE INSURANCE _____							Over 3 Not Over 5CF	
TOTAL _____				BOXES, WOOD — CF			Over 5 Not Over 7CF	
SEE TERMS AND CONDITIONS FOR PERMANENT STORAGE ON REVERSE SIDE				CRATE — SIZE _____			Over 7 Not Over 10CF	
							MATTRESS	
							WARDROBES	

7 **DECLARED RELEASED VALUE** (ON LOCAL MOVES AND DRAYAGE AND INTRASTATE MOVES AND S.I.T.)

I (we) hereby declare valuation in excess of the limit set forth herein on the following: ARTICLE _____ EXCESS VALUE _____

The rate applicable on a shipment is dependent upon the released value as set out in current tariff, (on local moves not to exceed 30c per pound per article unless insurance coverage is ordered) therefore shippers are REQUIRED TO DECLARE IN WRITING the released value of the property stated in cents per pound, per article. The agreed or declared value of the property is hereby specifically stated to be not exceeding 30c per pound, per article.

I (we) hereby declare that the total sound value of my (our) property to be shipped via motor common carrier is \$ _____ at destination.

I (we) do (do not) desire transit insurance in the amount of \$ _____.

GREYHOUND STORAGE — GREYHOUND VAN LINES, INC., AGENT DATE **11/1/71** OWNER'S SIGNATURE **X**

BY **Don Lane**

PRICE QUOTED IS ESTIMATE ONLY. ACTUAL CHARGES WILL BE COMPUTED IN ACCORDANCE WITH TARIFF, LOCAL RATES AND ACTUAL HOURS AND MILEAGE

PORTLAND DEVELOPMENT COMMISSION

OFFICE OF THE
MANAGING DIRECTOR
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 233-6100

December 17, 1971

Lew's Men's Shop
113 N. Russell
Portland, Oregon 97227

Gentlemen:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on December 2nd, 1971.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefore to advise you that we require you to surrender possession of the above subject premises not later than March 19th, 1972. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 233-6100. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,
PORTLAND DEVELOPMENT COMMISSION
By: G. Stanley Jones

MSJ:slc

Referral • Lew's Man's Shop •

10/1/71

- ① U.S. National Bank - Commercial Dept.

Bardy Trophy - wants to sub-rent some of space at 1428 NE Broadway.

Size small - about 75' x 11'

Contact Gordon Bardy

1440 NE Broadway

way too narrow

- ② 2535 NE Broadway
Frier Truck Old location

Contact

Bank of Cal

225-2955

Gary Anderson

not available

U.S. National Bank says
that \$150 to \$200 is
reasonable rent for 1,000 sq ft
on Broadway

③ Homemakers Center
19th & Broadway 1902 NE Broadway

Fire Damage - currently being
repaired

May be ~~available~~ available for
lease since firm has moved

Contact Mr. Staples - 282-0908
2308 NE Broadway
in about 2 weeks

not for
rent

NOTICE OF ACQUISITION OF PROPERTY

TO: Site Manager

Date February 10, 1972

FROM: Real Estate Supervisor

EMANUEL HOSPITAL PROJECT

Parcel No. RS-4-7

Date Acquired

CERTAIN TRADE FIXTURES as listed in
Bill of Sale dated January 18, 1972

Type(s) of Unit See Bill of Sale Attached () Vacant () Occupied

Property Address 109 N. Russell Street

Seller's Name and Address GRESS, Lewis J. and Barbara
6403 S. W. Dover Street

Seller's Agent and Address _____

Amount still held in escrow \$ N/A () Seller's Rental Statement attached

Please sign and return duplicate copy when subject property has been inspected and accepted.

cc: Executive Director
Project Engineer

Signed _____
Real Estate Supervisor

PDC-RE-8
4/15/68

TO: Real Estate Supervisor

Date _____

FROM: Site Manager

The subject property has been inspected and accepted by the Relocation and Property Management Section. Additional charges, if any, to be collected from final funds due Seller are as follows: (Keys, additional prepaid rents, damages, etc.)

Signed _____
Site Manager

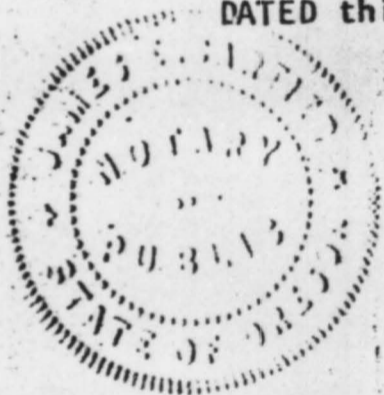
PDC-RE-8
7/1/70

BILL OF SALE

The Undersigned, LEWIS J. GRESS and BARBARA GRESS, husband and wife, hereby transfer, sell, assign and set over unto the CITY OF PORTLAND, acting by and through the PORTLAND DEVELOPMENT COMMISSION as the duly designated Urban Renewal Agency of the City of Portland, Oregon, all of the undersigned's right, title and interest in and to the following described fixtures located on the real property described as Lots 5 and 6, Block 4, RAILROAD SHOPS ADDITION, except that part thereof lying in the street, in the City of Portland, County of Multnomah and State of Oregon, addressed as 109 N. Russell Street, for the total sum of NINE HUNDRED TWENTY-THREE DOLLARS (\$923.00):

- 1 - Awning, canvas, 10 oz. painted Army Duck, 21 feet x 6 feet conventional. \$200.00
 - 1 - Security Gate - scissor fold type, two sections, extends 22 feet x 8 feet high, mounted on track, with 4 - 8'x1" pipe standards and 1/4"x3/4" steel bar frame, mounted to wall by bolts \$535.50
 - 1 - Neon Sign - 12' Neon tube with can, with 15'x8"x6" script, LEW'S MAN'S SHOP \$187.50
- TOTAL \$923.00

DATED this 18 day of Jan 1972.

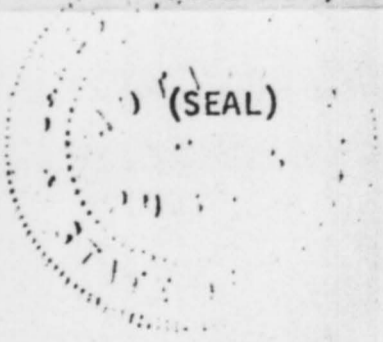


Lewis J. Gress
Lewis J. Gress

Barbara Gress
Barbara Gress

STATE OF OREGON)
) ss.
COUNTY OF MULTNOMAH)

Personally appeared the above named LEWIS J. GRESS and BARBARA GRESS, husband and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.



[Signature]
Notary Public for Oregon
My commission expires: 6-5-73

Low Gross

- ✓ Gas Space Heater (Siegle) 35.00
- ✓ 4 Burner Gas Range 25.00
- ✓ Philco Refrigerator 25.00
- Portable Storage Cabinet 15.00
- Portable Storage Counter 5.00

- ✓ Refrigerator (Frigidaire) 30.00
- ✓ 4 Burner Gas Range 25.00
- ✓ Gas Space Heater 35.00
- Formica Kitchen Table 15.00

In Place Market
Value

~~\$ 210.00~~
2 men &
Van
26.65 hr
3 hrs
\$ 79.95
Don Eaves

- 2 - Gas Space Heaters
- 2 - 4 Burner Gas Range
- 2 - Refers
- 2 - Storage Cabinets
- 1 - Kitchen Table

Called Don Eaves of
Greyhound Van Lines.

His estimate of moving
Lew Gress's equipment
is 3 hrs at 26.65/hr
for 2 men & Van.

7/5/72

56.65
3

\$79.95

ORDER FOR SERVICES—GREYHOUND STORAGE

1 Name <u>Law's main shop Law Press</u>		Tel. No. <u>282-4900</u>		Requested Moving Date? <u>?</u>	
Pickup Address <u>113 N. Russell St</u>	Floor	Apt. No.	Delivery Address? <u>?</u>	Apt. No.	Floor
City <u>Ptld</u>	Zone	State <u>Ore</u>	City	Zone	State
Storage Warehouse Name			In Transit <input type="checkbox"/> Permanent <input type="checkbox"/>		

IMPORTANT—Shipper can be reached while goods are in transit or in permanent Storage at

Address _____ City _____ Phone _____
 c/o Hotel, Company, Relatives, etc.

Subject to the terms and conditions appearing on the reverse hereof and the rates current at the time of performance of services I hereby order the above services.

2 FROM _____ TO _____ MI. _____	INVOICE <u>Partland Development Loan</u>
FROM _____ MI. _____	ATTENTION <u>A.H. Jones</u>
FROM _____ MI. _____	STREET <u>325 N. Monroe Ave</u>
FROM _____ MI. _____	CITY _____
TOTAL CALCULATED MILEAGE _____	CHARGES AUTHORIZED BY _____
APPROVED MOVING DATE _____	C.O.D. <input type="checkbox"/> BILL <input checked="" type="checkbox"/> PREPAID <input type="checkbox"/>

RATE QUOTATIONS

3 LOCAL MOVES AND DRAYAGE	ESTIMATED COST	4 INTRA STATE MOVES AND S.I.T.	ESTIMATED COST
LOADING VAN AND <u>5</u> MEN <u>8</u> HRS. @ \$ <u>47.75</u> PER HR.	<u>382.00</u>	CU. FT. _____ TARIFF _____ PG _____	
UNLOADING VAN AND _____ MEN _____ HRS. @ \$ _____ PER HR.		TO DEST. _____ LBS. _____ MI. @ _____ CWT.	
DRIVING TIME _____ HRS. @ \$ _____ PER HR.		TO OR FROM WHSE. _____ LBS. _____ MI. @ _____ CWT.	
MILEAGE _____ MI. @ \$ _____ PER MI.		Additional Transportation Charges For Restricted Areas _____ LBS. @ _____ CWT.	
EXTRA LABOR _____ MEN _____ HRS. @ \$ _____ PER HR.		EXTRA PICK-UP AND DELIVERY _____	
\$ _____ TRANSIT INSURANCE @ \$ _____ PER M		\$ _____ TRANSIT INSURANCE @ \$ _____ PER M	
PACKING AND WARDROBE CHARGES _____		S.I.T. FOR EA. 30 DAY PERIOD (NOT OVER 60 DAYS) @ _____	
HEAVY ITEMS		PACKING AND WARDROBE CHARGES _____	
<input type="checkbox"/> PIANO <input type="checkbox"/> STOVE		OTHER CHARGES _____	
<input type="checkbox"/> DEEP FREEZE <input type="checkbox"/> REFRIGERATOR		OTHER CHARGES _____	
TOTAL ESTIMATED COST → \$ <u>382.00</u>		TOTAL ESTIMATED COST → \$ _____	
SIGNATURE ACKNOWLEDGES _____		SIGNATURE ACKNOWLEDGES _____	
AMOUNT PREPAID ONLY _____ AGENT DEPOSIT \$ _____		AMOUNT PREPAID ONLY _____ AGENT DEPOSIT \$ _____	

5 PROVIDE PERMANENT STORAGE FOR	ESTIMATED COST	6 PACKING INSTRUCTIONS	MATERIAL EST.	MATERIAL EST.
CU. FT. _____ MONTHLY RATE _____ PER CU. FT.		PACKER _____	BARRELS	CARTONS
LABOR IN OR OUT _____ MEN _____ HRS. @ \$ _____ PER HR.		PACKING DATE _____ TIME _____		Not Over 1 1/2 CF
WRAPPING AND PALLETIZING _____		PACKER SIGNATURE _____		Over 1 1/2 Not Over 3CF
PERMANENT STORAGE INSURANCE _____		BOXES, WOOD — CF _____		Over 3 Not Over 5CF
TOTAL _____		CRATE — SIZE _____		Over 5 Not Over 7CF
SEE TERMS AND CONDITIONS FOR PERMANENT STORAGE ON REVERSE SIDE				Over 7 Not Over 10CF
				MATTRESS
				WARDROBES

7 **DECLARED RELEASED VALUE** (ON LOCAL MOVES AND DRAYAGE AND INTRASTATE MOVES AND S.I.T.)

I (we) hereby declare valuation in excess of the limit set forth herein on the following: ARTICLE _____ EXCESS VALUE _____

The rate applicable on a shipment is dependent upon the released value as set out in current tariff, (on local moves not to exceed 30c per pound per article unless insurance coverage is ordered) therefore shippers are REQUIRED TO DECLARE IN WRITING the released value of the property stated in cents per pound, per article. The agreed or declared value of the property is hereby specifically stated to be not exceeding 30c per pound, per article.

I (we) hereby declare that the total sound value of my (our) property to be shipped via motor common carrier is \$ _____ at destination.

I (we) do (do not) desire transit insurance in the amount of \$ _____.

GREYHOUND STORAGE, GREYHOUND VAN LINES, INC., AGENT DATE 6/5/71 OWNER'S SIGNATURE X

PRICE QUOTED IS ESTIMATE ONLY. ACTUAL CHARGES WILL BE COMPUTED IN ACCORDANCE WITH TARIFF, LOCAL RATES AND ACTUAL HOURS AND MILEAGE

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
225 W. MONROE ST.
PORTLAND, OREGON 97227
PHONE 222-0160

12 May, 1971

Mr. Clyde Sanders
Small Business Administration
700 Pittock Block
Portland, Oregon 97205

Dear Mr. Sanders:

Per our conversation of 11 May, 1971, I have enclosed a list of businesses in the Emanuel Hospital Urban Renewal Project which were mailed a letter on 10 May advising them of available SBA assistance. I have also enclosed a copy of the letter mailed to these businesses. It is my understanding that you will send each business involved the proper informational material.

Thank you for your continued cooperation.

Very truly yours,

W. Stanley Jones

WSJ:slc
enc.

Albina Pipe Bending
225 N. Russell
Portland, Oregon 97227

American Plating Co.
2751 N. Williams
Portland, Oregon 97227

Carlos Body & Fender Shop
2609 N. Vancouver
Portland, Oregon 97227

Cathay Food Market
2619 N. Williams
Portland, Oregon 97227

Denne Bros. Inc.
35 N. Russell
Portland, Oregon 97227

Field Sensi-Threader Machine Co.
417 N. Monroe
Portland, Oregon 97227

Jewell Glass Co.
2607 N. Vancouver
Portland, Oregon 97227

Lees Trailer Co.
2716 N. Vancouver
Portland, Oregon 97227

Lew's Men's Shop
113 N. Russell
Portland, Oregon 97227

Lynn Kirby Ford Body Shop
315 N. Russell
Portland, Oregon 97227

Manning Bros. Garage & Service Station
2847 N. Williams
Portland, Oregon 97227

Oregon Rug & Mattress Co.
2651 N. Vancouver
Portland, Oregon 97227

Paul's
19 & 23 N. Russell
Portland, Oregon 97227

Philbin's Mfg. Co.
27 N. Russell
Portland, Oregon 97227

Robbins Inn
3000 N. Commercial
Portland, Oregon 97227
Z Mrs. Emily Lehl
835 N. E. Jessup
Portland, Oregon

Thomas Shine Parlor
& Bicycle Shop
11 N. Russell
Portland, Oregon 97227

Wallace Bldg. Wreckers
2717 N. Williams
Portland, Oregon 97227

Western Food Equipment Co.
3321 N. Vancouver
Portland, Oregon 97227

PORTLAND DEVELOPMENT COMMISSION

NEW OFFICE
REARER, PORTLAND, OREGON
AND A. BROWN JR.
PORTLAND, OREGON 97204
PHONE 255-1111

10 May, 1971

Low's Men's Shop
113 N. Russell
Portland, Oregon 97227

Dear Occupant:

This is to remind you that since your business will be affected by the urban renewal project in this area, you are eligible for special consideration from the Small Business Administration. This assistance is in the form of low interest, long term loans. These loans may be made jointly with local banks or other lending institutions, or on a direct basis and may be used for several purposes, some of which are:

1. to purchase or remodel a building;
2. to provide working capital;
3. to replace machinery and equipment; and
4. to increase inventory.

The SBA also provides management and technical assistance.

We urge you to visit the SBA office to obtain additional information concerning the assistance you may receive. They are located in the Ritzsch Bank, 221 S. N. Washington. Please make an appointment or have any questions.

WSJ:etc

March 19, 1968

John S. Kenward

E. R. Wiley

Meeting Re Business Displacement in the Emanuel
Hospital Area

The meeting of March 14, 1968 was held in the Conference
Room of the Albina Branch of the Library and was attended by the
following:

Business Men

S. Chester Daniels
Low Gress
Paul Knauls
George Neisz
Harvey Rice

Type of Business

Pool Room
Lew's Men's Shop
Cotton Club (out of project)
Battery Store
Associated with Paul Knauls

Agency Representatives

John Carter
Walter A. Hadfield
Frank Mair
Ernest Yuzon
Lawrence Monk
E. R. Wiley
Eric Johnson
Frank Frost
Robert Richardson
Ray Bradley
Rozell Gilmore

Agency

FHA
SBA
PDC
PDC
PDC
PDC
Model Cities
Model Cities
DHUD
DHUD
Albina Neighborhood Service
Center

The meeting was called by Mr. Daniels to get the best possible
information to the business men of the Emanuel Hospital Area. They
were informed of:

1. The present status of the project and the expected
timing of the steps to completion.
2. The services to be extended by the SBA.
3. Relocation services and benefits.

4. Model Cities' coordination.

Comments regarding the project were expressed by Mr. Daniels who suggested the procedure should get under way or stop. (To him it appears to be on "dead center" with no action.)

Mr. Gilmore would like assurances that the project will make employment available to residents of the area during PDC activities as well as during construction and upon completion of the development.

The men of the area expressed the feeling that this project was handed to them complete without their desires being considered in shaping the plans for the area.

ERW:lp

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
450 Golden Gate Avenue, Box 36003, San Francisco, California 94102

Program Coordination
and Services Division

February 29, 1968

RECEIVED
MAR - 1968
PORTLAND DEVELOPMENT COMMISSION

Dir.	✓
A. Dir.	✓
Ad. Asst.
Asst.
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.....
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.....
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.....
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Mr. S. Chester Daniels
3883 North Kiama Street
Portland, Oregon 97217

Dear Mr. Daniels:

Subject: Emanuel Hospital Project, ORE. R--*J*
Portland, Oregon
Relocation Conference

Thank you for your letter of January 31, 1968, requesting a conference on the subject of Relocation problems and aids. We apologize for the delay in replying because of travel budget limitations and uncertainties.

It is now possible for Mr. Richardson to plan to be in Portland for the meeting which you have requested on March 14, 1968.

We have been in contact with Mr. John B. Kenward, Executive Director of the Portland Development Commission, who will arrange with you for the time and place, including a representative from his office, from the Small Business Administration and from the Seattle office of the Renewal Assistance office of this Department.

We will be happy to meet with you at that time to discuss problems, outline the solutions and services, and the Relocation procedures and benefits.

Sincerely yours,
Original Signed by
Florence T. Conlin

Florence T. Conlin
Director, Relocation Branch

cc: John B. Kenward ✓
Exec. Dir. Portland
Develop. Commission

3803 North Kiska Street
Portland, Oregon 97217

January 31, 1958

RECEIVED
AN FEB 5 1958

FEB 5 1958

RECEIVED
BY PC & S DIV.

FEB 5 1958

AM
7,8,9,10,11,12,1,2,3
M
6

Regional Office, Department of
Housing & Urban Development
Relocation Branch
450 Golden Gate Avenue - Box 36003
San Francisco, California 94102

Attention: Mr. Robert Richardson
Business Relocation Specialist

Gentlemen:

This is on behalf of a group of business men in the proposed
Emanuel Hospital Urban Renewal site.

In anticipation of the relocation in the area, we would like
to meet with representatives of your Agency as well as the
Small Business Administration so we may be aware of the
various aids and regulations related to the project.

If you will let us know when someone from your Department
will be in Portland, we will arrange a meeting.

Very truly yours,



S. Chester Daniels

Enclosure

WE THE UNDERSIGNED ARE BUSINESSMEN IN THE PROPOSED EMANUEL HOSPITAL URBAN RENEWAL SITE. WE ARE CONCERNED ABOUT THE DISPOSITION AND RELOCATION OF THOSE PEOPLE IN THE AREA WHO ARE RESIDENTS AND ALSO IN SMALL BUSINESS ENDEAVORS. WE FEEL THAT SUCH THINGS AS; ACCESS TO AND FROM THE FREMONT BRIDGE AND FREEWAY IN TERMS OF HOW IT WILL EFFECT THIS AREA; ZONING, STREET AND ALLEY VACATIONS; AN UPGRADING OF HOUSING AND COMMERCIAL FACILITIES; A CLEAR APPRAISAL OF AND ABILITY TO WORK WITH THE SMALL BUSINESS ADMINISTRATION; ARE SOME OF THE THINGS THAT SHOULD BE CONSIDERED IN TERMS OF MAKING OUR NEIGHBORHOOD MORE HOMOGENEOUS THEREBY AFFECTING A BETTER COMMUNITY FOR AND TO ENCOMPASS BOTH BUSINESS AND LIVING CONDITIONS.

	<u>NAME</u>	<u>ADDRESS</u>
1.	<i>Richard Lee</i>	<i>2619 N. William Ave cottage</i>
2.	<i>Walter C. Brown M.D.</i>	<i>1007 N. Russell</i>
3.	<i>James (Bill) James</i>	<i>24 N. Russell St TOP Q Billiard</i>
4.	<i>James (Bill) James</i>	<i>25 N. Russell St</i>
5.	<i>James (Bill) James</i>	<i>113 - N. Russell</i>
6.	<i>James (Bill) James</i>	<i>25 N. Russell</i>
7.	<i>James (Bill) James</i>	<i>27 N. Russell</i>
8.	<i>Carson L. Robinson</i>	<i>3203 N. William HOWA'S food D</i>
9.		
10.		
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Lewis Moe's Shop (Firm Name) (Parcel) (Structure) (Unit No.)
 Address 113 N. Russell Phone 282-4900
 Type of operation clothing sales Operator or manager L. J. Gress
 No. of empl. 3 Owner Live on premises _____ Expected emp. _____
 Tenant _____ Rent _____ Date due _____ Eligible Vet. Loan _____ Subtenant _____
 Future plans: Continue Change _____ Disc. _____ Sell _____ Retire _____ Other _____
 Help in relocation: Yes _____ No _____
 Electricity by _____ Garbage service by _____

Requirements	Present	Preferred	Referral A	Referral B	Final Select.
Location	_____	<u>Lloyd Cr. or</u>	<u>N. Killingsworth</u>		
Rent					
Limited to Zones					
Business License Transf.	_____				
Parcel Size					
Parking					
Structure Size	<u>25x50</u>				
Warehouse Space					
Ceiling Height					
Special Plumbing					
Special Wiring					
Heavy Floor Load					
Water					
Sewer					
Power					
Load Deck or Ramp					
Highway Access					
Show Window Req.					

Remarks _____

Lease _____ Buy _____ Build _____ Advance notice req. _____
 Estt. cost of moving _____ Days required to move _____
 Estt. property loss _____ Property loss paid at purchase _____

Items to be moved (Continue on Interview register): _____

I, _____ on _____ gave information statement and notice to
 move to _____ by _____
 Extended on _____ by _____ to _____
 Extended on _____ by _____ to _____