

PROJECT

RELOCATION MISC. PROJECTS IN CITY OF PORTLAND AND MULT. COUNTY

PAGE 1 OF 5

	DESCRIPTION	ROLL NO	ODOMETER
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 1124 N.E. FAILING		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 4036 N. KERBY		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 5313 N. MICHIGAN		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 3613 N. MICHIGAN		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 4521 N. E. 14TH PLACE		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 2517 S.E. PINE		
	EMANUEL HOSPITAL PROJECT MODEL CITIES ACTION CLIPPINGS & CORRESPONDENCE.		
MODEL CITIES EMANUEL AB 2-2	BILLINGS, WILLIAM O. 528 N. MORRIS 1972		
MODEL CITIES EMANUEL RS 8-2	GREEN, CLEO 219 N. STANTON 1972		
MODEL CITIES EMANUEL R 8-11	HALSETH, ANNA 3217 N. GANTENBEIN 1972		
MODEL CITIES EMANUEL RS 8-2	McPHERSON, DONALD 219 N. STANTON 1972		
MODEL CITIES EMANUEL R-10-12	MASON, FLORENCE JACK 513 N. MONROE 1972		
MODEL CITIES BETA II HOUSING PROJ.	CONE, ELVIN 545 N. E. SACRAMENTO 1972		
MODEL CITIES CODE ENFORCE MENT AH-15-15	CURRY, ROBERT 114 N. E. BEECH & 16 1973		
MODEL CITIES BETA II HOUSING PROJ.	DYER, MATTIE (MRS.) 515 N.E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	ELLETT, MATHA (MRS.) 622 N. E. BRAZEE 1972		
MODEL CITIES BETA II HOUSING PROJ.	FRISON, CLAUDE E. 527 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	McDONALD, WILLIAM (DECEASED) 533 N. E. SACRAMENTO 1972		

R E S U M E

DATE 6-18-73

NAME Mason, Florence Jack

Mr. Jack Florence Mason who was displaced from his former residence at 513 N. Monroe St. by Emanuel Hospital Project on Oct. 31, 1969. The Urban Renewal Project was not authorized to pay relocation costs to anyone who moved prior to April 23, 1971. Through Model Cities Second Action Year Relocation plan provision were made for those persons displaced by the project during the period that Model Cities had a relocation plan but prior to April 23, 1971. Therefore, Mr. Mason's move is covered by the Second Action Year Model Cities Relocati on plan. He was eligible to receive RHP for Homeowners in the amount of \$5,000 plus a fixed moving payment of \$122. See letter in file.

(signed)

Alma Gordon
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Florence Jack Mason

RELOCATION ADVISOR JC

ADDRESS 18 N.E. GLISAN (513 N. Monroe) (PROJECT ADDRESS) PHONE 281-5266

PROJECT NAME Emanuel

SEX M ETHN N VETERAN _____ AGE 59

PARCEL NO. R-10-12

MARITAL STATUS S TENURE 1962 0/0

DATE ON SITE: <u>1962</u>
INITIATION OF NEGOTIATIONS: <u>10-1-69</u>
DATE OF ACQUISITION: <u>10-31-69</u> by <u>Emanuel</u>

DISABILITY Heart trouble DIV x FAMILY _____

Arthritis

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

INITIAL INTERVIEW 5-23-72

DATE INFO PAMPHLET DELIVERED 2-2-73

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY Louis Mae Gipson, Okla City, Okla
Sister 220 N. E. 3rd St., & Ray Hudson 224 N. E. Stanton. (Friend)

ECONOMIC DATA

FAMILY COMPOSITION

Employer Amer. Sheet Metal \$ 4.16/hr.
Address 900 N. E. Glisan
MCW _____
Social Security _____
Pension _____
Other _____
TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

30 x 70

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

Age of Structure _____ No. Rooms 6
No. Bedrooms 2 Furn. x Unfurn _____
Utilities \$ _____
Monthly Payments (Rent) \$ _____
Acquisition Price \$ 2900
Taxes \$ _____ Equity \$ _____
Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>18 N.E. Glisan</u>	
<u>123 N.E. Ivy</u>	
<u>4121 N.E. Starfield Ave</u>	

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 4121 N.E. Garfield Phone _____ Date of Move 6/9/73

WHERE RELOCATED:

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

Furnished ___ Unfurnished X Number of Rooms 5 Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 9,500

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	42121	5-1-73	\$ 5,000
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	"	"	\$ 122
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price	\$ <u>9,500</u>
Down Payment	\$ _____
RHP	\$ <u>5,000</u>
Total Down	- \$ <u>4,000</u>
Total Mortgage	\$ <u>5,500</u>

TOTAL BENEFITS RECEIVED \$ 5,122

REALTOR: _____ ESCROW CO. _____ OFFICER _____

1 YDA120B

INTERVIEW REGISTER

Date

Relocation
Worker

- | | | |
|---------|--|----|
| 5-10-73 | <p>Warrant No 42121 in the amount of \$5122 sent to Transamerica Title to be held in escrow No 21271 by request of client until purchaser occupies said dwelling.</p> <p>A call was made to Herman Plummer Real Estate to inform him that the check for Florence Jack Mason had been forwarded to Transamerica Title Insurance Co. to be released on move of client to the purchased dwelling.</p> | in |
| 5-23-73 | <p>A release letter was signed by Mr. Mason to PDC to release to escrow account the sum of his RHP to LeRoy and Shirley Chupp. An agreement of Sellers to buyer to give possession of 4121 N. Garfield to buyer Mr. Mason on June 6, 1973 and he would occupy premises no later than June 10, 1973 (see file).</p> | AG |
| 5-29-73 | <p>Transamerica Title Insurance Co. returned closing cost on escrow 21271bb order no. 4138520 on transaction of Jack Mason buyer and Leroy and Shirley Chupp.</p> | |
| 6-5-73 | <p>A call from Mr. Mason stating that he would be moving 6-9-73.</p> | |
| 6-7-73 | <p>Mr. & Mrs. Chupp have vacated the premises at 4121 N. E. Garfield and Mr. Mason has the keys.</p> <p>Mr. Mason will make a self move 6-9-73 from 18 N. E. Graham to 4121 N.E. Garfield St.</p> | AG |

INTERVIEW REGISTER

Date		Relocation Worker
5-23-72	5:05 pm...Found Mr. Mason home. Interviewed him and got information needed.	JC
1-30-73	A call was made to Mr. Jack Mason and an appointment set up to talk with him and explain his benefits under the old law as he moved out of the project before the project was approved therefore, he is being paid additional relocation payment and moving expense under the approval of Model Cities.	AG
2-2-73	Mr. Mason was in our office today the benefits which he is eligible for were explained to him, the maximum relocation allowance of \$5,000 and a moving expense of \$122.00. The client stated that he had planned to look at some houses and would let us know when he had found something within his budget.	
2-7-73	A telephone call was made to Jack Mason to inquire about his progress in finding a dwelling due to his illness with the flu he had not found anything yet however, he had contacted several Real Estate agents to help him find a house.	
3-1-73	Stan Wiley agent, Gary Clark, has called about the benefits Florence Jack Mason will be getting, however there has been no information or communication from the client,	
3-13-73	Contacted Mr. Jack Mason by telephone to keep the communication going with the client of course, he stated that he had not done too much looking I gave him a referral on an FHA repo., which he made an appointment to come in this pm about. 4:30 TO see the place at 123 N. E. Ivy.	
3-14-73	Mr. Jack Mason was shown the house at 123 N. E. Ivy St. Seemed to be quite pleased however, he has another house that he is going to see and should be ready to tell us something definite by 3-15-73.	
3-19-73	Mr. Mason was in our office today and was ready to decide on the dwelling at 123 N. E. Ivy however, an inquiry was made to HUD. We were informed that the house had been purchased. Plummer Real Estate is working with Mr. Mason to help him find a place.	
3-27-73	Mr. Herman Plummer called today to inform us that Mr. Mason had made an option on a dwelling at 4121 N. E. Garfield Ave.	
3-29-73	Inspection was made on the dwelling at 4121 N. E. Garfield	
4-30-72	Letter received from Bureau of Bldg. reports that the structure complies with City Housing Regulations at this time.	
4- -73	Received Copy of earnest money receipt from Mr. Herman Plummer for Florence Jack Mason.	
4-20-73	Claim filed for Moving and RHP for homeowners. An authorization letter signed by client for PDC to send all monies to Transamerica Title Insurance Co. to be held in escrow.	
4-24-73	Letter of authorization signed by Florence Jack Mason to place RHP and Moving Allowance in the amount of \$5122 in escrow account # 21271 at Transamerica Title at 5505 N. Lombard.	
5-8-73	Received Warrant # 42121 in the amount Of \$5122 sent to Transamerica for claimant Florence Jack Mason on Relocation Payment.	AG

Transamerica Title Insurance Co



A Service of
Transamerica Corporation

Date 5-29-73

Please direct correspondence to:

5515 N. Lombard

ADDRESS

Portland Oregon 97203

CITY STATE ZIP CODE

283-5121

Telephone

21271 bb

Escrow Number

Your Number _____

PORTLAND DEVELOPMENT COMMISSION
235 N. Monroe
Portland, Oregon

Property Address 4121 N. Garfield Ave. Portland, Oregon

Gentlemen:

In connection with your transaction on
the above address, we enclose the following:

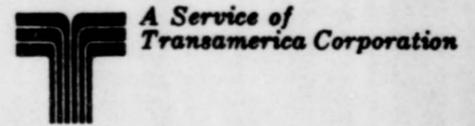
- | | |
|--|---|
| <input checked="" type="checkbox"/> Closing Statement | <input type="checkbox"/> Real Estate Mortgage |
| <input type="checkbox"/> Title Insurance Policy | <input type="checkbox"/> Promissory Note |
| <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> Check in the amount of \$ _____ |
| <input type="checkbox"/> Real Estate Contract | <input type="checkbox"/> Trust Deed |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendor | <input type="checkbox"/> |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendee | <input type="checkbox"/> |
| <input type="checkbox"/> Bill of Sale | <input type="checkbox"/> (Original) (Copy) of Fire Insurance Policy No. |

Yours very truly,

Beverly Biggs
Beverly Biggs
Escrow Department

bb/ep

Transamerica Title Insurance Co



ESCROW DEPARTMENT

MASON, Florence Jack

Escrow No. 21271 bb

Order No. 41-38620

Date 5 29-73

Adjustment Date 6-15-73

SELLER: CHUPP, LeRoy and Shirley

ppty: 4121 N.E. Garfield Ave. Portland, Oregon		CHARGES	CREDITS
Purchase Price		\$9,500.00	
Pro Rata Real Estate Taxes		28.88	
Pro Rata Fire Insurance			
Escrow Fee $\frac{1}{2}$ of 60.00		30.00 ✓	
Recording <u>Deed and Mortgage</u>		6.00 ✓	
Mortgage Title Insurance		25.00 ✓	
MORTGAGE LOAN COSTS:			
Service Charge		100.00	
Credit Report			
Appraisal Fee			
Interest Adjustment			
Survey Certification Charge		18.00 ✓	
MORTGAGE LOAN RESERVES:			
F.H.A. Mortgage Insurance 1 mo.			
Real Estate Taxes _____ mo. _____ per mo.		145.88	
Fire Insurance _____ mo. _____ per mo.			
Mortgage Loan			7,500.00
Earnest Money Deposit			5,122.00
Deposit in Escrow			
		\$9,853.76	\$12,622.00
To Balance <u>overpayment</u>		2,768.24	
		\$12,622.00	\$12,622.00

PURCHASERS STATEMENT (Mortgage)

TRANSAMERICA TITLE INSURANCE COMPANY

by: Beverly Biggi

Beverly Biggi, Escrow Officer/ep

May 10, 1973

Transamerica Title Insurance Company
5515 N. Lombard Street
Portland, Oregon 97218

Re: Florence Jack Mason
Escrow No. 21271
4121 N. E. Garfield Street

Gentlemen:

Enclosed is Warrant No. 42121 from the City of Portland, in the amount of \$5,122.00 representing a Replacement Housing Payment and Moving Expense to be deposited to subject escrow for disbursement to the purchaser above identified upon written authorization by the Portland Development Commission that purchaser has purchased and does occupy standard dwelling.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:k
Encl.

THE CITY OF
PORTLAND



OREGON

OFFICE OF
CITY AUDITOR
GEORGE YERKOVICH
CITY AUDITOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204

RECEIVED

MAY 9 1973

PORTLAND DEVELOPMENT COMMISSION

May 8, 1973

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

Attention: Ben C. Webb

Gentlemen:

Enclosed is City of Portland Warrant No. 42121 in the amount of \$5,122.00 payable to Transamerica Title Insurance Company covering relocation payments per attached Remittance Advice.

Yours truly,

GEORGE YERKOVICH

Auditor of the City of Portland

By:

Chief Deputy

CJS:brs
Encl.
Certified Mail
Return Receipt Requested

AUD 10-825-300 6-71

42121

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO ◊	DISCOUNT	NET AMOUNT	ACCOUNT DISTRIBUTION			
DATE	NUMBER					FUND	FUNCTION	OBJECT	G/L
CONTRACT 13487									
501.73			5,122.00		5,122.00	513	66 87,399		319

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

April 24, 1973

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
Portland, Oregon 97204

Dear Mr. Yerkovich:

Re: Florence Jack Mason
Model Cities - Emanuel Hospital Displacee

Enclosed is a claim for a relocation payment for Mr. Florence Jack Mason, who was displaced from his former residence at 513 N. Monroe by the Emanuel Hospital Project on October 31, 1969.

The Emanuel Hospital Urban Renewal Project is not authorized to pay relocation costs to anyone who moved prior to April 23, 1971. Therefore, through its Second Action Year Relocation Plan, Model Cities has provided for relocation payments to those persons displaced by the Project during the period that Model Cities had a relocation plan but prior to April 23, 1971. Mr. Mason's move is covered by the Second Action Year Model Cities Relocation Plan.

Displacee is eligible to receive a Replacement Housing Payment for Home-owners in the amount of \$5,000, plus a fixed moving payment of \$122. Please have a check drawn payable to Transamerica Title Insurance Company and Florence Jack Mason in the amount of \$5,122, and send it to our office for delivery to Transamerica Title and for noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCM:ch
Enclosure

Phone 255-9844

8836 E. Stark St., Portland, Ore. 97216 • Home, Farms, Business & Income Property
MEMBER, PORTLAND BOARD OF REALTORS, MULTIPLE LISTING SERVICE



DICK
BOHRER
REALTY

Portland, Oregon
May 23, 1973

Portland Development Commission
Portland, Oregon

Dear Sirs,

Because of my need to have the proceeds from the sale of my house at 4121
N.E. Garfield St. Portland, Oregon in order to close the escrow on a house
I am buying, I am asking that you release these funds.

I am prepared to give complete possession as of June 6, 1973.

Respectively yours,

LeRoy Chupp
LeRoy Chupp

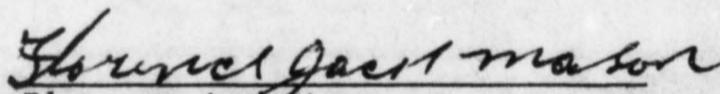
May 23, 1973

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

Attention: W. Stanley Jones

Gentlemen:

I hereby request to have the Replacement Housing Payment for the purchase of my replacement housing to be released to the escrow account of LeRoy and Shirley Chupp, 4121 N. E. Garfield, Portland, Oregon, upon recording of the deed per agreement of the Contract Sale for the property on 4121 N. E. Garfield. I will take possession from the sellers on June 6, 1973, and occupy the premises no later than June 10, 1973.


Florence Jack Mason

cc: Mr. & Mrs. LeRoy Chupp

May 24, 1973

Transamerica Title Insurance Company
5515 N. Lombard Street
Portland, Oregon 97218

Re: Florence Jack Mason
Escrow No. 21271
4121 N. E. Garfield

Gentlemen:

You have in the above-identified escrow account City of Portland Warrant No. 42121 in the amount of \$5,122, to be held until receipt of written notice from the Portland Development Commission to release the funds.

This is to verify that Mr. and Mrs. LeRoy Chupp have signed a statement, agreeing to give possession of property at 4121 N. E. Garfield to Florence Jack Mason on June 6, 1973, and a statement from Florence Jack Mason stating that they will occupy the premises no later than June 10, 1973. You are hereby authorized to release said \$5,122 and disburse it immediately.

Please send a copy of the closing statement to the Portland Development Commission.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ/AG:b

RELOCATION PAYMENT

PROJECT: Emanuel-Medel Cities

PARCEL: R-10-12

PAYABLE TO: TransAmerica Title Insurance Co, and Florence Jack Mason

For: <input checked="" type="checkbox"/>	RHP for Homeowners	\$ <u>5000</u>
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$ _____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount \$ _____	\$ _____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$ _____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$ _____
<input type="checkbox"/>	Interest Expense	\$ _____
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$ <u>122</u>
<input type="checkbox"/>	Dislocation Allowance.	\$ _____
<input type="checkbox"/>	Actual Moving Costs.	\$ _____
<input type="checkbox"/>	Storage Costs.	\$ _____
<input type="checkbox"/>	Business: Moving Expenses.	\$ _____
<input type="checkbox"/>	Business: In Lieu Payment.	\$ _____
<input type="checkbox"/>	Business: Storage Costs.	\$ _____
<input type="checkbox"/>	Business: Loss of Property	\$ _____
<input type="checkbox"/>	Business: Searching Expenses	\$ _____

Name of Client Florence Jack Mason *OK MJE* Less - \$ _____*

Move from 513 N. Monroe Total \$ 5,122

Accounting: Indicate symbol and Accounting No. 5122

_____ Relocation Payment; _____ Project Cost *(_____)

Mr. Florence Jack Mason
513 N. Monroe

Mr. Mason's property was purchased by Emanuel Hospital prior to the Emanuel Project being designated as an Urban Renewal Area, but after the start of Model Cities First Action Year. Since these displacees' were not then eligible for relocation benefits, Model Cities agreed to make them available under the Old Law. He was paid \$2900 for his property at 513 N. Monroe Street, however, he used this money to purchase another property which was substandard. We eventually were able to locate him and inform him of his new status. He has found a standard dwelling and has made the necessary commitment to purchase it.

Mr. Mason was informed on May 13, 1972, of the availability of relocation benefits and therefore had one year from that date to file a claim based on the purchase of a standard replacement 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)

Model Cities - Emanuel

PROJECT NUMBER

R-20

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

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT.

(as shown in deed to displacing agency or in condemnation proceeding)

Florence Jack Mason

3. DATE OF DISPLACEMENT

10-31-69

2. Family

Individual

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 513 N. Monroe

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

March 1962

Month-Day-Year

c. Check one:

Single-family dwelling unit

Two-family dwelling unit

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

Yes

No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 4125 N. E. Garfield

Portland, Oregon 97211

b. Number of bedrooms: 2

c. Purchase price: \$ 9,500.00

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: 3-25-73
Month-Day-Year

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

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

(1) Date you signed purchase contract: 3-25-73
Month-Day-Year

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

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

30 days after closing

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.

3/30/73
Date

Florence Jack Mason
Signature of Owner-Occupant

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ <u>13,980</u>
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ <u>2,950</u>
3. Line 1 minus line 2.	\$ <u>11,030</u>
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i>	\$ <u>5,000</u>
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ <u>-0-</u>
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.	\$ <u>-0-</u>
7. Total <i>(line 5 and 6)</i>	\$ <u>-0-</u>
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ <u>5,000</u>

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:
10-31-69
Month-Day-Year

Date Occupancy Established:
30 days after closing
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.

4-23-73
Date

[Signature]
Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

\$4,000.00

Portland, Oregon

March 26

1973

ON DEMAND, I (or if more than one maker) we, jointly and severally, promise to pay to the order of H.C. Plummer & Company

at Portland, Oregon

Four Thousand and NO/100 *****DOLLARS,

with interest thereon at the rate of None percent per annum from until paid; interest to be paid

All or any portion of the principal hereof may be paid at any time. If this note is placed in the hands of an attorney for collection, I we promise and agree to pay the holder's reasonable attorney's fees and collection costs, even though no suit or action is filed hereon; however, if a suit or an action is filed, the amount of such reasonable attorney's fees shall be fixed by the court, or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

To be redeemed if seller and Portland Development Commission accepts that certain Earnest Money Receipt dated March 25, 1973, to purchase the real property addressed as 4121 N.E. Garfield Ave. Portland, Oregon

Florence J. Mason
Florence J. Mason

THIS CARBON WILL DETERIORATE IF EXPOSED TO EXCESSIVE HEAT OR SUNLIGHT.

FORM No. 571E (Escrow)
Bevers News Law Publishing Co. ©
Portland Oregon 97204 TB

EARNEST MONEY RECEIPT

City Portland State Oregon March 25 19 73

RECEIVED FROM Florence J. Mason

hereinafter called "purchaser")

the sum of Four Thousand and 00/100 ***** Dollars \$ 4,000.00

in the form of Promissory Demand Note as earnest money and in part payment for the purchase of the

following described real estate situated in the City of Portland County of Multnomah State of Oregon to-wit:

Sub 25' of LOT 6, BLOCK 6, North 12.5' of LOT 7, BLOCK 6, Albina Homestead Addition

Commonly known as 4121 N.E. Garfield Avenue

which we have this day sold to said purchaser

the sum of Nine Thousand Five Hundred and 00/100 ***** Dollars \$ 9,500.00

on the following terms, to-wit: The sum, hereinabove received for, of Four Thousand and 00/100 ***** Dollars \$ 4,000.00

as additional earnest money, the sum of _____ Dollars \$ _____

on acceptance of title and delivery of _____ the sum of _____ Dollars \$ _____

the sum of Five Thousand Five Hundred and 00/100 ***** Dollars \$ 5,500.00

as follows: This transaction is subject to purchaser qualifying and receiving \$4,000.00 from

the Portland Development Commission for Relocation and the approval of the City Building

Inspector(s). Purchaser will make application and must secure loan of remaining balance of approx

\$ 5,000.00 at 8% interest with payments between \$75.00 and \$90.00 per month. Purchaser agree to

pay taxes and insurance. Purchaser's closing and other costs will be paid out of the Earnest

money of \$4,000.00 which will be received from the Portland Development Commission.

AGREEMENT TO PURCHASE

March 25 19 73

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$ 9,500.00

as set forth above and grant to said

seller a period of Three (3) days hereafter to secure seller's acceptance hereof during which period my offer shall not be subject to revocation. Said deed or contract to be

made by _____

SELLER'S CLOSING INSTRUCTIONS

March 26 19 73

I agree to pay forthwith to the above named broker a commission amounting to \$ 665.00

for services rendered in this transaction. In the event of a forfeiture of

the above provided the said deposit shall be paid to or retained by the Broker to the extent of the agreed upon commission with the balance due to the seller. I authorize said broker

to file the deed proceeds of sale the expense of furnishing evidence of title of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by the

seller at closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature and that of the purchaser named above.

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

March 30, 1973

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

Attn: Mr. Chet Daniels

Re: 4121 N. E. Garfield Avenue

Gentlemen:

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

Our inspector reports the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:jb

cc: Mr. Leroy Chupp
4121 N. E. Garfield Avenue

April 19, 1973

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

Gentlemen:

You are hereby authorized to place my Replacement Housing
Payment and Moving Allowance in Escrow Account # 21271 at
Transamerica Title Insurance Company, 5515 N. Lombard.

I understand the amount due me is \$5,122.00. ✓

Florence Jack Mason

Florence Jack Mason

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)

Model Cities - Emanuel

PROJECT NUMBER

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

Florence Jack Mason

2. DATE(S) OF MOVE

10-31-69

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

513 N. Monroe

b. Apt., Floor, or Room No. _____

c. Was it furnished with your own furniture?

 Yes Nod. Number of rooms occupied (excluding
bathrooms, hallways, and closets): 6e. Date you moved into this address: March 1962

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

4125 N. E. Garfield 97211

b. Apt., Floor, or Room No. house

c. Were household goods moved to or from storage?

 Yes NoIf "Yes," complete Block B on reverse side of
this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

 a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

 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, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 122.00

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)

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

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

3/30/73

Date

Florence Jack Mason

Signature of claimant

(Over)

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)

Florance Jack Mason
513 N. Monroe
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 \$ _____	\$ 122.00	(original signed by J.B.K.)	4/24/72
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
		\$			\$

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

Dwelling Unit Inventory

Jack Mason
4/2/73

QUANTITY

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

QUANTITY

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

Miscellaneous (List Items)

1 Snow Bed
2 Vacuum
1 Treadle Sewing Machine
3 Taker model D V.
1 Deep Freeze
Miscellaneous items
Tools etc

COMMENTS: _____

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Florence Jack Mason Project Emanuel
 2. Date(s) of move _____ Parcel No. R-10-12
 3. Dwelling unit from which you moved:
 Address 513 N. Monroe No. of rooms 6
 _____Furnished _____Unfurnished Date you moved into this unit _____

4. Dwelling unit to which you moved:
 Address _____
 Were goods moved to or from storage? _____Yes X No

5. Total claim \$ 122.00

 FIXED PAYMENT: ~~None~~ + \$ 122 = \$ _____

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 _____a. reimburse client (show paid bill)
 _____b. pay mover directly (show bill)
 _____c. let local agency contract with mover

10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 _____initial _____supplementary _____final

B. Storage period
 1. Total period: _____months. Check one: _____ Actual _____ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

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

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 _____reimburse client (attach receipt or paid bill)
 _____pay storage company directly (attach bill)

MR. FLORENCE JACK MASON
18 N. E. Graham Street (Purchased)
Portland, Oregon 97212

513 N. Monroe Property in Project R-10-12

Moved 10-31-69

Moved under the old regulations.

Fixed Moving Expense \$122.00

Maximum Possible RHP \$5,000.00

April 19, 1973

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

Gentlemen:

You are hereby authorized to place my Replacement Housing
Payment and Moving Allowance in Escrow Account # 21271 at
Transamerica Title Insurance Company, 5515 N. Lombard.

I understand the amount due me is \$5,122.00.

Florence Jack Mason

H. C. PLUMMER & CO.

4845 N.E. Union Avenue
Portland, Oregon 97211

Telephone: (503) 288-8442

Professional Services in
REAL ESTATE

March 27, 1973

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

Attention: Mr. "Chet Daniels

File No. #242

Gentlemen:

Concerning the relocation of Mr. Florence Jack Mason, we enclose herewith an earnest money agreement, wherein Mr. Mason has agreed to purchase and the seller has agreed to sell the property at 4121 N.E. Garfield Avenue, Portland for the sum of \$9,500.00.

Mr. Mason has advised that your office will need a copy of this agreement in order that he will receive money available through your office for this purchase. We also enclose a copy of the promissory note, signed by him, in this regard.

We understand that the house will have to be inspected. The seller-occupants, Mr. and Mrs. Leroy Chupp, are usually at home - their phone number is 287-3526. You can call them directly or we will be glad to make arrangements for your inspectors to get into the house.

If we can be of any help, please advise.

Very truly,
H.C. PLUMMER & CO.

Herman C. Plummer
Herman C. Plummer

cc: Mr. Mason

HCP:mk

*inspection
11:00
3/29/73*

1-30-73
(Date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

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

Thank you.

Sincerely,

Howard Jack Mason
(Name)
18 N. E. Glisan St.
(Address)

Jan 25, 1973
(Date)

TO: Portland Development Commission

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

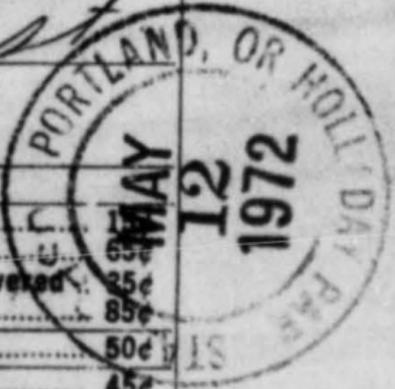
Employee's name: Jack Mason
Total earnings for 1972: \$ 8077.15
Estimated earnings for current year: \$ 9000.00

CONFIDENTIAL

A. Dickinson
(Authorized signature)
American Sheet Metal Inc.
920 N. E. Glisan 232-0111

No. 078268

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO <i>Mrs. Florence Jack Mason</i>		POSTMARK OR DATE	
STREET AND NO. <i>18 N. E. Graham St</i>			
P.O., STATE AND ZIP CODE <i>City 97212</i>			
OPTIONAL SERVICES FOR ADDITIONAL FEES			
RETURN RECEIPT SERVICES	▶ 1. Shows to whom and date delivered With delivery to addressee only		15¢
	▶ 2. Shows to whom, date and where delivered With delivery to addressee only		85¢
DELIVER TO ADDRESSEE ONLY		50¢	
SPECIAL DELIVERY (2 pounds or less)		45¢	

POD Form 3800
July 1969

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

* GPO : 1969 O-358-312

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BOX(S)
(Additional charges required for these services)

Show to whom, date and address
where delivered

Deliver ONLY
to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*

CERTIFIED NO.

078268

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

5/13/72

SHOW WHERE DELIVERED *(Only if requested, and include ZIP Code)*

18 NE Graham

RECEIPT FOR CERTIFIED MAIL—30¢ (plus ...)

May 11, 1972

Mrs. Florence Jack Mason
18 N. E. Graham Street
Portland, Oregon 97212

Dear Mrs. Mason:

I have attempted to locate you, at the above address and thru other sources, but have not succeeded.

My reason for locating you is to determine IF you might become eligible for relocation benefits for having moved from the Emanuel project area.

Please get in contact with me as soon as possible so that I may explain the program further, and determine your eligibility.

Sincerely,

James Crolley
Relocation Advisor

JC:sic

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT

Florence Jack Mason (I) (F) _____

2. DATE OF MOVE _____

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address 513 N. Monroe (Project address) Parcel No. R-10-12

b. Apartment No. _____
c. Clients Furniture?
yes no _____ partially _____
d. Number of rooms 5 1/2
e. Date in March 1962

4. NEW ADDRESS

4121 N.E. Garfield Ave.

b. Apartment No. House
c. Goods moved from storage
yes _____ no

5. TYPE OF PAYMENT

____ a. Moving expenses and/or loss of property.
 b. Fixed payment.
____ c. Storage costs.

6. TOTAL CLAIM

\$122.00

7. NAME OF MOVING CO. _____

8. TELEPHONE NUMER _____

9. ADDRESS _____

10. METHOD OF PAYMENT - MOVING BILL ATTACHED

yes _____ no _____

____ a. Reimburse claimant
____ b. Direct payment to movers

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. Moving costs \$ _____
b. Storage costs _____
c. Direct loss of property \$ _____

DATE