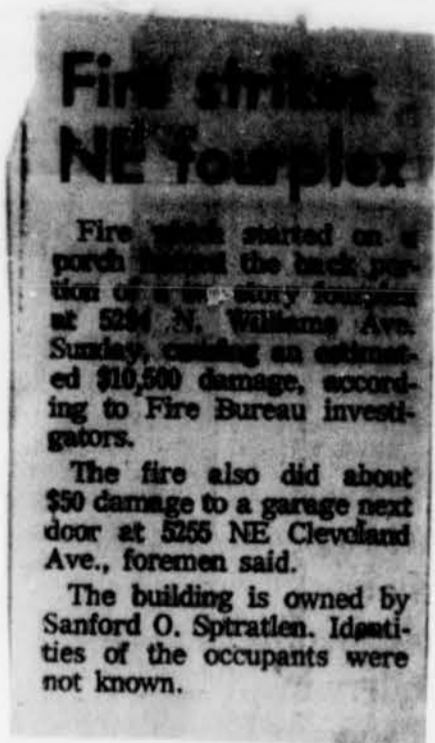


	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-4-7	LEW'S MAN'S SHOP 113 N. RUSSELL OWNER: LEW GRESS		
PARCEL NO. RS-3-9	LEE TRAILER COMPANY 2716 N. VANCOUVER OWNER: HOWARD R. LEE		
PARCEL NO. A-3-19	GEORGE LEE ROOMING HOUSE 3213 N. VANCOUVER		
PARCEL NO. E-4-9	LYNN KIRBY FORD BODY SHOP 315 N. RUSSELL		
PARCEL NO. RS-2-1	MANNING BROS. GARAGE 2847 N. WILLIAMS OWNER: MARTIN MANNING	C.R. INGLE SERVICE STATION	
PARCEL NO. E-4-7	McQUIRE 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		

Name SPRATLEN, Sanford Operation Apartments Tel \_\_\_\_\_  
 3100 N. Gantenbein  
 Address 231 N. Fargo Opr/Mgr \_\_\_\_\_ R/Tel \_\_\_\_\_  
 Owner \_\_\_\_\_ Address 2625 S. W. Ravenview Tel 223-3249  
 Attorney Charles C. Peterson Address Century Tower Tel \_\_\_\_\_  
 Other \_\_\_\_\_ Tel \_\_\_\_\_  
 Moved into project \_\_\_\_\_ Moved to above address \_\_\_\_\_  
 Lease \_\_\_\_\_ Sub-lease \_\_\_\_\_ Owns Equip yes Rental \_\_\_\_\_ Exp \_\_\_\_\_  
 Gas by \_\_\_\_\_ Elec by \_\_\_\_\_ Garbage by \_\_\_\_\_  
 Water \_\_\_\_\_ Heat by \_\_\_\_\_  
 No. Dwlg. Units 6 Aver. Ten. \_\_\_\_\_ Rent Range \_\_\_\_\_  
 Future Plans \_\_\_\_\_  
 Space Requirements \_\_\_\_\_ Zone \_\_\_\_\_

Date	Notes	by
3-28-	Contacted 4 realtors to help find replacement units.  George Flick of 20 Century Realty      665-1161 Grover Sparkman of Fairfield Realty      775-6725 Glen Sandstrom of Red Carpet "      246-3303 Bob Stevens of Stan Wiley "      224-5678	
3-16-73	Reminded Spratlen I was waiting for inventory of balance of things stored.	ERW



## INTERVIEW REGISTER

Date

Relocation  
Worker

3/13/74

Mr. Spratlan came in to ~~inquire~~ inquire why he had not received payment. I reviewed the requirements for payment of his claim as listed in the letter of Aug. 8, 1973 and indicated that when those requirements are met the claim would be paid. He also mentioned other amounts he would like to claim for storage beyond 6 months & searching expenses but I indicated that I didn't ~~think~~ think that this was a possibility. I did, however, give him the forms & instructions if he wished to pursue the claims. Mr. Spratlan also indicated that he might seek the help of an attorney which I encouraged if he felt it would be advantageous to him.

WJF

June 21, 1973

Craig T. Spratlan  
10719 S. W. Boones Ferry Rd.  
Portland, Oregon 97219

Dear Craig:

Enclosed is our Warrant No. 777 ER in the amount of \$318.96 representing storage costs of furniture moved from 231 N. Fargo and 3100-3110 N. Santanbein per your billings of 6-15-73. This is the second and final payment.

Thank you for your cooperation.

Very truly yours,

S. Douglas Jones  
Relocation Supervisor

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 777 EH

DATE June 20, 19 73

PAY TO **Craig T. Spratlen**

\$ 318.96

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 Storage Costs (Business). Move from 3100-3110 N. Gantenbein, 231 N. Fargo, (Parcel Nos. A-2-4 & A-3-15).	<b>\$318.96</b>

**Account Distribution**

NO. TITLE AMOUNT

0660 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel Hospital Project

A-2-4  
PARCEL: A-3-15

PAYABLE TO: Craig T. Spratlen

For: <u>    </u> RHP for Homeowners . . . . .	\$ <u>                    </u>
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$ <u>                    </u>
<u>    </u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>      </u> ; Annual amount	\$ <u>                    </u>
<u>    </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$ <u>                    </u>
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$ <u>                    </u>
<u>    </u> Interest Expense . . . . .	\$ <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. . . . .	\$ <u>                    </u>
<u>    </u> Business: Moving Expenses. . . . .	\$ <u>                    </u>
<u>    </u> Business: In Lieu Payment. . . . .	\$ <u>                    </u>
<u>  X</u> Business: Storage Costs. . . . .	\$ <u>318.96</u>
<u>    </u> Business: Loss of Property . . . . .	\$ <u>                    </u>
<u>    </u> Business: Searching Expenses . . . . .	\$ <u>                    </u>

Name of Client Craig T. Spratlen  Family Less - \$            \*

(Sanford O. Spratlen Apts.)

Move from 3100-3110 N. Gantenbein  Individual Total \$ 318.96

Accounting: Indicate symbol and Accounting No.

                     Relocation Payment;                      Project Cost \*(                      )

*O.K. TO PAY  
JACW*

Storage for three months for furniture and other  
items from 6 dwelling units.

Above items stored at 10719 S. W. Boones Ferry Rd.  
from 3-20-73 to 6-20-73.

Amount due \$318.96.

*Craig S. Spratten*  
\_\_\_\_\_  
Craig Spratten  
10719 S. W. Boones Ferry Rd.

*OK to pay CRM  
second and final amt.*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 722 EH

DATE March 29, 19 73

PAY TO **Craig T. Spratten**

\$ **319.86**

**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 Storage Costs (Business). Move from 3100-3110 N. Gantenbein, 231 N. Fargo, (Parcel Nos. A-2-4 & A-3-15).  <i>Craig T. Spratten</i>	\$319.86

**Account Distribution**

NO. TITLE AMOUNT



RELOCATION PAYMENT

PROJECT: Emanuel Hospital Project ORE R-20 PARCEL: A-2-4  
A-3-15

PAYABLE TO: Craig T. Spratlan

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<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 type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<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 checked="" type="checkbox"/>	Business: Storage Costs. . . . .	\$	<u>319.86</u>
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Samford O. Spratlan Apts Less - \$ \_\_\_\_\_ \*

Move from 3100-3110 N. Gantebain, 231 N. Fargo *me* Total \$ 319.86

Accounting: Indicate symbol and Accounting No.  
 \_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

244-7997

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

NAME OF CONCERN: SANFORD O. SPRATLEN NAME OF LOCAL AGENCY: PORTLAND DEVELOPMENT COMMISSION

PROJECT OR PROGRAM IDENTIFICATION: EMANUEL HOSPITAL PROJECT PARCEL NO. A-2-4-1-3-15

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.

**A. BASIC INFORMATION:**

Business  Nonprofit  Farm   
 1. Claimant is (check one): Concern  Organization  Operator   
 2. Date of HUD approval of project or program 4-23-71  
 3. Direct cause of displacement: Notice of intent to acquire (date) \_\_\_\_\_  
 Acquisition of Real Property (date) 9-14-72  
 Other, explain \_\_\_\_\_  
 4. Date move started 11-20-72 5. Date property vacated 12-20-72  
 6. Date claim filed 3-21-73 7. Date storage authorized 11-15-72

**B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES:**

1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes  No   
 2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes  No   
 3. Average annual net income: As reported by claimant: \$ N.A. As verified by Agency: \$ \_\_\_\_\_  
 (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)  
 State basis for Agency verification of income: \_\_\_\_\_

4. AMOUNT OF IN LIEU PAYMENT: \$ \_\_\_\_\_

APPROVED: \$ \_\_\_\_\_

**C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES**

**D. CERTIFICATION**

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ _____ covering storage.	\$ _____	\$ _____
2. Direct loss of property	\$ _____	\$ _____
3. <del>Searching expenses</del> <u>9 MONTHS STORAGE COST</u>	\$ <u>319.86</u>	\$ <u>319.86</u>
4. Total (sum of lines 1, 2, and 3)	\$ _____	\$ _____

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 \$ 319.86

DATE: 3-26-73

[Signature]  
Authorized Signature

**E. RECORD OF PAYMENTS MADE:**

DATE	CHECK NO.	AMOUNT
<u>3/29/73</u>	<u>722 EH</u>	\$ <u>319.86</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

**CLAIM FOR RELOCATION PAYMENT - BUSINESS**

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

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

1. NAME OF CONCERN: SANFORD O. SPRATLEN

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)		DATES OCCUPIED	
			FROM	TO
	3100 TO 3110 N. GANTENBERG		4-1959	12-20-72
	231 N. FARGO		9-1965	

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN 2625 S.W. RAVENSVIEW DR (OFFICE)  
Date move to this address started \_\_\_\_\_

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY REAL ESTATE RENTAL

5. FORM OF OPERATION (check one)  
 Sole Proprietorship  
 Partnership  
 Corporation  
 Nonprofit Organization  
 Other (identify) \_\_\_\_\_

6. DID CONCERN DISCONTINUE BUSINESS? Yes  No \_\_\_\_\_  
 IF YES, STATE REASON FOR DISCONTINUING BUSINESS UNABLE TO FIND RELOCATION SITE.  
 DOES CONCERN PLAN TO REESTABLISH? Yes  No \_\_\_\_\_

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL  SUPPLEMENTARY \_\_\_\_\_ FINAL \_\_\_\_\_

8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C) <u>3 MONTHS STORAGE OF PERSONAL PROP.</u>	319.86
<b>TOTAL AMOUNT CLAIMED</b>	<b>TOTAL 319.86</b>

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

\_\_\_\_\_  
Signature of Agent or Owner

10. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

3-21-73 DATE                      S.O. Spratlen Signature of Owner or Authorized Agent                      OWNER Title

**SCHEDULE A-2  
SUPPORTING DATA - STORAGE COSTS**

STORAGE PERIOD 12-20-72 TO 3-20-73

1. Total period (if this is not the final claim, enter estimate)	<u>SIX</u> MONTHS
2. Period covered by this claim	<u>THREE</u> MONTHS
3. Date property moved to storage	<u>12-20-73</u>
4. Date property moved from storage	<u>STILL IN STORAGE</u>

STORAGE COSTS	AMOUNT	AMOUNT APPROVED
1. Monthly rate	\$ <u>106.62</u>	\$ <u>106.62</u>
2. Total costs actually incurred (cumulative)	\$ <u>319.86</u>	\$ <u>319.86</u>
3. Amount previously received as relocation payment	\$ <u>NONE</u>	\$ <u>NONE</u>
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$ <u>319.86</u>	\$ <u>319.86</u>

**DESCRIPTION OF PROPERTY STORED**

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage): SEE ATTACHED INVENTORY

**SCHEDULE A-3  
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage \_\_\_\_\_ Mechanical \_\_\_\_\_ Bids/Estimates \_\_\_\_\_  
Storage X \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): (X) in advance, ( ) at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

\_\_\_\_\_  
Initials

I HAVE PAID the costs of the following services:

Cartage \_\_\_\_\_ Mechanical \_\_\_\_\_ Bids/Estimates \_\_\_\_\_  
Storage \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

\_\_\_\_\_  
Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

\_\_\_\_\_  
Initials

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

S.D. Spratlan  
Signature of Owner or Authorized Agent

3-21-73  
Date

SEPTEMBER 21, 1972

INVENTORY OF ITEMS TO BE MOVED AND STORED FOR SPRATLIN

3106 (12 Wide Steps To Street) N. GANTENOSIN

9x12 Carpet  
1 Davenport  
1 Coffee Table  
3 End Tables  
1 Curved Sectional (one section)  
1 Space Heater (gas)  
1 Picture  
1 Chest of Drawers ( one drawer missing)  
1 Bed, box spring, mattress  
1 Chest of Drawers  
~~1 Bed, box spring, mattress~~  
1 Chest of Drawers  
1 Mirror  
1 Chair (back broken)  
1 Refrigerator  
1 Range (gas)  
1 Dinette table, 3 chairs  
1 Wardrobe  
1 Box Spring  
1 Mattress  
1 Chest of Drawers  
1 Dresser  
1 Throw Rug

3100 (12 Wide Steps to Street)

2 Double beds  
2 Box Springs  
2 Mattresses  
2 Chest of Drawers  
1 Davenport  
1 Curved Sectional ( one section)  
1 Overstuffed Chair  
2 Carpets  
1 Coffee Table  
2 End Tables  
1 Kitchen Table  
4 Chairs  
6 Wall Placques  
1 Picture  
1 Range (gas)  
1 Refrigerator  
1 Space Heater (gas)

3102 (Second Floor)

- 1 Range (gas)
- 2 Refrigerators
- 1 Chest of Drawers (one Drawer missing)
- 1 Bed, box spring & mattress
- 2 Carpets

3204 (Second Floor)

- 3 Piece Curved Sectional
- 1 Step Table
- 1 End Table
- 1 Overstuffed Chair
- 1 Space Heater (gas)
- 1 Sectional (one piece)
- 1 Television
- 1 Buffet
- 1 Spring
- 1 Mattress
- 1 Overstuffed Chair
- 1 Coffee Table
- 9 Kitchen Chairs
- 1 Chest of Drawers
- 1 Bed
- 1 Spring
- 2 Mattresses
- 1 Dresser ( no mirror)
- 1 Box Spring
- 4 Boxes of Curtains and Drapes

3110 (Small House - Garage in Front)

- 3 Carpets
- 2 Throw Rugs
- 1 Old Phonograph Cabinet
- 6 Plastic Curtains
- 1 Overstuffed Chair (brown)
- 1 Step Table
- 1 Step Table
- 1 Davenport
- 1 Picture (no frame)
- 2 Plastic Drapes
- 1 Space Heater (gas)
- 1 Record Cabinet
- 2 Refrigerators
- 1 Range (gas)
- 1 Dinette Table - 2 Chairs
- 2 Short Curtains
- 1 Bed, box spring, mattress
- 1 Chest of Drawers
- 1 Chest of Drawers - 5 Drawers Missing - 2 Drawers there.
- 1 Bed, spring, mattress

231 N. Fargo

- 1 Space Heater (gas)
- 1 Carpet
- 1 Box Spring
- 1 Range (gas)
- 2 Sections of Sectional Sofa (no cushions)
- 1 Platform Rocker
- 1 Day Bed
- 1 Television (inoperative)

MEMORANDUM

Date March 20, 1973

TO: JRD  
FROM: ERW  
SUBJECT: Storage Bill

Attached hereto is a statement for storage of personal property belonging to Mr. & Mrs. Sanford O. Spratlen. This was removed from parcel A-2-4 and A-3-15 in Emanuel Hospital Project.

It is in order to pay this as a relocation expense, representing storage for three months for furniture and other items from 6 dwelling units.

Above items stored at 10719 S. W. Boones Ferry Road from 12-20-72 to 3-20-73.

Amount due is \$319.86. Payable to Craig T. Spratlen, 10719 S. W. Boones Ferry Road, Portland, Oregon 97219.

Coordination: BCW  
WSJ



Storage for three  
months for furniture  
and other items from  
6 levelling units.

Above items stored  
at 10719 S.W. Boones Ferry  
Rd. from 12-20-72 to  
3-20-73.

Amount Due

\$319.86

Craig J. Spratten  
10719 S.W. BOONES FERRY  
RD.

97219

MEMORANDUM

Date September 26, 1974

TO: The File  
FROM: WSJ  
SUBJECT: Additional Documentation - Spratlen Claim

On May 22, 1974 a claim for moving expenses was paid to Sanford O. Spratlen for moving his business. Only \$325.22 was approved for moving expenses out of a total of \$679 claimed. A letter was sent to Mr. Spratlen explaining the reason for the disallowance of the larger amount. Mr. Spratlen has now submitted additional documentation to substantiate a larger amount to be paid. He indicated that the payroll record originally submitted was intended to be for more than one person. We were aware that more than one person participated in the move but only the one payroll record was presented to us. Mr. Spratlen said he thought we knew that it was to include himself also.

The move was originally limited to a mover's estimate of \$405.45, but the Spratlen's submitted evidence to show that more was moved than was included in the moving company's estimate. The total self-move portion is being limited to \$500 since only one estimate was obtained for the move. Since \$325.22 was previously paid an additional \$174.78 is now allowable to be paid for a total of \$500. The \$325.22 was split between \$251.62 paid for moving furniture and \$73.60 paid for disconnection of gas appliances. The moving of furniture portion now comes to \$426.40 ( \$251.62 previously paid plus \$174.78 now approved) which is just barely over the original estimate from Bekins and certainly justified by the additional items that were moved.

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 231 Fargo & 3110 Gantenbein & 3100-06 N. Gantenbein to 10719 S. W. Boones Ferry Rd.

NAME Sanford O. Spratlan SOCIAL SECURITY NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
11-20-72	8 $\frac{1}{2}$ hrs.	7.60	64.60		
11-21	11 $\frac{1}{2}$	7.60	87.40		
11-22	11 $\frac{1}{2}$	7.60	87.40		
11-29	7 $\frac{1}{2}$	7.60	57.00		
12-9	7	7.60	53.20		

I, S.O. Spratlan, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of \_\_\_\_\_  
(name of concern)

S.O. Spratlan  
(Signature of Employee)

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

S.O. Spratlan  
(Signature of Claimant)

May 23, 1974

Mr. & Mrs. Sanford O. Spratlen  
2625 S. W. Ravensview Drive  
Portland, Oregon 97201

Dear Mr. & Mrs. Spratlen:

Enclosed is our Warrant No. 937 EH in the amount of \$824.22 which represents the total maximum allowable under current Federal regulations based on your claim for reimbursement of Business Relocation expenses.

In accordance with the applicable regulation (Relocation Handbook 1371.1 Chapter 6, Section 5), the hourly rate paid for the moving of furniture has been reduced from the \$7.60/hr. claimed to the hourly wage paid to commercial moving men at the time of the move of \$5.57/hr. and the disconnection of the gas appliances has been similarly reduced from \$7.60/hr. to the wage rate of plumbers of \$7.36/hr. The amount for this portion of the move was approved as follows:

Moving	45 hrs.	\$5.57/hr.	Total	\$251.62
Appliances	10 hrs.	\$7.36/hr.	Total	\$ 73.60
			Total	\$325.22

The amount approved for searching expenses was reduced from the amount claimed to the amount allowable of \$500. 100 (48 CFR 101-11.600-1(a)(2), 101-11.600-1(b)(1), 101-11.600-1(c)(1)). Because the rental property in this situation constitutes a single displacement and therefore only one searching expense can be recognized.

Mr. & Mrs. Sanford O. Spratlen  
May 23, 1974  
page two

The maximum amount allowable for storage has already been paid previously. Storage beyond a time limitation of 6 months cannot be approved unless the reason for the additional storage time was as a result of timing of project activities which left a business no choice but to incur storage beyond the 6 month time limit when the business planned a move back into the project development.

The Relocation Law provides that any person aggrieved by a determination as to eligibility for a payment or the amount of the payment may have his application reviewed by the head of the agency having authority over the applicable project. A decision by the head of the local agency may also be appealed to the Department of Housing and Urban Development. A claimant desiring a review must submit a request for a review within 6 months of this notification. Such a request may be submitted to Benjamin Webb, Chief of Relocation, 1700 S. W. Fourth Avenue, Portland, phone 224-4800.

Very truly yours,

W. Stanley Jones  
Relocation Supervisor

W:jj

RECEIVED  
QUALITY  
MARKET FOLD

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**937 EH**

DATE May 22, 1974

PAY TO **Sanford O. Spratlan**

**\$ 825.22**

**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
		<p>Reimbursement per Claim for Business Relocation Payments filed. Move from 3100 N. Gantenbein, 231 N. Ferge (Parcel Nos A-2-4 &amp; A-3-15).</p> <p style="text-align: right;">                     Moving Expenses <b>\$325.22</b>                      Searching Expenses <b><u>500.00</u></b> </p>	<p><b><u>\$825.22</u></b></p>

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel Hospital Project ORE R-20 PARCEL: A-2-4  
A-3-15

PAYABLE TO: Sanford O. Spratlen

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<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 type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance . . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs . . . . .	\$	_____
<input type="checkbox"/>	Storage Costs . . . . .	\$	_____
<input checked="" type="checkbox"/>	Business: Moving Expenses . . . . .	\$	<u>325.22</u>
<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 . . . . .	\$	<u>500.00</u>

Name of Client Sanford O. Spratlen Apts  Family Less - \$ \_\_\_\_\_ \*

Move from 3100-3100 N. Gauntzheim, 231 N. Fargo  Individual Total \$825.22

Accounting: Indicate symbol and Accounting No.  
\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

*OK*  
0600 E60 901

MEMORANDUM

Date May 1, 1974

TO: The File  
FROM: WSJ  
SUBJECT: Spratlen Apartments Claim

Enough additional information was received on 4-29-74 to justify processing the claim of the Spratlen Apts. for payment. Storage costs for a 6 month period of time have already been paid.

The original claim was submitted on March 1, 1973, but did not contain sufficient documentation to support the claim. The person who had been working with the Spratlens on their move left the employ of the Commission in June of 1973 before the details of the claim could be settled. A letter was sent to the Spratlens on August 8, 1973 outlining what additional documentation would be required before the claim could be considered. Part of the problem on this move was the fact that the Spratlens felt that they could contract with their son to do the moving and simply submit a bill to us for the amount they felt was reasonable for the work. We have maintained that Craig Spratlen was not a commercial mover and because of the close family relationship that the move constituted a self-move and would have to meet the applicable requirement.

Accordingly a payroll record has now been submitted which documents that Craig Spratlen worked a total of 46 hrs. moving the furniture, a total of 10 hrs. disconnecting and moving the gas appliances. An hourly rate of \$7.60 has been claimed.

Commercial moving men, however, were paid an hourly wage of \$5.57 at the time this move took place with \$7.60/hr. being the total gross wage cost to the employer when union, vacation, insurance, pension and other fringe benefits were added in. Since the Spratlens as the employer in this instance did not participate in such a fringe benefit program for their employee, we do not view this as a proper "out of pocket expense" as allowed under self-move regulations. The Relocation Handbook 1371.1 Chap. 6, Sec. 5 paragraph 83 provides in this instance that "...labor costs are to be computed on the basis of actual hours worked at the hourly rate paid, but the hourly rate may not exceed that paid by commercial movers or contractors in the locality for each profession or craft involved." Similarly the wage rate for union plumbers who customarily disconnect gas appliances was \$7.36/hr. as established on July 2, 1972.

The moving portion of the claim was covered by moving estimates from Bekins Moving and Storage whose representative calculated that moving costs would total \$405.45. The Spratlens maintained later that some items were left off the inventory and wrote a letter dated 10-31-73 explaining these additions. A written estimate for moving the appliances was apparently not obtained at



least it is not in the file. The Spratlens were told by the former PDC employee that he had obtained an estimate, however, and they assumed this had been done. Apparently from notes in the file an estimate was obtained by phone in the amount of \$174.00. Since this estimate seems reasonable and since another cannot be obtained it should be accepted in line with 1371.1 Chapter 6., Sec. 5, paragraph 85fa. The estimate was for both disconnection and reconnection, but only disconnection was actually done. The amount approved does not exceed  $\frac{1}{2}$  of the estimate, the amount that could be concluded to be the proper allocation between disconnection and reconnection expenses.

The amount for the self-move should be approved as follows:

Moving-----46 hrs.	\$5.47/hr.	Total	\$251.62
Disconnection of aplianced-----10 hrs.	\$7.36/hr.	Total	\$ 73.60
TOTAL			\$325.22

It was observed at the time of the move that more than one person, Craig Spratlen, physically participated in the move. However, even though this was pointed out to the Spratlens only the one payroll record was submitted.

#### SEARCHING EXPENSE

The Spratlens have claimed \$500 for each separate building in searching expense. Previous HUD policy (Business Relocation Guidelines, February 1, 1968, p. 19) indicates that "where acquired structures are contiguous the acquisition should be treated as a single displacement." This is the case with 3110 N. Gantenbein and 3100-06 N. Gantenbein which are structures on the same real estate parcel. The matter of the second structure which was within the project, but not contiguous seems to be answered by the previously stated HUD policy in that there was a central office or point to which a person generally went for referral to shelter in any of the locations. To the extent that more than one structure is managed in this integrated fashion, the acquisition of all such structures shall be deemed to constitute a single displacement. There also does not appear to be sufficient documentation to justify any increase beyond the usual allowable \$500 maximum searching expense. Therefore, the Searching Expense portion of the claim is approved for the maximum of \$500.

#### ADDITIONAL STORAGE

We do not find sufficient justification to allow storage for more than the generally applied limitation of 6 months. Handbook 1371.6 Appendix 9, Questions and Answers No. 14 states that "there is no requirement in the Act that a comparable replacement business property be available, although each agency has the obligation to assist in the location of a suitable re-accommodation." The fact that the Spratlens feel that they were unable to find a satisfactory location to move their old furniture within the 6 month time period does not appear to be sufficient justification. It has been our understanding that justification for additional storage time would have to include proof that the timing of project activities left a business no choice but to incur storage beyond the 6 month time limit such as in cases where the business planned a move back into the project development.

Spratlen Apartments Claim  
May 1, 1974  
page 3

Although no indication has been received on a claim form, the latest material submitted 4-29-74 includes a note that Spratlens intend at a later time to request payment for the move of some of this furniture from storage. Since the move was completed on 12-20-72 or approximately 16 months ago, it does not seem possible to consider further claims since the six month time limit for submitting claims has long since expired. It is further felt that the amounts paid for storage and moving of this furniture has well exceeded its value at this point and although the storage costs did not go directly to Mr. & Mrs. Spratlen, the payments did go to their son for storage of the items on his property. We feel that allowing further payments would not only be in violation of the published regulations, but would also be far in excess of the intent of the law in allowing relocation payments.

WSJ:b

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

NAME OF CONCERN: SANFORD SPATLEN

NAME OF LOCAL AGENCY: PORTLAND DEVELOPMENT & RECONSTRUCTION

PROJECT OR PROGRAM IDENTIFICATION:

PARCEL NO. A-2-4  
A-3-15

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.

- A. BASIC INFORMATION:**
- Business  Nonprofit  Farm   
 1. Claimant is (check one): Concern  Organization  Operator   
 2. Date of HUD approval of project or program 4-23-71  
 3. Direct cause of displacement: Notice of intent to acquire (date) \_\_\_\_\_  
 Acquisition of Real Property (date) 9-14-72  
 Other, explain \_\_\_\_\_  
 4. Date move started 1-20-72 5. Date property vacated 12-20-72  
 6. Date claim filed 3-1-73 7. Date storage authorized \_\_\_\_\_

- B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES: N.A.**
1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes  No   
 2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes  No   
 3. Average annual net income: As reported by claimant: \$ \_\_\_\_\_ As verified by Agency: \$ \_\_\_\_\_  
 (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)  
 State basis for Agency verification of income: \_\_\_\_\_

4. AMOUNT OF IN LIEU PAYMENT: \$ \_\_\_\_\_

APPROVED: \$ \_\_\_\_\_

**C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES**

**D. CERTIFICATION**

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ covering storage. <i>DISCONNECT 12 GAS APPLIANCES</i>	\$ 500.00 <i>179.00</i>	174.78 325.22 <del>500.00</del>
2. Direct loss of property	\$	\$ 500.00
3. Searching expenses <i>TO BE FILED LATER</i>	\$ 1500	\$ 500.00
4. Total (sum of lines 1, 2, and 3)	679.00	\$ 825.22

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 \$ 825.22 + 174.78 *WJH*  
 DATE 5/21/74 *WJH*  
*Richard LaPrade*  
 Authorized Signature *WJH*

**E. RECORD OF PAYMENTS MADE:**

DATE	CHECK NO.	AMOUNT
5-22-74	937EH	\$ 825.22
10-2-74	971EH	\$ 174.78
		\$
		\$
		\$

*SIAB 9-26-74*  
*WJH 9/26/74*

**CLAIM FOR RELOCATION PAYMENT- BUSINESS**

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

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

1. NAME OF CONCERN: SANFORD SPRATLEN

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)		DATES OCCUPIED	
			FROM	TO
	3100 & 3110 N. CAUTENBAIN		4/1959	12-20-72
	231 N. FARGO		9/1965	

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN  
2625 S.W. RAUGMSVIEW DR (OFFICE)  
Date move to this address started \_\_\_\_\_

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY REAL ESTATE RENTAL

5. FORM OF OPERATION (check one)  
 Sole Proprietorship  
 Partnership  
 Corporation  
 Nonprofit Organization  
 Other (identify) \_\_\_\_\_

6. DID CONCERN DISCONTINUE BUSINESS? Yes  No \_\_\_\_\_  
IF YES, STATE REASON FOR DISCONTINUING BUSINESS UNABLE TO FIND RELOCATION SITE

DOES CONCERN PLAN TO REESTABLISH? Yes  No \_\_\_\_\_

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL  SUPPLEMENTARY \_\_\_\_\_ FINAL \_\_\_\_\_

8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	679 <sup>00</sup>
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
<b>TOTAL AMOUNT CLAIMED</b>	<b>TOTAL</b> 679 <sup>00</sup>

*TO BE FILED LATER*

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

\_\_\_\_\_  
Signature of Agent or Owner

10. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

3-1-73  
DATE

Sanford O. Spratlen  
Signature of Owner or Authorized Agent

Owner  
Title

**SCHEDULE A-2  
SUPPORTING DATA - STORAGE COSTS**

**STORAGE PERIOD**

1. Total period (if this is not the final claim, enter estimate)	THREE	MONTHS
2. Period covered by this claim		MONTHS
3. Date property moved to storage	12-20-72	
4. Date property moved from storage	STILL IN STORAGE	

**STORAGE COSTS**

	AMOUNT	AMOUNT APPROVED
1. Monthly rate	\$ 106.60	\$
2. Total costs actually incurred (cumulative)	\$	\$
3. Amount previously received as relocation payment	\$ NONE	\$ PAID
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$ 319.80	\$

**DESCRIPTION OF PROPERTY STORED**

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage):

**SCHEDULE A-3  
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage \_\_\_\_\_ Mechanical \_\_\_\_\_ Bids/Estimates \_\_\_\_\_  
Storage  Electrical \_\_\_\_\_ Other \_\_\_\_\_

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): ( ) in advance, (X) at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

\_\_\_\_\_  
Initials

I HAVE PAID the costs of the following services:

Cartage \_\_\_\_\_ Mechanical \_\_\_\_\_ Bids/Estimates \_\_\_\_\_  
Storage \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

\_\_\_\_\_  
Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

\_\_\_\_\_  
Initials

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

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE		AMOUNT APPROVED
MOVING				500.00	251.62
ELECTRICAL					
MECHANICAL DISCONNECT 12 GAS APPLIANCES				179.00	73.60
PREPARATION OF BIDS/ESTIMATES					
SUBSTITUTE EQUIPMENT*					
OTHER (List)					
STORAGE					
				TOTAL	\$ 679.00 \$ 325.22

\*COMPUTATION - Substitute Equipment

- |   |    |
|---|----|
| a. Actual cost of substitute equipment installed      | \$ |
| b. Less proceeds from sale, trade-in, or market value | \$ |
| c. Unrecovered cost (a. minus b.)                     | \$ |
| d. Estimated cost to move old equipment               | \$ |
| e. AMOUNT CLAIMED (lesser of c. or d.)                | \$ |

**SCHEDULE A-2  
SUPPORTING DATA - STORAGE COSTS**

STORAGE PERIOD		
1. Total period (if this is not the final claim, enter estimate)		MONTHS
2. Period covered by this claim		MONTHS
3. Date property moved to storage		
4. Date property moved from storage		
STORAGE COSTS		AMOUNT
1. Monthly rate	\$	\$
2. Total costs actually incurred (cumulative)	\$	\$
3. Amount previously received as relocation payment	\$	\$
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$	\$

**DESCRIPTION OF PROPERTY STORED**

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage):

**SCHEDULE A-3  
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage \_\_\_\_\_ Mechanical \_\_\_\_\_ Bids/Estimates \_\_\_\_\_  
Storage \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): ( ) in advance, ( ) at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

\_\_\_\_\_  
Initials

I HAVE PAID the costs of the following services:

Cartage \$500<sup>00</sup> Mechanical \$179<sup>00</sup> Bids/Estimates \_\_\_\_\_  
Storage \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

S.O.S.  
Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

\_\_\_\_\_  
Initials

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

S.L. Spratlan  
Signature of Owner or Authorized Agent

3-1-73  
Date

August 8, 1973

Mr. and Mrs. Sanford O. Spratlen  
26254S, W. Ravensview Drive  
Portland, Oregon 97201

Dear Mr. and Mrs. Spratlen:

You presented to the Portland Development Commission on March 1, 1973 a claim in the total amount of \$679 for expenses incurred in moving personal property from apartments in the Emanuel Hospital Project. Unfortunately, the person who was handling your relocation is no longer with the Commission which has resulted in the delay in processing your claim.

Upon review, however, it appears that your claim is deficient in certain items of documentation to adequately support the amount claimed under the rules and regulations of the Uniform Relocation Act of 1970 (P.L. 91-646). It will be necessary to submit the following documentation to consider your claim for the full amount:

1. Documentation to support the reason why your claim in the amount of \$500 for moving expenses exceeds the estimate of \$405.45 by a commercial mover, Bekins Moving & Storage.
2. Submit an estimate from a commercial firm for the disconnection of gas stoves and heaters to support your claim of \$175.00.
3. Submit paid bills or statements for the rental of a truck and trailer to support the estimated cost of \$100 for the rental of these items.
4. Complete the enclosed payroll forms documenting the hours, date, amounts paid and identification of those who physically participated in the move and in the disconnection of the stoves and heaters.

We are sorry for the inconvenience that this delay and change in personnel may have caused you and hope that you will understand our position relative to supplying documentation in accordance with established Federal Regulations. Upon receipt of the above information your claim will be processed and paid promptly.

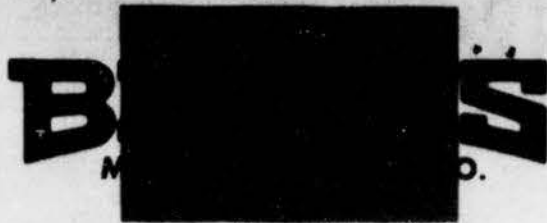
Very truly yours,

W. Stanley Jones  
Relocation Supervisor  
VBJ:b

*Reviewed by  
Phone by  
9-2-73  
for  
submitted*

NA  
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AND AURORA AVE. NORTH  
TLE, WASHINGTON 38103  
(206) 525-5505

407 NORTH BROADWAY  
PORTLAND, OREGON 972  
(503) 288-5411

P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
(907) 279-8457

631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS (3106)  
MOVING FROM \_\_\_\_\_ MOVING TO Reg Street

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 2300 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_  
Additional Transportation Charges (explain) \_\_\_\_\_  
Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Extra Pick-up or Delivery at \_\_\_\_\_  
Special Servicing of Appliances \_\_\_\_\_  
Hoisting, Lowering, Pianos, etc. \_\_\_\_\_  
Packing and Unpacking (See Below) \_\_\_\_\_  
Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_  
Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_  
Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 2 Hrs. @ \$ 26.65 Per hour \_\_\_\_\_  
Warehouse handling (One Time Only) 1.25/cwt. \_\_\_\_\_  
Storage (Monthly) \_\_\_\_\_  
Packing (See Below) \_\_\_\_\_  
Local Insurance \$ 2000 @ .10 Per \$100 Valuation: \_\_\_\_\_  
Miscellaneous \_\_\_\_\_

53.30  
28.75  
18.40  
2.00

TOTAL FIRST MONTH COST ESTIMATE: \$ 102.45  
SUBSEQUENT MONTHLY COST ESTIMATE: → \$ \_\_\_\_\_

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft.	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

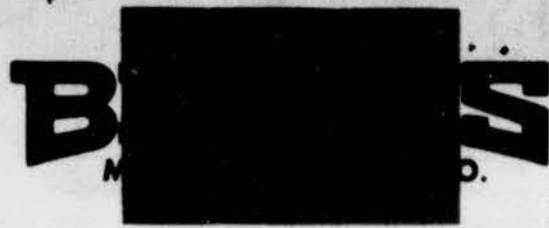
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CUSTOMER INITIALS \_\_\_\_\_  
GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR D. Hill DATE 9/21/72  
TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_



AND AURORA AVE. NORTH  
ATTLE, WASHINGTON 98103  
(206) 525-5505

407 NORTH BROADWAY  
PORTLAND, OREGON 972  
(503) 288-5411

P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
(907) 279-8457

631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

/ MONTH.

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS 3100 N. GANTENBEIN

MOVING FROM \_\_\_\_\_ MOVING TO Reg STR6E.

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 2600 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_

Additional Transportation Charges (explain) \_\_\_\_\_

Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Extra Pick-up or Delivery at \_\_\_\_\_

Special Servicing of Appliances \_\_\_\_\_

Hoisting, Lowering, Pianos, etc. \_\_\_\_\_

Packing and Unpacking (See Below) \_\_\_\_\_

Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_

Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_

Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 2 Hrs. @ \$ 26.65 Per hour 2 men

Warehouse handling (One Time Only) 1.25 / CWT.

Storage (Monthly) 80¢ / CWT. / 2600 lbs

Packing (See Below) \_\_\_\_\_

Local Insurance \$ 2000 @ .10 Per \$100 Valuation: \_\_\_\_\_

Miscellaneous \_\_\_\_\_

53.30  
37.50  
20.80  
2.00  
\$108.60

TOTAL FIRST MONTH COST ESTIMATE: \$ 108.60

SUBSEQUENT MONTHLY COST ESTIMATE: → \$ 20.80

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft.	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

### IMPORTANT NOTICE

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No guarantee can be made as to the specific dates of pickup or delivery of your shipment, unless you make special arrangements with the carrier for expedited service, for which an additional charge will normally be made.

CUSTOMER INITIALS \_\_\_\_\_

GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR D. Hjelt DATE 2/21/72

TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_

# TABLE OF MEASUREMENTS

ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	
			<b>LIVING AND FAMILY ROOMS</b>							<b>NURSERY</b>							<b>MISCELLANEOUS</b>				
			Bar, Portable	15						Crib, Baby	10						Desk, Office	30			
			Bench, Fireside or Piano	5						Table, Child's	5						Fan	5			
			Bookcase	20						Pen. Play	10						Fernery or Plant Stands	10			
			Bookshelves, Sectional	5						Rug, Large or Pad	10						Foot Lockers	5			
			Chair, Arm	10	11	20				Rug, Small or Pad	3						Garbage Cans	7			
			Chair, Occasional	15						<b>KITCHEN</b>							Golf Bag	2			
			Chair, Overstuffed	25						Breakfast, Suite Chairs	5	1111	20				Heater, Gas or Electric	5	1	5	
			Chair, Rocker	12						Breakfast Table	10	1	10				Incinerator	10			
			Chair, Straight	5						Chair, High	5						Metal Shelves	5			
			Clock, Grandfather	20						Ironing Board	2						Ping Pong Table	20			
			Day Bed	30						Kitchen Cabinet	30						Pool Table	40			
			Desk, Small or Winthrop	22						Roaster	5						Power Tools	20			
			Desk, Secretary	35						Serving Cart	15						Sled	2			
			Fireplace Equipment	5						Stool	3						Step Ladder	5			
			Foot Stool	2						Table	5						Suitcase	5			
			Lamp, Floor or Pole	3						Utility Cabinet	10						Table, Utility	5			
			Magazine Rack	2						Vegetable Bin	3						Tackle Box	1			
			Music Cabinet	10						<i>Placemat</i>	51	15					Tool Chest	10			
			Piano, Baby Gr. or Upr.	70													Tricycle	5			
			Piano, Parlor Grand	80						<b>APPLIANCES (Large)</b>							Vacuum Cleaner	5			
			Piano, Spinnet	60						Air Conditioner, Window	30						Wagon, Child's	5			
			Radio, Table	2						Dehumidifier	10						Waste Paper Basket	2			
			Record Player Port.	2						Dishwasher	20						Work Bench	20			
			Rugs, Large Roll or Pad	10						Dryer, Electric or Gas	25										
			Rugs, Small Roll or Pad	3						Freezer (Cu. Capacity)							<b>OTHER ITEMS (specify)</b>				
			Sofa, 2 Cushions	35	1	35				10 or less	30										
			Sofa, 3 Cushions	50						11 to 15	45										
			Sofa, 4 Cushions	60						16 and over	60										
			Sofa, Sectional, per Sect.	30						Ironer or Mangle	12										
			Stud. Couch or Hideabed	50						Range, Electric or Gas	30	1	30								
			Tables, Drop f or Occas.	12						Refrigerator (Cu. Capacity)											
			Tables, Coffee, End or Nest	5	111	75				6 cu. ft. or less	30	1	30								
			Telephone Stand & Chair	5						7 to 10 cu. ft.	45										
			Television Combination	25						11 cu. ft. and over	60										
			Television or Radio Console	15						Washing Machine	25										
			Television Table Model	10						Sewing Machine Cab.	8										
										Sewing Machine Part.	5										
			<b>DINING ROOM</b>							<b>PORCH, OUTDOOR FURNITURE &amp; EQUIPMENT</b>							<b>CONTAINERS (To Be Packed by Shipper)</b>				
			Bench, Harvest	10						Barbecue or Part. Grill	10						Barrels	10			
			Buffer	30						Bath, Bird	5						Boxes, Wooden	3			
			Cabinet, Corner	20						Chairs, Lawn	5						Boxes, Wooden	5			
			Cabinet, China	25						Chairs, Patch	10						Boxes, Wooden	10			
			Chair, Dining	5						Clothes Line	5						Boxes, Wooden	15			
			Server	15						Clothes Dryer Rack	5						Boxes, Wooden	20			
			Table, Dining	30						Garden Hose and Tools	10						Carton				
			Tea Cart	10						Glider or Settee	20						Less than 1 1/2 cu. ft.				
			Rugs, Large or Pad	10						Ladder, Extension	10						1 1/2 cu. ft.				
			Rugs, Small or Pad	3						Lawn Mower (Hand)	5						3 cu. ft.				
										Lawn Mower (Power)	15						4 1/2 cu. ft.				
			<b>BEDROOM</b>							Lawn Mower (Riding)	35						6 cu. ft.				
			Bed, Incl. Spring & Matt.	10	1111	90				Leaf Sweeper	5						6 1/2 cu. ft.				
			Bed, Double	60	11	120				Outdoor Child's Slide	10						Wardrobe Furnished by Carrier	15			
			Bed, King Size	70						Outdoor Child's Gym	20						<b>CONTAINERS (To Be Packed by Carrier)</b>				
			Bed, Single or Hollywood	40						Outdoor Drying Racks	5						Barrels	10			
			Bed, Rollaway	20						Outdoor Swings	30						Boxes, Wooden	3			
			Bed, Bunk (set of 2)	70						Picnic Table	20						Boxes, Wooden	5			
			Bookshelves, Sectional	5						Picnic Bench	5						Boxes, Wooden	10			
			Bureau, Dresser, Chest of							Porch Chair	10						Boxes, Wooden	5			
			Dr. w's, Chifr. or Chifr.	25						Rocker, Swing	15						Boxes, Wooden	10			
			Cedar Chest	15						Roller, Lawn	15						Boxes, Wooden	15			
			Chair, Boudoir	10						Rug, Large	7						Boxes, Wooden	20			
			Chair, Straight or Rocker	5						Rug, Small	3						Carton				
			Chaise Lounge	25						Sand Box	10						Less than 1 1/2 cu. ft.				
			Desk, Small or Winthrop	22						Settee	20						1 1/2 cu. ft.				
			Dresser or Vanity Bench	3						Spreader	1						3 cu. ft.				
			Dresser Double (Mr. & Mrs.)	50						Table	10						4 1/2 cu. ft.				
			Night Table	5						Umbrella	5						6 cu. ft.				
			Rug, Large or Pad	10	11	10				Wheel Barrow	8						6 1/2 cu. ft.				
			Rug, Small or Pad	3	1	3											Wardrobe Furnished by Carrier	15			
			Vanity Dresser	20						<b>MISCELLANEOUS</b>							Sub. Total Col. 3				
			Wardrobe, Small	20						Ash or Trash Can	7						Boxes, Wooden	3			
			Wardrobe, Large	40						Basket (Clothes)	5						Boxes, Wooden	5			
										Bicycle	10						Boxes, Wooden	10			
			<b>NURSERY</b>							Bird Cage & Stand	5						Boxes, Wooden	15			
			Bathinette	5						Card Table	1						Carton				
			Bed, Youth	30						Cabinet, Filing	20						Less than 1 1/2 cu. ft.				
			Chair, Child's	3						Carriage, Baby	20						1 1/2 cu. ft.				
			Chair, High	5						Chairs, Folding	1						3 cu. ft.				
			Chest	12	11	24				Clothes, Hamper	5						4 1/2 cu. ft.				
			Chest, Toy	5						Cot, Folding	10						6 cu. ft.				
			Sub. Total Col. 1			267											6 1/2 cu. ft.				
																	Wardrobe Furnished by Carrier	15			
																	Sub. Total Col. 3				
																	Total Col. 1				
																	Total Col. 2				
																	Total Col. 3				



AND AURORA AVE. NORTH  
ATTLE, WASHINGTON 98103  
(206) 525-5505

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PORTLAND, OREGON 972  
(503) 288-5411

P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
(907) 279-8457

631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS 3102 N. Gertenbein

MOVING FROM \_\_\_\_\_ MOVING TO Reg Stebe

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 1100 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_

Additional Transportation Charges (explain) \_\_\_\_\_

Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Extra Pick-up or Delivery at \_\_\_\_\_

Special Servicing of Appliances \_\_\_\_\_

Hoisting, Lowering, Pianos, etc. \_\_\_\_\_

Packing and Unpacking (See Below) \_\_\_\_\_

Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_

Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_

Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 1 Hrs. @ \$ 26.65 Per hour 2 men

Warehouse handling (One Time Only) 1.25 /cwt.

Storage (Monthly) 1.10 /cwt

Packing (See Below) \_\_\_\_\_

Local Insurance \$ 1000 @ .10 Per \$100 Valuation:

Miscellaneous \_\_\_\_\_

26.65

13.75

12.10

1.00

TOTAL FIRST MONTH COST ESTIMATE: \$ 52.50

SUBSEQUENT MONTHLY COST ESTIMATE: → \$ \_\_\_\_\_

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft. _____	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

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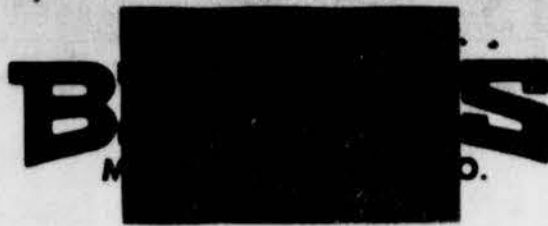
CUSTOMER INITIALS \_\_\_\_\_

GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR [Signature] DATE 9/21/72

TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_





AND AURORA AVE. NORTH  
SEATTLE, WASHINGTON 98103  
(206) 525-5505

407 NORTH BROADWAY  
PORTLAND, OREGON 97208  
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P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
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631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS 3204 N GANTENBEIN (2nd floor)

MOVING FROM \_\_\_\_\_ MOVING TO \_\_\_\_\_

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 2000 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_

Additional Transportation Charges (explain) \_\_\_\_\_

Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Extra Pick-up or Delivery at \_\_\_\_\_

Special Servicing of Appliances \_\_\_\_\_

Hoisting, Lowering, Pianos, etc. \_\_\_\_\_

Packing and Unpacking (See Below) \_\_\_\_\_

Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_

Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_

Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 2 Hrs. @ \$ 26.65 Per hour 53.50

Warehouse handling (One Time Only) 1.25/cwt. 25.00

Storage (Monthly) .80/cwt. 16.00

Packing (See Below) \_\_\_\_\_ 2.00

Local Insurance \$ 2000 @ .10 Per \$100 Valuation: \_\_\_\_\_

Miscellaneous \_\_\_\_\_

TOTAL FIRST MONTH COST ESTIMATE: \$ 96.50

SUBSEQUENT MONTHLY COST ESTIMATE: → \$ \_\_\_\_\_

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft. _____	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

### IMPORTANT NOTICE

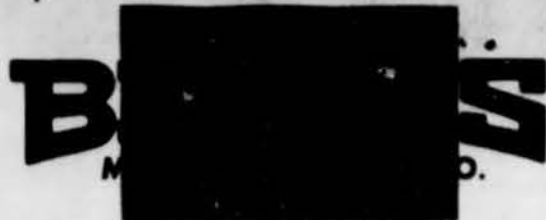
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CUSTOMER INITIALS \_\_\_\_\_  
GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR D. Pfeil DATE 1/21/72  
TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_





AND AURORA AVE. NORTH  
ATTLE, WASHINGTON 98103  
(206) 525-5505

407 NORTH BROADWAY  
PORTLAND, OREGON 97208  
(503) 288-5411

P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
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631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS (3110)  
MOVING FROM \_\_\_\_\_ MOVING TO Reg Strbe

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 2200 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_  
Additional Transportation Charges (explain) \_\_\_\_\_  
Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_  
Extra Pick-up or Delivery at \_\_\_\_\_  
Special Servicing of Appliances \_\_\_\_\_  
Hoisting, Lowering, Pianos, etc. \_\_\_\_\_  
Packing and Unpacking (See Below) \_\_\_\_\_  
Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_  
Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_  
Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 2 Hrs. @ \$ 26.65 Per hour 53.30  
Warehouse handling (One Time Only) 1.25 / cwt. 27.50  
Storage (Monthly) 80. / cwt. 17.60  
Packing (See Below) \_\_\_\_\_  
Local Insurance \$ 2000 @ 10 Per \$100 Valuation: 2.00  
Miscellaneous \_\_\_\_\_

TOTAL FIRST MONTH COST ESTIMATE: \$100.40  
SUBSEQUENT MONTHLY COST ESTIMATE: → \$ \_\_\_\_\_

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft. _____	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

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CUSTOMER INITIALS \_\_\_\_\_  
GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR J. Heith DATE 9/21/72  
TITLE Sales OFFICE \_\_\_\_\_







AND AURORA AVE. NORTH  
ATTLE, WASHINGTON 98103  
(206) 525-5505

407 NORTH BROADWAY  
PORTLAND, OREGON 972  
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P.O. BOX 3-4131  
ANCHORAGE, ALASKA 99501  
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631 SOUTH 9th  
BOISE, IDAHO 83707  
(208) 344-5506

# ESTIMATED COST OF SERVICES

NAME OF SHIPPER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS 231 N. FARLO

MOVING FROM \_\_\_\_\_ MOVING TO \_\_\_\_\_

## INTRA-STATE LONG DISTANCE MOVING

Transportation: Est. Wt. 900 lbs. \_\_\_\_\_ miles @ \_\_\_\_\_ Per 100 lbs. \$ \_\_\_\_\_

Additional Transportation Charges (explain) \_\_\_\_\_

Pick-up or Delivery for Storage in Transit \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Storage in Transit (Each 30 Days) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Warehouse handling (One time charge) \_\_\_\_\_ lbs., @ \_\_\_\_\_ Per 100 lbs. \_\_\_\_\_

Extra Pick-up or Delivery at \_\_\_\_\_

Special Servicing of Appliances \_\_\_\_\_

Hoisting, Lowering, Pianos, etc. \_\_\_\_\_

Packing and Unpacking (See Below) \_\_\_\_\_

Labor \_\_\_\_\_ man/men for \_\_\_\_\_ Hrs. @ \_\_\_\_\_ (per man hour) \_\_\_\_\_

Additional Valuation Charge \$ \_\_\_\_\_ @ \_\_\_\_\_ Per \$100.00 Valuation \_\_\_\_\_

Other Services (Explain) \_\_\_\_\_

TOTAL ESTIMATED COST: → \$ \_\_\_\_\_

## STORAGE OR LOCAL MOVING

Cartage 1 Hrs. @ \$ 26.65 Per hour 26.65

Warehouse handling (One Time Only) 1.25 / 900 11.25

Storage (Monthly) 1.30 / cu ft. 11.70

Packing (See Below) \_\_\_\_\_

Local Insurance \$ 1000 @ 10 Per \$100 Valuation: 1.00

Miscellaneous \_\_\_\_\_

TOTAL FIRST MONTH COST ESTIMATE: \$50.60

SUBSEQUENT MONTHLY COST ESTIMATE: → \$ \_\_\_\_\_

## ESTIMATED COST OF PACKING AND UNPACKING

	Quantity	Rate	Amount
Barrels, Drums or Fibre Containers _____	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
cartons over _____ not over _____ cu. ft.	_____	_____	_____
Mirror Cartons _____	_____	_____	_____
Wardrobe Cartons _____	_____	_____	_____
Mattress Cartons not exceeding 54" x 75" _____	_____	_____	_____
Mattress Cartons exceeding 54" x 75" _____	_____	_____	_____
Crib Mattress Carton _____	_____	_____	_____
Crates, wooden _____ cu. ft.	_____	_____	_____

TOTAL ESTIMATED PACKING AND UNPACKING COSTS: → \$ \_\_\_\_\_

### IMPORTANT NOTICE

This estimate covers only the articles and services listed. It is not a warranty or representation that the actual charges will not exceed the amount or the estimate. Common carriers are required by law to collect transportation and other incidental charges computed on the basis or rates shown in their lawfully published tariffs, regardless of prior rate quotations or estimates made by the carrier or its agents. Transportation charges are based upon the weight of the goods transported, and such charges may not generally be determined prior to the time the goods are loaded on the van and weighted.

No guarantee can be made as to the specific dates of pickup or delivery of your shipment, unless you make special arrangements with the carrier for expedited service, for which an additional charge will normally be made.

CUSTOMER INITIALS \_\_\_\_\_

GENERAL INFORMATION PAMPHLET GIVEN CUSTOMER

SIGNATURE OF ESTIMATOR [Signature] DATE 9/21/72

TITLE \_\_\_\_\_ OFFICE \_\_\_\_\_

# TABLE OF MEASUREMENTS

ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	ARTICLES LOADED	ARTICLES UN-LOADED	ARTICLES NOT TO BE SHIPPED	ARTICLE	CUBIC FEET PER PIECE	NUMBER OF PIECES	CUBIC FEET	
			<b>LIVING AND FAMILY ROOMS</b>							<b>NURSERY</b>							<b>MISCELLANEOUS</b>				
			Bar, Portable	15						Crib, Baby	10						Desk, Office	30			
			Bench, Fireside or Piano	5						Table, Child's	5						Fan	5			
			Bookcase	20						Pen. Play	10						Fernery or Plant Stands	10			
			Bookshelves, Sectional	5						Rug, Large or Pad	10						Foot Lockers	5			
			Chair, Arm	10	1	10				Rug, Small or Pad	3						Garbage Cans	7			
			Chair, Occasional	15						<b>KITCHEN</b>							Golf Bag	2			
			Chair, Overstuffed	25						Breakfast Suite Chairs	5						Heater, Gas or Electric	5	1	5	
			Chair, Rocker	12						Breakfast Table	10						Incinerator	10			
			Chair, Straight	5						Chair, High	5						Metal Shelves	5			
			Clock, Grandfather	20						Ironing Board	2						Ping Pong Table	20			
			Day Bed	30						Kitchen Cabinet	30						Pool Table	40			
			Desk, Small or Winthrop	22						Roaster	5						Power Tools	20			
			Desk, Secretary	35						Serving Cart	15						Sled	2			
			Fireplace Equipment	5						Stool	3						Step Ladder	5			
			Foot Stool	2						Table	5						Suitcase	5			
			Lamp, Floor or Pale	3						Utility Cabinet	10						Table, Utility	5			
			Magazine Rack	2						Vegetable Bin	3						Tackle Box	1			
			Music Cabinet	10						<b>APPLIANCES (Large)</b>							Tool Chest	10			
			Piano, Baby Gr. or Upr.	70						Air Conditioner, Window	30						Tricycle	5			
			Piano, Parlor Grand	80						Dehumidifier	10						Vacuum Cleaner	5			
			Piano, Spinet	60						Dishwasher	20						Wagon, Child's	5			
			Radio, Table	2						Dryer, Electric or Gas	25						Waste Paper Basket	2			
			Record Player Port.	2						Freezer (Cu. Capacity)							Work Bench	20			
			Rugs, Large Roll or Pad	10						10 or less	30						<b>OTHER ITEMS (specify)</b>				
			Rugs, Small Roll or Pad	3						11 to 15	45										
			Sofa, 2 Cushions	35						16 and over	60										
			Sofa, 3 Cushions	50						Ironer or Mangle	12										
			Sofa, 4 Cushions	60						Ronge, Electric or Gas	30	1	30								
			Sofa, Sectional, per Sect.	30						Refrigerator (Cu. Capacity)											
			Stud. Couch or Hideabed	50						6 cu. ft. or less	30										
			Tables, Drop f or Occas.	12						7 to 10 cu. ft.	45										
			Tables, Coffee, End or Nest	5						11 cu. ft. and over	60										
			Telephone Stand & Chair	5						Washing Machine	25										
			Television Combination	25						Sewing Machine Cab.	8										
			Television or Radio Console	15		15				Sewing Machine Port.	5										
			Television Table Model	10						<b>PORCH, OUTDOOR FUR- NITURE &amp; EQUIPMENT</b>											
			<b>DINING ROOM</b>								Barbecue or Port. Grill	10						<b>CONTAINERS (To Be Packed by Shipper)</b>			
			Bench, Harvest	10						Both, Bird	5						Barrels	10			
			Buffer	30						Chairs, Lawn	5						Boxes, Wooden	3			
			Cabinet, Corner	20						Chairs, Porch	10						Boxes, Wooden	5			
			Cabinet, China	25						Clothes Line	5						Boxes, Wooden	10			
			Chair, Dining	5						Clothes Dryer Rack	5						Boxes, Wooden	15			
			Server	15						Garden Hose and Tools	10						Boxes, Wooden	20			
			Table, Dining	30						Glider or Settee	20						Carton				
			Tea Cart	10						Ladder, Extension	10						Less than 1 1/2 cu. ft.				
			Rugs, Large or Pad	10						Lawn Mower (Hand)	5						1 1/2 cu. ft.				
			Rugs, Small or Pad	3						Lawn Mower (Power)	15						3 cu. ft.				
			<b>BEDROOM</b>								Lawn Mower (Riding)	35						4 1/2 cu. ft.			
			Bed, Incl. Spring & Matr.							Leaf Sweeper	5						6 cu. ft.				
			Bed, Double	60						Outdoor Child's Slide	10						6 1/2 cu. ft.				
			Bed, King Size	70						Outdoor Child's Gym	20						Wardrobe Furnished by Carrier	15			
			Bed, Single or Hollywood	40						Outdoor Drying Racks	5						<b>CONTAINERS (To Be Packed by Carrier)</b>				
			Bed, Rollaway	20		60				Outdoor Swings	30						Barrels	10			
			Bed, Bunk (set of 2)	70						Picnic Table	20						Boxes, Wooden	3			
			Bookshelves, Sectional	5						Picnic Bench	5						Boxes, Wooden	5			
			Bureau, Dresser, Chest of							Porch Chair	10						Boxes, Wooden	10			
			Dr'w's, Chiffr. or Chiffr.	25						Rocker, Swing	15						Boxes, Wooden	15			
			Cedar Chest	15						Roller, Lawn	15						Boxes, Wooden	20			
			Chair, Boudoir	10						Rug, Large	7						Carton				
			Chair, Straight or Rocker	5						Rug, Small	3						Less than 1 1/2 cu. ft.				
			Chaise Lounge	25						Sand Box	10						1 1/2 cu. ft.				
			Desk, Small or Winthrop	22						Settee	20						3 cu. ft.				
			Dresser or Vanity Bench	3						Spreader	1						4 1/2 cu. ft.				
			Dresser Double (Mr. & Mrs.)	50						Table	10						6 cu. ft.				
			Night Table	5						Umbrella	5						6 1/2 cu. ft.				
			Rug, Large or Pad	10		10				Wheel Barrow	8						Wardrobe Furnished by Carrier	15			
			Rug, Small or Pad	3						<b>MISCELLANEOUS</b>											
			Vanity Dresser	20						Ash or Trash Can	7										
			Wardrobe, Small	20						Basket (Clothes)	5										
			Wardrobe, Large	40						Bicycle	10										
			<b>NURSERY</b>								Bird Cage & Stand	5									
			Bathinette	5						Card Table	1										
			Bed, Youth	30						Cabinet, Filing	20										
			Chair, Child's	3						Carriage, Baby	20										
			Chair, High	5						Chairs, Folding	1										
			Chest	12						Clothes Hamper	5										
			Chest, Toy	5						Cot, Folding	10										
			Sub. Total Col. 1			95															
										Sub. Total Col. 2			30								
												<b>Summary</b>		130 cu. ft. @ 7 lbs. per cu. ft.		900 lbs.					
												<b>Estimated Total Weight</b>		900		lbs.					

ESTIMATED COST OF SERVICES ON REVERSE SIDE

3106 N. Gardenben  
3110

Time moving	Traveling time	unloading	cost of truck
11-20-72 6hrs	1hr.	1 1/2 hrs	\$20.00
11-21 8hrs.	1hr.	2 1/2 hr	\$20.00
11-22 8hrs.	1hr.	2 1/2 hrs	\$20.00
11-29 5 1/2 hrs.	1hr.	1 hr.	\$20.00
12-9 5hrs	1hr.	1hr	20.00
↑	5	8 1/2	

3 1/2

10 hours unhooking gas stoves  
and heaters

total hours

~~49~~  
56

\$100.00 for Mercedes  
truck and trailer  
and gas for five days

32.5  
5  
8.5  
10  

---

56.0

Gentlemen:

The following payroll record is for labor actually performed in the moving of the undersigned claimant's inventory from 231 Fargo - 3110 Denton 3100-06 to 10719 SW Bombs Ferry Rd. - Hantelton

NAME Sanford C. Spratten SOCIAL SECURITY NO. [REDACTED]

DATE	HOURS WORKED	HOURLY RATE	AMOUNT PAID TO EMPLOYEE	EMPLOYER'S CONTRIBUTION	GROSS EARNINGS
11-20-72	8 1/2 hrs	<sup>X</sup> 7.60	<sup>X</sup> 64.60	omit	omit
11-21	11 1/2 hrs	7.60	87.40		
11-22	11 1/2 hrs	7.60	87.40		
11-29	7 1/2 hrs	7.60	57.00		
12-9	7 hrs	7.60	53.20		
plus 10 hrs disconnecting appliances - dates unknown					

A separate sheet explained the added expense to 500<sup>00</sup> plus 10 hrs disconnecting appliances - dates unknown

I, C. Spratten, do hereby certify that I worked the number of hours and was paid as shown above, on the relocation of Sanford C. Spratten (name of concern).  
\$ 20<sup>00</sup> per day for Truck & Trailer. Total \$449.00 and Gas.  
X Craig S. Spratten (Signature of Employee)

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

X Sanford C. Spratten  
(Signature of Claimant)

received 4/29/74  
WSJ

received 4/29/74  
WJG

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

NAME OF CONCERN: Single Family Dwelling 231-N. Fargo 500<sup>00</sup>  
Single Family Dwelling 3110 N. Cantenbein 500<sup>00</sup>  
4 Plex 3100-02-04-06 N. Cantenbein 500<sup>00</sup>

1. Transportation: 500 miles at 10 ¢ per mile \$ 500<sup>00</sup>

2. Man hours used in searching:  
S. Spratlen 45 at 10<sup>00</sup> per hour \$ 450<sup>00</sup>  
E. Spratlen 100 at 10<sup>00</sup> per hour \$ 1000<sup>00</sup>

Total \$ 1500<sup>00</sup>

DATE	NAME OF OWNER OR EMPLOYEE INVOLVED IN SEARCH	LOCATIONS VISITED IN SEARCH (ADDRESSES)	MILES DRIVEN	MAN HOURS USED IN SEARCHING
From Oct 1-1972 To Oct 1-1973	Sanford Spratlen Evelyn Spratlen	All areas of Portland. Telephone to agents Eugene, Ore. Lincoln City. Time Reading for Sale adds in the morning Papers for 1 yr.	500  Total Miles <u>500</u>	S. Spratlen 45 hrs E Spratlen 100 Hrs.  Total Hours <u>145</u>

3. Meals out-of-town (\$10.00/day maximum) \_\_\_\_\_ days \$ \_\_\_\_\_  
 (Attach schedule of places visited)
4. Lodging at \$ \_\_\_\_\_ per night \_\_\_\_\_ of nights \$ \_\_\_\_\_  
 no. \_\_\_\_\_
5. Fees paid to real estate broker or agent \$ \_\_\_\_\_
6. Other expenses \$ \_\_\_\_\_
7. Total searching expense claimed \$ 1500<sup>00</sup>  
 Enter this amount on Line 11.c., on the "Claim for Relocation Payment - Business"

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

Sanford L. Spratlen  
Evelyn L. Spratlen  
 Signature of Owner or Authorized Agent

4-10-74  
Date

We had 3 pieces of Property in your Development  
 We Looked for the same kind of properties to purchase.

received 4/29/74

STATEMENT

FROM Sanford O. Sprattler  
2625 SW Ravensview Dr.  
Portland Oregon 97201 19  
TO Portland Development Comm.  
ADDRESS 235 N. Monroe  
CITY Portland Ore  
TERMS \_\_\_\_\_

Searching Expenses to  
locate property in the  
ranges of price for

231 N. Fargo \$ 500<sup>00</sup>

3110 N. Gantenbein 500<sup>00</sup>

3100 -02-04-06 N. Gantenbein 500<sup>00</sup>

---

Total \$ 1500.00

---

received 4/29/74

STATEMENT

FROM Sanford O. Spratlan  
2625 S.W. Ravensview Dr  
Portland Ore 97201 19  
TO Portland Development Comm.  
ADDRESS 235 N. Monroe  
CITY Portland Ore  
TERMS \_\_\_\_\_

Reasonable Moving Costs for

Single Family Dwelling 231 N. Fargo  
Single Family Dwelling 3110 N. Gantenbein  
4plex 3100-02-04-06 N.  
Gantenbein

Moving	\$ 500.00
Dismantling Stores & Heaters	179.00
	<hr/>
Total Due.	\$ 679.00
	<hr/>

Copy of checks enclosed



received 4/29/74

STATEMENT

FROM Sanford O. Sprattlem  
2625 SW Ravensview Dr.  
Portland Ore 97201

TO Portland Development Comm.  
ADDRESS 235 N. Monroe  
CITY Portland Ore  
TERMS \_\_\_\_\_

Storage of Furniture  
and Misc. Items at 10719  
S.W. Boonesterry Rd.  
for 6 months - extra time  
is necessary to return them  
to a 4 plex that we had a fire  
at, and needs Furniture  
located at 5254 N. Williams ave.  
A bill for moving back will  
be sent later.

6 months at \$106.62 per Month  
\$639.72

No. 1

3-1 1973

Received of Sanford O. Spratlan

Five Hundred & 00/100 Dollars

Amt of Account		
Amt Paid		
Balance Due		

For Cartage for 6 apartments

\$ 500.<sup>00</sup>

Craig I. Spratlan

No. 2

3-1-1973

Received of Sanford O. Spratten

One Hundred Seventy nine & 00/100 Dollars

Amt of Account		
Amt Paid		
Balance Due		

For mechanical work on 6 apts.

\$ 179.<sup>00</sup>

Craig J. Spratten

received 4/29/74

amount of compensation for the searching expenses,  
as identified above, is limited to \$500 unless the Commission de-  
termines that a greater amount is justified. Expenses incurred by  
the business in searching for a replacement location must be sup-  
ported by receipted invoices, where appropriate.

N. ACTUAL DIRECT LOSS OF PROPERTY

1. General. A business may receive a payment for any actual direct  
loss for any of its tangible personal property, including inventory  
or goods held for sale, which it chooses not to relocate. An effort  
to achieve a bona fide sale to dispose of the personal property is  
required, and the payment may not exceed the estimated reasonable  
expense of moving such property. A relocation payment may be made  
only for items of personal property. A relocation payment for direct  
loss of property may not be made for an item traded in which has

Contract to move  
furniture from 6 apto.  
Emanuel Hosp. Project.  
Craig S. Spatcher  
99-29046  
EWC 689483  
Alamy  
APR 28 1974  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

Mechanical work  
at 6 apto.  
Craig S. Spatcher  
99-29046  
EWC 689483  
Alamy  
APR 28 1974  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

10-31-73

Mr. W. Stanley Jones

Dear Sir.

This letter is an explanation of the 500.<sup>00</sup> moving charge, over the original estimate Mr. Wiley had.

We moved a bedroom set - double chest of drawers mirror 1 extra chest - end table, mattress, and box spring to 2404 N. Flint apt. 3. out of 3110 N. Gantenber after the house had been sold, and before the estimate on the moving had been made.

We moved 9 - 26x36 windows out of the basement to 19. SW. Penoyer.

We moved 5 doors to other apts. that needed replacement.

We moved plaster board, paint, lamps, pictures, small rugs, and other misc. items, we could use elsewhere.

These items are not on the inventory for storage.

I have a canceled check for \$500.<sup>00</sup> for the moving.

Yours truly,  
S.D. Spratten

received 4/29/74

1. General. A relocation payment for moving expenses may include actual reasonable storage costs incurred by a business concern that either (1) does not immediately reestablish at a new location, or (2) although reestablishing at a new location, cannot complete its move until the total required space becomes available.

2. Limitations.

a. Time Limit. If the Commission determines that storage costs, including insurance while in storage, are necessary in connection with relocation, such costs shall generally be limited to a period of six months. The six-month period may be extended if the Commission determines that a longer period is necessary.

**US BANK** UNITED STATES NATIONAL BANK OF OREGON  
 PENINSULA BRANCH PORTLAND

88 3352 No. 24-65 1230 3-1 1973

PAY TO THE ORDER OF Craig Spratlen \$500<sup>00</sup>

Five Hundred Dollars

SANFORD O. SPRATLEN  
 EVELYN L. SPRATLEN  
 2625 S.W. RAVENSVIEW DRIVE  
 PORTLAND, OREGON 97201

MAR 2 1973  
 99-3

Sanford O. Spratlen

⑆ 230 0065 ⑆ 63 255 ⑆ ⑆0000050000⑆

**US BANK** UNITED STATES NATIONAL BANK OF OREGON  
 PENINSULA BRANCH PORTLAND

20 33052 No. 24-65 1230 3-1 1973

PAY TO THE ORDER OF Craig Spratlen \$179<sup>00</sup>

One Hundred Seventy Nine Dollars

SANFORD O. SPRATLEN  
 EVELYN L. SPRATLEN  
 2625 S.W. RAVENSVIEW DRIVE  
 PORTLAND, OREGON 97201

MAR 2 1973  
 99-3

Sanford O. Spratlen

⑆ 230 0065 ⑆ 63 255 ⑆ ⑆0000017900⑆

# Spratlen Move

6/20/73	318.96	3 months storage
3/29/73	319.86	3 months storage

## Addresses

3106	N. Gantenbein	
3100	N. "	
3102	" "	
3204	" "	
3110	" "	
231	" Fargo	(kitchen sink unit gas range)

---

## Estimate - Belkins

3106	53.30	18.40 Storage
	28.75 Warehouse	
3100	53.30	20.80 Storage
	32.50 Warehouse	
3102	26.65 Packing	
	13.75	12.10 Storage
3204	53.50	
	25.00	16.00 Storage
3110	53.30	
	27.50	17.60 Storage
231 Fargo	26.65	
	11.25	11.70
	<hr/> 405.45	<hr/> 96.60
		10.00 Insurance
		<hr/> 106.60 /month

Time Moving by Sprattens		Travel	Unloading
	Loading	\$ hrs	
	6 hrs		1½
	8 hrs	1	2½
	8 hrs	1	2½
	5½ hrs	1	1
	5 hrs	1	1
<hr/>		<hr/>	<hr/>
	32½ hrs	5 hrs	8½ hrs

$$\begin{array}{r}
 32\frac{1}{2} \\
 5 \\
 \hline
 46 \text{ hrs.}
 \end{array}
 \times \$5.47$$

Amount paid to Drivers by Comm. Movers = \$251.62

$$10 \text{ hrs} \times 7.36 = 73.60$$

---

325.22



December 20, 1972

Mr. & Mrs. Sanford O. Spratlan  
2625 S.W. Ravensview Drive  
Portland, Oregon 97201

Dear Mr. & Mrs. Spratlan:

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

Very truly yours,

E. R. Wiley  
Property Manager

ERW:dr  
Enclosure

November 28, 1972

Mr. & Mrs. Sanford O. Spratlen  
2625 S. W. Ravensview Drive  
Portland, Oregon 97201

Dear Mr. & Mrs. Spratlen:

This is to confirm our conversation of today concerning the five units at 3100 to 3110 N. Gantenbein. All personal property you want out of the property should be removed by 12-12-72 as the buildings will be demolished soon thereafter.

Thank you for your cooperation in this matter.

Very truly yours,

E. R. Wiley  
Property Manager

BRW:k

We accept one gas range and one kitchen sink unit picked up on 12-19-72 as full compensation and replacement of the following items lost when the building at 231 N. Fargo was demolished.

---

*A. O. Spratten*

12-19-72

- 
- 1 Space Heater (gas)
  - 1 Carpet
  - 1 Box Spring
  - 1 Range (gas)
  - 2 Sections of Sectional Sofa (no cushions)
  - 1 Platform Rocker
  - 1 Day Bed
  - 1 Television

December 18, 1972

Customer Accounts Department  
Pacific Power & Light Co.  
920 S.W. Sixth Avenue  
Portland, Oregon 97205

Gentlemen:

You are hereby advised that the Portland Development Commission has acquired the following property for demolition in the near future:

3100-06 N. Gantenbein Ave.  
✓ 3110 N. Gantenbein Ave.  
217 N. Monroe St.  
203 N. Fargo St.  
322 N. Knott St.  
3222 N. Gantenbein

Please disconnect and remove all equipment, lines, meters, etc. belonging to PP & L and let us know when this has been accomplished. Keys for the buildings are located at our office at 235 N. Monroe.

Very truly yours,

Ernest B. Wiley  
Prop. Management & Business  
Relocation Advisor

ERM:dr  
cc: Buck Hill, PP & L

December 18, 1972

Customer Accounts Department  
Pacific Northwest Bell Telephone Co.  
909 S.W. Oak  
Portland, Oregon 97205

Gentlemen:

You are hereby advised that the Portland Development Commission has acquired the following property for demolition in the near future:

3100-05 N. Canterbury Ave.  
✓ 3110 N. Canterbury Ave.  
217 N. Monroe St.  
203 N. Fargo St.  
322 N. Knott St.  
3222 N. Canterbury

Please disconnect and remove all equipment, lines, etc. belonging to PNBT that is in these buildings and let us know when this has been accomplished. Keys for the buildings are available at 215 N. Monroe.

Very truly yours,

Ernest A. Wiley  
Prop. Management & Business  
Relocation Advisor

EW:dr  
cc: Ed Lewis, PNBT  
2011 N.E. 24th

December 18, 1972

Mr. Richard G. Weaver  
Engineering Supervisor  
Northwest Natural Gas Company  
123 N.W. Flanders Street  
Portland, Oregon 97209

Gentlemen:

You are hereby advised that the Portland Development Commission has acquired the following properties for demolition in the immediate future:

3100-06 N. Gantenbein Ave.  
✓ 3110 N. Gantenbein Ave.  
217 N. Monroe St.  
203 N. Fargo St.  
322 N. Knott St.  
3222 N. Gantenbein

Please disconnect and remove all equipment, lines, meters, etc. belonging to the gas company and let us know when this has been accomplished. Keys for the buildings are available at our office located at 235 N. Monroe.

Very truly yours,

Ernest R. Wiley  
Prop. Management & Business  
Relocation Advisor

EPW:dr  
cc: NNG Co. Customer's Office

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

(For Local Agency Use Only)	NAME OF CONCERN
	NAME OF LOCAL AGENCY
	PROJECT OR PROGRAM IDENTIFICATION:

**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.

**A. BASIC INFORMATION**

1. Claimant is (check one):  Business concern     Nonprofit organization     Farm operation
2. Date of HUD approval of project or program: \_\_\_\_\_
3. Direct cause of displacement: ACQUISITION BY PUBLIC AGENCY
4. Date move started: 11-20-72    5. Date move completed: 12-7-73
6. Date claim filed: \_\_\_\_\_    7. If applicable, date storage authorized: 11-15-72

**B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES**

1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired?     Yes     No
2. Can the business be relocated without substantial loss of its existing patronage?  
 State basis for agency determination:     Yes     No
3. Amount of payment NOT ELIGIBLE
- a. Average annual net income:  
 As reported by claimant: \$ \_\_\_\_\_ As verified by agency: \$ \_\_\_\_\_
- b. State basis for agency verification: \_\_\_\_\_
- c. Amount of payment: \$ \_\_\_\_\_ (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.)

**C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES**

Item	Amount claimed	Amount approved	Authorized Signature	Date
1. Moving expenses, including \$ covering storage	\$ 595.00	\$ 595.00		
2. Direct loss of property	\$ NIL	\$		
3. Searching expenses	\$	\$ TO BE FILED LATER		
4. Total (Sum of Lines 1, 2, and 3)	\$	\$		

**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 \$ \_\_\_\_\_.

DATE

Authorized Signature

**E. RECORD OF PAYMENTS MADE**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
		\$			\$
		\$			\$

CLAIM FOR RELOCATION PAY (BUSINESS)

NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY

PROJECT NUMBER

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.

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

1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code)	
2. LEGAL NATURE OF BUSINESS		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED <i>15-114A2-4</i>	
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:	
Dates Occupied		b. Date move to this address completed:	
From		To	
<i>7100 - 3110 N. FAHRENHEIT</i>		<i>12-9</i>	
<i>231 N. FAHREN</i>		<i>12-9</i>	
		7. DID CONCERN DISCONTINUE BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state reason for discontinuing business: <i>UNABLE TO FIND RELOCATION SITE.</i>	
		Does concern plan to reestablish? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. 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		FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Field Crops <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Fraternal <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Horticulture <input type="checkbox"/> Religious <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 checked="" 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 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 \$\_\_\_\_\_.

Signature of Owner or Agent

13. 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 statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Date

Signature of Owner or Authorized Agent

Title



**CLAIM FOR RELOCATION PAYMENT (BUSINESS)**

NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY <i>PDC</i>	PROJECT NUMBER <i>OPR R-20</i>
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**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.

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

1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS <i>SANFORD SPATLER</i>	3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) <i>SOER</i>
--	--

2. LEGAL NAME OF BUSINESS	4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED <i>A-2-4</i> <i>A-3-15</i>
---------------------------	---

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) <i>3100-3110 N GARDENVIEW</i> <i>231 W. FARGO</i>	a. Date move to this address started: b. Date move to this address completed: 7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state reason for discontinuing business: <i>UNABLE TO FIND SUITABLE LOCATION</i> Does concern plan to reestablish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Occupied	
From	To

8. FORM OF OPERATION (check one)	9. BUSINESS CONCERN (check one)	FARM OPERATION (check one)	NONPROFIT ORGAN. (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 <input type="checkbox"/> Light <input type="checkbox"/> Personal <input type="checkbox"/> Heavy <input type="checkbox"/> Business Commercial <input type="checkbox"/> Professional <input type="checkbox"/> Wholesale <input type="checkbox"/> Outdoor <input type="checkbox"/> Retail Advertising <input checked="" type="checkbox"/> Other <i>RENTALS</i> <input type="checkbox"/> Other	<input type="checkbox"/> Field Crops <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Horticulture <input type="checkbox"/> Other	<input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fraternal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Religious <input type="checkbox"/> Professional <input type="checkbox"/> Other

10. TYPE OF CLAIM	11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES
This claim for reimbursement is: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplementary <input type="checkbox"/> Final	a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A) <input type="checkbox"/> Include storage costs b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B) 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 \$ *N/A*.

Signature of Owner or Agent

13. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Date \_\_\_\_\_ Signature of Owner or Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

MEMORANDUM

Date November 10, 1972

TO: Bob Douglas  
FROM: E. R. Wiley  
SUBJECT: Rent for Furniture

On September 14th we acquired property from Mr. & Mrs. Spratlen which was rented to tenants with furniture belonging to the Spratlens. Mr. & Mrs. Spratlen set the charge to us at \$35.00 per month for the use of their furniture. We have now relocated the last tenant and notified Mr. & Mrs. Spratlen to remove their property from the premises.

Rent from 9-14-72 to 11-7-72 is \$61.83 and should be sent to Mr. & Mrs. Sanford O. Spratlen at 2625 S. W. Ravensview Drive, Portland, Oregon 97201.

ERW: ss

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland  
Development Commission INFORMATION STATEMENT explaining  
provisions governing relocation assistance and payments  
for business concerns.

FIRM:

Mr. Sprattler

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE:

9/18/72



00990 - 0300

S. 46' of 9

1 1-00990-0300 SPRATLEN, SANFORD O & EVELYN

8  
9  
10  
11

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

1 Annex

2625 SW RAVENSVIEW DR  
PORTLAND OREGON 97201

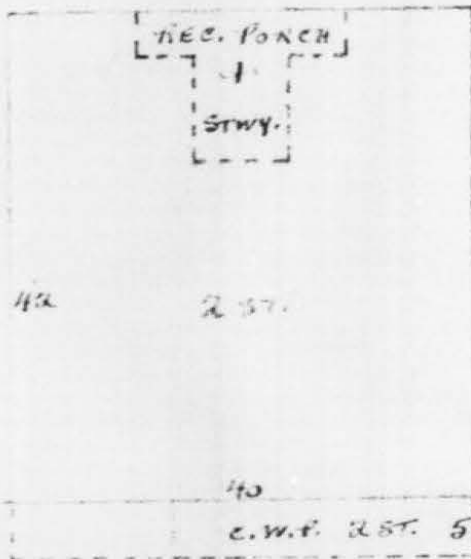
ALBINA ADD

LOT BLOCK

S 46' OF

9 2

Apartment



N. HOWARD ST.

PROPERTY ADDRESS: 3100 TO 3106 N GANTENBEIN AV  
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1967			160	2370	2530	
<del>1968</del>			<del>400</del>	<del>6000</del>	<del>6900</del>	
1968			4100	2850	6950	203 a MAY 15 68
1971			4260	2960	7220	UD

1" = 30' FROM N. GANTENBEIN AVE OF N

REMARKS: 1168 V. N. A. T. FOOT COV. 4 @ 57' INC. GARAGE.

INSPECTION: NOTIFIED: ADDRESS: 1168 V. N. A. T. SIGNED: HANRETT. DEPUTY:

RECEIVED: REC'D. COUNTY: INDEX: RECHECKED: NOTIFIED:

I. KEILER