

XI-1035

PERSONAL

Woodfibre, B. C.
OFFICE OF THE CUSTODIAN
JAPANESE SECTION

To be completed by persons of the Japanese race having property in any protected area. The proper administration of this property requires such persons to give full particulars as requested in this form.

PERSONAL INFORMATIONNAME: NISHIMURA, MasaoHOME ADDRESS: 433 Alexander St., Vancouver, B. C. or Woodfibre, B. C.REGISTRATION NUMBER 0907B SEX: Male AGE: 28OCCUPATION: Millhand

(If any business or businesses carried on, state where, under what name and whether carried on by yourself or in partnership with anyone; if partnership, give partner's name.)

EMPLOYER: B. C. Pulp, Woodfibre, B.C.MARRIED? No

NAME OF WIFE OR HUSBAND: _____

ADDRESS OF WIFE OR HUSBAND: _____

NAMES OF ANY LIVING CHILDREN: _____

ADDRESS OF CHILDREN: _____

AGE OF CHILDREN: _____

STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)1. LOCATION AND DESCRIPTION: No2. BUILDINGS AND OTHER IMPROVEMENTS: _____

 _____3. INSURANCE (Give particulars; state where policies are) _____

4. TAXES (Amount and where payable) _____

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) _____
 _____6. OCCUPANCY AND LEASES (If vacant so state) _____

STATEMENT OF REAL PROPERTY OCCUPIED

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: _____
8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: _____
9. IF FARM LAND STATE CROPS SOWN _____

1. LOCATION AND DESCRIPTION: ~~Lives in Bankhouse at Woodlbre, B. G.~~
2. LANDLORD'S NAME AND ADDRESS: ~~B. G. Pulp, Woodlbre, B. G.~~

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: _____
- ~~By Arrangement with Company~~

4. STATE WHEREABOUTS OF LEASE: _____
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) _____

6. IF FARM LAND, PARTICULARS OF CROPS SOWN _____

- STATEMENT OF PERSONAL PROPERTY OWNED:**
1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____
- ~~None~~

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS _____

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY _____

4. INSURANCE CARRIED ON ABOVE PROPERTY: _____

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF
OTHERS: _____

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) _____

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) _____

~~\$500.00~~ \$50.00 in War Saving Certificates in owner's possession8. BANK ACCOUNTS: No9. LIFE INSURANCE: No

10. INTEREST IN ANY ESTATES OR TRUSTS _____

11. SAFETY DEPOSIT BOX: _____

LIABILITIES:1. PERSONAL DEBTS: No

2. TRADE DEBTS: _____

I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected area as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, bonds or other securities, if any.

I certify that the above information is true and complete and fully discloses all my property of every description in any protected area in British Columbia and sets forth all my liabilities direct and indirect.

Dated this 4th day of May 1942.(Signature) M. H. H. H.

W. C. Watson
Witness

FOR DEPARTMENTAL USE _____

INFORMATION FROM R.C.M.P.

Date Aug. 10/43.

Our File No. Int. 1035

Full Name NISHIMURA Masao
(Surname in Block Letters)

Registration No. 09078

Male - Female
(check)

Age Jan. 20, 1914.

Former Address 2 Woodbine, B.C.
433 Alexander, City.

Date Evacuated _____ Naturalized - Canadian-Born - National
(check)

Present Address Interned June 21/42
D/K-13/5/47 = Camp 78, Pigeon Point, Neys, Ont.

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother ^{nee} (KUMABARA) Name of Father Niichi (Japan)

Names of Children under 16 Tsune (Japan)

Requested by Mary Campbell

Registered with Custodian Yes
(Yes or No)

Additional Information Millhand.

6/4

270-⁰⁹⁸⁷⁹ NISHIMURA MASAO

CANADA
DEPARTMENT OF THE CUSTODIAN OF STATE
Office of the custodian

Victoria Building, 7 O'Connor St.
Ottawa, Ont.

File No.....

Dear Sirs:

In order to assist this office in the administration of your property, kindly submit a complete statement covering the following with full particulars in each case; should you have nothing to report, insert the word "NIL", sign your name and please return this letter at once.

- A BANK ACCOUNTS: 1. Name of Bank..... *NIL*.....
2. Branch.....
3. Cash Balance.....
- B SECURITIES: 1 Description and quantity *War Savings*...
Certificate Amount \$140.00 at Angler Camp ✓
C REAL ESTATE: 1. Description..... *NIL*.....
2. Location.....
3. Municipality.....
- D INSURANCE: 1. Name of Company..... *NIL*.....
2. Number of policies.....
3. Amount of each.....
- E CLAIMS: 1. Nature..... *NIL*.....
2. Amount.....
3. Name and address of debtor.....
- F DEBTS: 1. Nature..... *NIL*.....
2. Amount.....
3. Name and address of creditor.....

G. Nagashi
Witness

M. Nishimura
Signature

If you have appointed a relative or a friend to look after your interests, kindly furnish his name and address.

NAME.....

ADDRESS.....

Yours very truly,

F. J. J.
(A.H.Mathieu)
Assistant Deputy Custodian

T. 7a-1
ORIGINAL

DOMINION OF CANADA

F 98110

DEPARTMENT OF NATIONAL REVENUE—INCOME TAX DIVISION

MINISTÈRE DU REVENU NATIONAL—DIVISION DE L'IMPÔT SUR LE REVENU

INSPECTOR OF INCOME TAX

DISTRICT VANCOUVER

DATE March 23

19 43

RECEIVED FROM
RECU DE

ADDRESS
ADRESSE

Masao Nishimura,
% Custodian of Enemy Alien Property,
506- 675 West Hastings St.,
Vancouver, B.C.

2137

Woodfibre, B.C.

EVACUATION SECTION	
Rec'd	APR 1 1943
File No.	Int # 1035
Ans	
Referred	9/2 \$ 38.68

AMOUNT PAYABLE AS PER NOTICE OF ASSESSMENT. FOR TAXATION YEAR
MONTANT PAYABLE D'APRÈS L'AVIS DE RÉPARTITION. POUR L'ANNÉE FISCALE

ADDITIONAL INTEREST FOR LATE PAYMENT
INTÉRÊT ADDITIONNEL POUR PAIEMENT EN RETARD

INTEREST ALLOWED FOR PREPAYMENT
INTÉRÊT ALLOUÉ POUR PAIEMENT D'AVANCE

(ADDITIONNER) \$

(DEDUCT)

(DÉDUIRE) \$

TOTAL \$ 38.68

C. Frank Elliott

COMMISSIONER OF INCOME TAX
COMMISSAIRE DE L'IMPÔT SUR LE REVENU

EP

605

A. Coveridge
(SIGNATURE OF CASHIER)
(SIGNATURE DU CAISSIER)

THIS RECEIPT SHOULD BE CAREFULLY RETAINED. IT IS NOT VALID UNLESS SIGNED BY THE CASHIER.
CONSERVER CE REÇU. IL N'EST VALABLE QUE S'IL PORTE LA SIGNATURE DU CAISSIER.