

1046

**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: MURAKAMI Umeo.HOME ADDRESS: R.M.D. No. 1 Ganges D.C.REGISTRATION NUMBER 10105 SEX: Male AGE: 26.OCCUPATION: Farmer.

(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: Works for father Morihel.MARRIED? NoNAME 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: None.2. BUILDINGS AND OTHER IMPROVEMENTS: None.3. INSURANCE (Give particulars; state where policies are) None4. TAXES (Amount and where payable) None.5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) None.6. OCCUPANCY AND LEASES (If vacant so state) None.

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY. *None.*

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS. *None.*

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS. *None.*

6. IF FARM LAND, PARTICULARS OF CROPS SOWN: --

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) --

4. STATE WHEREABOUTS OF LEASE: --

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: --

2. LANDLORD'S NAME AND ADDRESS: --

1. LOCATION AND DESCRIPTION: --

STATEMENT OF REAL PROPERTY OCCUPIED

9. IF FARM LAND STATE CROPS SOWN: --

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: --

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: --

4. INSURANCE CARRIED ON ABOVE PROPERTY: None.

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS: None.

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) None.

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) None.

8. BANK ACCOUNTS: ~~at bank of Montreal~~ None.

9. LIFE INSURANCE: Sun Life Policy for \$1,000.- issued at Vancouver B.C. in owner's possession. Premia paid to December 1941.

10. INTEREST IN ANY ESTATES OR TRUSTS. None.

11. SAFETY DEPOSIT BOX: None.

LIABILITIES:

1. PERSONAL DEBTS: None.

2. TRADE DEBTS: None

REMARKS:

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 20th day of March 1942.

(Signature) H. Murakami

[Signature]
Witness

FOR DEPARTMENTAL USE _____

INFORMATION FROM R.C.M.P.

Date 28/6/43

Our File No. 1046

Full Name MURAKAMI, Umeo
(Surname in Block Letters)

Registration No. 10105

Male - Female
(check)

Age June 5, 1913

Former Address Sangee, B.C.

Date Evacuated 21/3/42 Naturalized - Canadian-Born; - National
(check)

Present Address Box 214,
Magath, Alta.

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother MURAKAMI

Name of Father Morihai # 10108

Names of Children under 16 Suki # 10107

Requested by W.D.

Registered with Custodian
(Yes or No)

Additional Information Farmer.

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Mr. Umeo Murakami

File No. 1046

B24 214
Magrath, Alta

Reg. No. 10105

Company Sun Life

Agency Vancouver

Policy No. 2182856

Premium - \$ 25.81

Payable: Annually, Semi-^Xannually or monthly

Month June Day 1

REMARKS:

Letter sent 27 18 103

SUN LIFE ASSURANCE COMPANY OF CANADA
HEAD OFFICE: MONTREAL

COPY sent to the Office of the Custodian

ATTENTION: MR. S.M. GIBSON

June 18, 1943

Mr. Isaac Murakami,
WAGNATH, ALTA.

VANCOUVER, B.C.

EVACUATION SECTION

Rec'd. JUL 9 1943

File No. 1046

Ans. 175 3h.

Referred Gibson

Dear Mr. Murakami:

Re: Policy No. 2,182,556

We have received your letter of June 9th and so that you may obtain the Cash Surrender Value of your policy will you please complete and return the attached Application together with the policy itself.

In completing the Application, you will sign where marked "Assured". The signature must be witnessed by someone outside the family and of course the Application is to be dated.

When the completed form and policy are received by us they will be sent to your Head Office and about two weeks later you may expect to receive a cheque in settlement. We calculate the surrender value as being about \$3,55.00.

Yours faithfully,

C. E. HAY

BRANCH SECRETARY
Per: *[Signature]*

WCH/EF
Encl.

OFFICE OF THE CUSTODIAN: Please let us have a clearance for these funds or your further instructions.

C. E. HAY
BRANCH SECRETARY
Per: *[Signature]*

WCH:PV