

X1-1108

INFORMATION FROM R.C.M.P.

Date July 2, 1943

Our File No. 221 1108

Full Name PSAHINA, Rina
(Surname in Block Letters)

Registration No. 01629

Male - Female
(check)

Age Nov. 8, 1921

Former Address 767 Powell St. Vancouver.

Date Evacuated _____ Naturalized - Canadian-Born ^{U.S.A. Citizen} National
(check)

Present Address Interned August 1, 1942

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother ^{nee} KITAMURA Yoshi ⁵⁰⁰⁵⁹⁰

Name of Father deceased

Names of Children under 16 _____

Requested by L

Registered with Custodian
(Yes or No)

Additional Information Student

Est P/W A-641, ASAHINA, Reago

101629

According to information supplied to this Office by the Director, Prisoners of War, the above named was unconditionally released from internment at Internment Camp 101, Angler, Ontario, between 13th March and 15th March, 1946.

See - D.N.D. - 2nd Apr., 1946 on File 4A-1

APR 9 1946

2 copies

ASAHINA, RENZO

P.O. 641-01629

1108

CANADA

DEPARTMENT OF THE SECRETARY OF STATE

OFFICE OF THE CUSTODIAN

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

ADDRESS ALL
COMMUNICATIONS
TO THE
CUSTODIAN'S OFFICE
PLEASE REFER
TO

FILE NO. MAB/MG

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..... *NIL*
2. Where deposited.....
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.....

X *H. Saito*
Witness

X X *R. Asahina* X
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. l. b.

(A. H. Mathieu)
Assistant Deputy Custodian

OFFICE OF THE CUSTODIAN—Enemy Section

File No. 1108

Name: Geno ASANINA Reg. No.: 01629 P/W/ A 641.
Home Address 767 Paines St.

STATEMENT OF ALL REAL PROPERTY

1. Location and Description nil

Vested
2. Buildings and Other Improvements
3. Insurance
4. Taxes (amount and where payable)
5. Encumbrances
6. Occupancy and Leases (if vacant so state)
7. State if any other person has any interest

STATEMENT OF PERSONAL PROPERTY OWNED

1. Give brief description and state location of Furniture, Fixtures, Equipment and Machinery, Stock in Trade and Personal Effects nil
2. Name and Address of any person having any claim on such Property
3. Insurance Carried on Personal Property
4. Bonds, Debentures, Shares, Stocks or other Securities nil
5. Bank Accounts and Disposition of same nil
6. Life Insurance nil
7. Liabilities other than items 4 and 5 nil
8. Remarks