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Steveston Branch

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 INFORMATION	
NAME: OGA J Terus Mrs. Makitaro)	
HOME ADDRESS: P.O. Box 307, Steveston, B.C.	
REGISTRATION NUMBER 04924 SEX Female AGE: 43	L
OCCUPATION: Housewife	
(If any business or businesses carried on, state where, under what name and whether carried on partnership with anyone; if partnership, give partner's name.) None **Remarkable** None **Remarkable** None **Remarkable** **Remarkable*	by yourself or in
MARRIED?	
NAME OF WIFE OR HUSBAND: Makitaro 5350	
ADDRESS OF WIFE OR HUSBAND: Steveston, B.C.	
NAMES OF ANY LIVING CHILDREN: Shizue (F), Yoshito (M), Sumi	ko (F)
ADDRESS OF CHILDREN: Steveston, B.C. AGE OF CHILDREN: 15, 14, 13.	
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and pa	rticulars given)
1. LOCATION AND DESCRIPTION: None	
2. BUILDINGS AND OTHER IMPROVEMENTS: None	
3. INSURANCE (Give particulars; state where policies are)	
5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed)	
No ne	
6. OCCUPANCY AND LEASES (If vacant so state)	
None	

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	ATEMENT OF PERSONAL PROPERTY OWNED: GIVE BRIEF DESCRIPTION AND STATE LOCATIO EQUIPMENT AND MACHINERY, STOCK IN TRAD	
6.	IF FARM LAND, PARTICULARS OF CROPS SOWN:	None
		None
5.	SUB-TENANTS, IF ANY (Give name, address, rent and to	what date paid)
4.	STATE WHEREABOUTS OF LEASE:	None
3.	PARTICULARS OF LEASE AND RENT AND DATE TO Y	WHICH PAID:
•	LANDLORD'S NAME AND ADDRESS:	None
	LOCATION AND DESCRIPTION:	None
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8. 9.	STATE IF ANY OTHER PERSON HAS ANY INTEREST. IF FARM LAND STATE CROPS SOWN	None
	STATE WHEREABOUTS OF TITLE DOCUMENTS:	None

	FILE NO.
I. INSURANCE CARRIED ON ABOVE PROPER	TY: None
MORTGAGES, LIENS AND OTHER CLAIR	None
6. MONEYS OWING TO YOU (State if any of the	
7. BONDS, DEBENTURES, SHARES, STOCKS (OR OTHER SECURITIES (State whereabouts)
	None /
8. BANK ACCOUNTS:	
o. LIFE INSUPANCE. Sun Life Assurance Premium \$27.50 } yearly. Benefit in declarant's possession.	
0. INTEREST IN ANY ESTATES OR TRUSTS	None
1. SAFETY DEPOSIT BOX:	None
LIABILITIES:	None
1. PERSONAL DEBTS:	None /
2. TRADE DEBTS:	None /
	None
REMARKS:	
I certify that the above information is true and every description in any protected area in British Coand indirect.	complete and fully discloses all my property of olumbia and sets forth all my liabilities direct
Dated this 2nd day of April	1942. J. Oga.
armearchur Witness	(Signature)
END DEPARTMENTAL USE	

INFORMATION FROM R.C.M.P. Date June 24/43. Our File No. 146/ Age Sept. 16, 1800 Registration No. 04924 P.O. Box 307 30/5/42 Naturalized - Canadian-Born - National (check) 4. a. D. Sakey + OR. Simonds Present Address Married - Single (check) Name of Wife Name of Husband Name of Father IAOA Names of Children under 16 Registered with Custodian (Yes or No) Additional Information

Etie de, Liét

February 74a, 1946.

LALABREATURE, ERROGARG

Res 064 Term (Mrs. Makitare) Registration No. 04924

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The above Summary to contacted to be in accordance with the information on Table

Coorgo Bolore Administration Department

File No. 1461

February 7th, 1946.

PERSONAL PROPERTY SUMMARY

Res OGA Teru (Mrs. Makitaro) Registration No. 04924

LIFE INSURANCE:

In Mrs. Oga's declaration of April 2, 1942, she declared a \$1,000.00 Policy No. 2226385 in the Sum Life Assurance Company of Canada.

Beneficiary - Husband

The Policy was in her possession.

A letter was received from the Sun Life Assurance Company on February 18, 1943, that Teru had applied for the cash surrender value of this Policy. The Custodian agreed on March 1, 1943, for the direct payment of the approximate amount of \$225.00.

No property interests other than those mentioned are found on the file

The above Summary is certified to be in accordance with the information on file:

George Peters

Administration Department