

1949

**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: SHIKAZE, Shizuko (Mrs. Satsuo)HOME ADDRESS: Lougheed Highway, Mission District, B.C.REGISTRATION NUMBER 2 04427 SEX: Female AGE: 23OCCUPATION: Housewife.

(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: NoneMARRIED? YesNAME OF WIFE OR HUSBAND: SatsuoADDRESS OF WIFE OR HUSBAND: Lougheed Highway, Mission District, B.C.NAMES OF ANY LIVING CHILDREN: Doreen, (F),;ADDRESS OF CHILDREN: Lougheed Highway, Mission District, B.C.AGE OF CHILDREN: 3;**STATEMENT OF ALL REAL PROPERTY** (Each parcel must be mentioned and particulars given)1. LOCATION AND DESCRIPTION: None2. BUILDINGS AND OTHER IMPROVEMENTS: None3. INSURANCE (Give particulars; state where policies are) None4. TAXES (Amount and where payable) None5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) None6. OCCUPANCY AND LEASES (If vacant so state) None

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: **None**
8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: **None**
9. IF FARM LAND STATE CROPS SOWN **None**

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: **Lougheed Highway, Mission District, B.C.**
2. LANDLORD'S NAME AND ADDRESS: **Lives with her father.**
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: **None**
4. STATE WHEREABOUTS OF LEASE: **None**
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) **None**
6. IF FARM LAND, PARTICULARS OF CROPS SOWN: **None**

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

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: None

9. LIFE INSURANCE 25 year endowment Policy No. 85369951 join insurance with
her child which at the end of 25 years pays \$170.00 with the Metropolitan
Life Insurance Co., Ottawa, Ontario, policy in own possession. policy
paid up until the end of April 1942

10. INTEREST IN ANY ESTATES OR TRUSTS: None

11. SAFETY DEPOSIT BOX: None

LIABILITIES:

1. PERSONAL DEBTS: None

2. TRADE DEBTS: None

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 7th day of April, 1942.

(Signature)

Mrs. S. Shikoz

Armcornus

Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

DATE June 7/43

Our File No. 1949

Full Name SHIKAZE, Shizuko (Mrs. Satsuo)
(Surname in Block Letters)

Registration No. 04427

Male - Female ^V
(Check)

Age Nov. 26/1917

Former Address 755 West 7th. Ave., City

Date Evacuated April 25/42

Naturalized - Canadian-Born - National ^V
(Check)

Present Address St. Elizabeth, Manitoba

^V
Married - Single
(Check)

5/3
Name of Wife _____

Name of Husband Satsuo #13457

nee
Name of Mother (ANDO) A1 #13284

Name of Father KATO. Kiyoji #13285

Names of Children under 16 2699

SHIKAZE. Atsuko Doreen(F) July 3/38

Requested by E.C.T.

Registered with Custodian
(Yes or No)

Additional Information _____

File No. 1949

September 14th, 1944

CLAIMS DEPARTMENT

Shizuko SHIKAZE (Mrs. Satsuo) - Reg. No. 04427

CREDITORS:-

NO CLAIMS ON FILE.

/ND