Hammond

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: OKANASHI, Ruriko	o delanti in departament kinder tradenti in titologici in in medici ya ya	ngar ambang mas p am ay mgapya	HANGE TO THE STATE OF THE STATE
HOME ADDRESS: 2433 Lougheed Hwy. Hammon.	d, B.C.	mi ory de a experiencia de la participa	Oraș (1971) (Oraș (1984) (Oraș
REGISTRATION NUMBER 14182 SEX:	Female	AGE:	17
OCCUPATION: Student	enda ante dos Calendas (altras el astro estado casa casas casas casas casas casas casas casas casas casas casa	er re du namente per 1 a aug.	
(If any business or businesses carried on, state where, under what apartnership with anyone; if partnership, give partner's name.) EMPLOYER: None	name and whetl	her carried	on by yourse
MARRIED?			
NAME OF WIFE OR HUSBAND: None	er all and animal energy because of the same and animal energy and the same and animal energy and animal energy and animal energy animal energy and animal energy animal energy and animal energy animal energy animal energy animal energy and animal energy animal energy and animal energy anim	mic tier mig behanne is eine eine eine eine eine eine ein	
ADDRESS OF WIFE OR HUSBAND: None			
NAMES OF ANY LIVING CHILDREN: None	a a ghair dha a me a chan dhe dha a ghair a dha gheal a dha ghair dha gha gha gha gha gha gha gha gha gha g		
ADDRESS OF CHILDREN: None		omerika an eli iki paken eli jake jake jake jake jake jake jake jake	
	must be ment	ioned and	particulars
STATEMENT OF ALL REAL PROPERTY (Each parcel		ioned and	particulars
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STATEMENT OF ALL REAL PROPERTY (Each parcel of Location and Description: Mone 1. Location and Description: Mone 2. Buildings and other improvements: None			particulars
STATEMENT OF ALL REAL PROPERTY (Each parcel of Location and Description: None 2. BUILDINGS AND OTHER IMPROVEMENTS: None 3. INSURANCE (Give particulars; state where policies as			
3. INSURANCE (Give particulars; state where policies a	re) None		

	PS SOWN None
TATEMENT OF REAL PROPERT	Y OCCUPIED
LOCATION AND DESCRIPTIO	N: Lives with parents, Hammond, B.C.
2 - LANDLONGUE AL-ARA	
2. LANDLORD'S NAME AND AD	DDRESS:
3. PARTICULARS OF LEASE AN	D RENT AND DATE TO WHICH PAID:
	**
4. STATE WHEREABOUTS OF I	LEASE: None
5. SUB-TENANTS, IF ANY (Give	name, address, rent and to what date paid).
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	the answers of the control of the co
5. IF FARM LAND, PARTICULAR	RS OF CROPS SOWN: None
TATEMENT OF PERSONAL PRO	AND STATE LOCATION OF FURNITURE PINTERS
GIVE BRIEF DESCRIPTION	PERTY OWNED: AND STATE LOCATION OF FURNITURE, FIXTURE INERY, STOCK IN TRADE AND PERSONAL EFFECTS: None
GIVE BRIEF DESCRIPTION	AND STATE LOCATION OF FURNITURE, FIXTURE INERY, STOCK IN TRADE AND PERSONAL EFFECTS:
GIVE BRIEF DESCRIPTION	AND STATE LOCATION OF FURNITURE, FIXTURE INERY, STOCK IN TRADE AND PERSONAL EFFECTS:
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2. HORSES, LIVESTOCK AND OT	AND STATE LOCATION OF FURNITURE, FIXTURE INERY, STOCK IN TRADE AND PERSONAL EFFECTS: None None None None
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PROPERTY IN POSSESSION OF
assigned and if so, to whom)
ER SECURITIES (State whereabouts)
10
d fully discloses all my property of sets forth all my liabilities direct

INFORMATION FROM R.C.M.P.

Date May . 23/43. Our File No. 22 45 Full Name OKPH ASHI (Surfame Age (1925 Registration No. 14182 Male - Female (check) Former Address P.O. Box 35 Port Hammond B.C. 214 Carroll Date Evacuated apr. 20/12. Naturalized - Canadian-Born - National (check) resent Address Merried - Single (check) Name of Wife Name of Husband Thue Name of Father Masuro # 14181 Names of Children under 16 (dece) Registered with Custodien Requested by (Yes or No) Student Additional Information