

2383



## 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: **SAKAMOTO Noboru**HOME ADDRESS: **252 Powell St. Vancouver B.C.**REGISTRATION NUMBER **11443** SEX: **Male** AGE: **25**OCCUPATION: **Paper Mill worker**

(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: **Ocean Falls Pulp & Paper mill Ocean Falls B.C.**MARRIED? **no**NAME OF WIFE OR HUSBAND: **none**

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) **none**4. 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**



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: 252 Powelly St. Vancouver B.C.  
rooming house
2. LANDLORD'S NAME AND ADDRESS: Mr. Kitamura 252 Powell St. Vancouver B.C.
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: monthly room  
rent of about \$15. or \$20. rent not paid yet.
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)  
6 \$5.00 war saving certificates, in owners possession
8. BANK ACCOUNTS: none
9. LIFE INSURANCE: none
10. INTEREST IN ANY ESTATES OR TRUSTS: none
11. SAFETY DEPOSIT BOX: none

**LIABILITIES:**

1. PERSONAL DEBTS: none
2. TRADE DEBTS: none

REMARKS: none

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 9th day of April 1942.

H. Logan  
Witness

(Signature)

M. Sakamoto

FOR DEPARTMENTAL USE

*[Handwritten mark]*



INFORMATION FROM R.O.M.P.

DATE 8/9/43

Our File No. 2383

Full Name SAKAMOTO, Noboru  
(Surname in Block Letters)

Registration No. 11443

<sup>V</sup>  
Male - Female  
(Check)

Age May 24/1916

Former Address Ocean Falls, B.C.

252 Powell St., City

Date Evacuated April 16/42

<sup>V</sup>  
Naturalized - Canadian-Born - National  
(Check)

Present Address Mt. Sanitorium, Hamilton, Ontario

<sup>V</sup>  
Married - Single  
(Check)

Name of Wife

Name of Husband

Name of Mother SAKAMOTO, Sue (Japan) Name of Father Tsurumatsu (Japan)

Names of Children under 16

Requested by A. Whitaker

Registered with Custodian yes  
(Yes or No)

Additional Information Paper Mill Worker



File No. 2383

February 16th, 1943

CLAIMS DEPARTMENT

Noboru SAKAMOTO - Reg. No. 11443

CREDITORS:-

NO CLAIMS ON FILE.

A  
ABC/ND



(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Noboru Sakamoto

File No. 2383

*mt Vinc Sandohim  
San Francisco*

Reg. No. 11443

Company Nort American Life Assur

Agency Vinc.

Policy No. A266105

Premium - \$ 42.81

Payable: Annually, Semi-annually or monthly

Month March Day 5

REMARKS:

*Letter sent 11/9/43*