

2880

**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: BOGAWA, AkiraHOME ADDRESS: 473 Powell St., Vancouver, B.C.REGISTRATION NUMBER 11540 SEX: Male AGE: 25OCCUPATION: 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 Paper Mills, Ocean Falls, B.C.MARRIED? No.NAME OF WIFE OR HUSBAND: NoneADDRESS OF WIFE OR HUSBAND: NoneNAMES OF ANY LIVING CHILDREN: NoneADDRESS OF CHILDREN: None

AGE OF CHILDREN: _____

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: Lives with parents at 475 Powell St.,
Vancouver, B.C.
2. LANDLORD'S NAME AND ADDRESS: unknown
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)
\$25.00 in War Savings Certificates, in owners' possession.

8. BANK ACCOUNTS: None

9. LIFE INSURANCE: \$1500.00 Mutual Life Ins. Co., Ocean Falls, B.C. Beneficiary mother (Shina). Policy number unknown, premiums paid to date, in owners' possession.

10. INTEREST IN ANY ESTATES OR TRUSTS: None

11. SAFETY DEPOSIT BOX: None

LIABILITIES:

1. PERSONAL DEBTS: None

2. TRADE DEBTS: 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 10th day of April 1942.

D. C. Patterson
Witness

(Signature)

A. K. S. S. S. S.

FOR DEPARTMENTAL USE

[Handwritten initials]

INFORMATION FROM R.C.M.P.

Date Oct. 5/43.

Our File No. 2880

Full Name SOGAWA Akira Clarence.
(Surname in Block Letters)

Registration No. 11540

Male - Female
(check)

Age Feb. 18, 1919

Former Address Box 369, Ocean Falls, P.E.

Date Evacuated 21/4/42. Naturalized - Canadian-Born - National
(check)

Present Address Leaverleigh Farm,
Pat Credit, Ont.

Married - Single
(check)

Name of Wife -

Name of Husband -

Name of Mother ^{nee} (HAGINO) Shina Name of Father Kuchiro #01720

Names of Children under 16 #01769.

Requested by ECJ.

Registered with Custodian Yes
(Yes or No)

Additional Information Mill Worker.

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Aki-a Sog wa

File No. 2880

Reg. No.

Company Mutual Life

Agency

Policy No. 530141

Premium - \$ 57.42

Payable: Annually, Semi-annually or monthly

Month June Day 1

REMARKS:

\$1500-