Agram 4

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.

ERSONAL INFORMATION			
AME LOCAL MARIE CONTROL OF THE LOCAL MARIE CONTR	Calumna, contra esta en contra contra se en contra esta en contra esta en contra esta en contra en contra esta		
OME ADDRESS; Box 587 Ocean		416 Alexand	ler St., Va
REGISTRATION NUMBER 11377	SEX: Mele	AGE:	25
OCCUPATION: Millworker			
(If any business or businesses carried on, state	e where, under what name and		
(If any business or businesses carried on, state artnership with anyone; if partnership, give pa		公司在1000年的 中的公司的公司的国际的国际的国际中的国际的国际的国际的国际的国际的国际的国际的国际的国际的国际的国际的国际的国际的	
	Ltd., Ocean Falls.	B.C.	
(ARRIED) No.			
VAME OF WIFE OR HUSBAND:	Constitution and in the second		
ADDRESS OF WIFE OR HUSBAND		elinagini a fini ang asar	
NAMES OF ANY LIVING CHILDREN:			
		The second second second second	The state of the s
DDRESS OF CHILDREN			mental services and services
GE OF CHILDREN			
2. BUILDINGS AND OTHER IMPRO			
3. INSURANCE (Ĝive particulars; state	e where policies are)		
4. TAXES (Amount and where payable).			
5. ENCUMBRANCES (Including any un	registered claims or deposit	t of title deed)	
	A second	Charles of the Control of the Contro	
OCCUPANCY AND LEASES (If va	cant so state)		

F POCUME	NTS:
STATE WHEREABOUTS OF TITLE DOCUME	NTEREST:
STATE IF ANY OTHER PERSON HAS ANY I	
IF FARM LAND STATE CROPS SOWN	
PATEMENT OF REAL PROPERTY OCCUPIED	exander St., Vancouver - dwelling house
LOCATION AND DESCRIPTION: 416	
Lives there	None ,
2. LANDLORD'S NAME AND ADDRESS:	
	TO WHICH PAID: None
3. PARTICULARS OF LEASE AND RENT AN	עע עוי
4. STATE WHEREABOUTS OF LEASE: No	rent and to what date paid) None
4. STATE WHEREABOUTS OF LEGISLANDS. 5. SUB-TENANTS, IF ANY (Give name, add	
	ODE SOWN:
6. IF FARM LAND, PARTICULARS OF CR	
STATEMENT OF PERSONAL PROPERTY	STATE LOCATION OF FURNITURE, FIXTURES, STOCK IN TRADE AND PERSONAL EFFECTS.
1. GIVE BRIEF DESCRIPTION OF THE EQUIPMENT AND MACHINERY	STATE LOCATION OF FURNITURE, PIXTORES, STOCK IN TRADE AND PERSONAL EFFECTS:
	- AND PETS
2. HORSES, LIVESTOCK AND OTHE	KANIMACA /
	S OF ANY PERSON HAVING ANY INTEREST IN.
3. GIVE THE NAME AND ADDRES	SOF AN A CONTRACTOR OF THE PARTY OF THE PART
CLAIM ON ANY SUCH PRO	

	PILE No.
INSURANCE CARRIED ON ABOV	VE PROPERTY:
MORTGAGES, LIENS AND OT	THER CLAIMS ON PROPERTY IN POSSESSION O
OTHERS:	
MONEYS OWING TO YOU (State	e if any of these debts assigned and if so, to whom)
	S, STOCKS OR OTHER SECURITIES (State whereabout
	Sond - in owner's possession
Ten \$4.00 War Saving	Certificates - in owner's possession
BANK ACCOUNTS: None	
LIFE INSURANCE: Mutual L	ife Assurance Co., Vancouver, B.C.
\$1,000.00 Father	T. Sugujama, is beneficiary.
INTEREST IN ANY ESTATES OR	TRUSTS.
SAFETY DEPOSIT BOX:	
ABILITIES:	
PERSONAL DEBTS:	
TRADE DEBTS:	
我们也有相似的时期间都是被大块规模的特殊。	urily turn over to the Custodian all my property in the prote g vessels, deposits of money, shares of stock, debentures, bo
r other securities, if any.	
种的结果是这种能够是这种可能是这种,但是这种特殊的。	is true and complete and fully discloses all my property in British Columbia and sets forth all my liabilities dir
Dated this 10th day of	April 1942
	(Signature) Of Sugaryama
00	(Signature)
Witness	

INFORMATION FROM R.C.M.P.

		Date 15-19/43
Our File No	数据的数据 医克里氏 医阿尔特氏 医克里特氏 医克里特氏 医多种 医多种 医多种 医多种 医多种 医多种 医多种	
Full Name	SUG IVA (Surname in Block Letter	mp - Ypelid
Registration No. <u>////</u>	Male - Female (check)	Nes Apr. 30,1911.
Former Address Box	537 Acea alexander c	of Falls, B.C.
		- Canadian-Born - National
Present Address	% Rete Co	rdonier rele B.C.
1		
rried - Single (check)	None of wife.	
	Name of Wife_	
f ne	Name of Husban	10
Name of Mother (YAMAM)	Name of Father	Townekichi #0387
Names of Children under 16	yasu # 03848	Tennekich: #0387
Requested by Q. While	Registered	with Custodian (Yes or No)
ditional Information	Millworker	

(Information supplied by Ins. Co.)

LIFE INSURANCE

File No. 2882

Yoshio Sugiyama

Barnhartvalle

Reg. No. 11377

Mutual Life BC

Policy No. 556645

Premium - \$ 40.85

Annually, Semi-annually or monthly Payable:

Month October Day 15

RUMARKS:

Letter pent 10/9/1/3