

2884

BUREAU HASTINGS PARK
OFFICE OF THE CUSTODIAN
JAPANESE SECTION

FILE No. 2664

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: SOGAWA, Kohel (Allan)HOME ADDRESS: Box 369, Ocean Falls, B.C.REGISTRATION NUMBER 11369 SEX: Male AGE: 21OCCUPATION: 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: Pacific Mills, Ocean Falls, B.C.MARRIED? No

NAME OF WIFE OR HUSBAND: _____

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: _____

2. BUILDINGS AND OTHER IMPROVEMENTS: _____

3. INSURANCE (Give particulars; state where policies are) _____

4. TAXES (Amount and where payable) _____

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) _____

6. OCCUPANCY AND LEASES (If vacant so state) _____

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: _____
8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: _____
9. IF FARM LAND STATE CROPS SOWN: _____

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: Bunkhouse, Ocean Falls, B.C.
2. LANDLORD'S NAME AND ADDRESS: Pacific Mills, Ocean Falls, B.C.
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Rent free
4. STATE WHEREABOUTS OF LEASE: _____
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) _____
6. IF FARM LAND, PARTICULARS OF CROPS SOWN: _____

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____
2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS _____
3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY _____

4. INSURANCE CARRIED ON ABOVE PROPERTY:

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS:

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts)

\$100 Victory Bond, 1954 maturity, in own possession

8. BANK ACCOUNTS: None

9. LIFE INSURANCE: Mutual Life Ins. Co., Vancouver Branch, number unknown,

\$1,500, beneficiary mother SHINA, in own possession

10. INTEREST IN ANY ESTATES OR TRUSTS:

11. SAFETY DEPOSIT BOX:

LIABILITIES:

1. PERSONAL DEBTS:

2. TRADE DEBTS:

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 11th day of April 1942

(Signature)

R. A. Soyars

Ramona

Witness

FOR DEPARTMENTAL USE

[Handwritten mark]

INFORMATION FROM R.C.M.P.

Date

Oct. 2/43.

Our File No.

2884

Full Name

SOGAWA

Kohci

(Allan)

(Surname in Block Letters)

Registration No.

11369

Male - Female
(check)

Age

Apr. 24/1921.

Former Address

Box 369,

Ocean Falls B.C.

473 Parnell St., City

Date Evacuated

21/4/42

Naturalized - Canadian-Born - National
(check)

Present Address

6/5/47. 105 Robert St.
Toronto, Ont.

1/2 M. L. Hancock,

Woodland, Mississauga,
Cooksville, Ont.

Married - Single
(check)

Name of Wife

Name of Husband

Name of Mother

(HAGINA) Shina

Name of Father

Kichiro # 01720

Names of Children under 16

01769

Requested by

PCF.

Registered with Custodian

Yes
(Yes or No)

Additional Information

Millworker

2884.

May 20th, 1947.

The Mutual Life Assurance Co. of Canada,
Claims Department,
Waterloo, Ontario.

Dear Sirs:

Re: Kohel SOGAWA - Reg. No. 11362.

We are in receipt of your letter of the 6th instant on the subject of the above evacuee's policy--No. 530,245 for \$1,500.00.

The Custodian has no objection to the surrender value of this policy being paid by you direct to your policyholder, who, we note, is now a resident of Toronto.

Yours truly,

R. G. Bell,
Office of the Custodian.

RGB/P.

ESTABLISHED
1860

The **MUTUAL LIFE**
Assurance Co. of Canada

CLAIMS
DEPARTMENT

HEAD OFFICE
WATERLOO, ONTARIO

May 6th, 1947.

The Custodian,
Japanese Evacuation Section,
506 Royal Bank Building,
VANCOUVER, B.C.

EVACUATION SECTION	
Rec'd	MAY 12 1947
File No.	2004
Ans.	R.S.B.
Referred	Bill

Dear Sir:

Re Policy No. 530,245 - Kowi
Sogawa

A request which is receiving the attention of our Toronto branch office has been received from this assured for termination of the above numbered policy.

The assured's present address is 105 Robert Street, Toronto, Ontario, however, from our records it would appear that his previous address before coming East was Ocean Fall, B.C.

Assuming the policy is terminated on or about the 3rd of June, the amount which the policyholder will receive will be approximately \$200.00. As soon as possible we would appreciate receiving instructions from you whether or not we may issue a cheque in settlement of the surrender value of this contract. The cheque would be made payable to the assured and his mother, Shina Sogawa, who is beneficiary.

Yours very truly,

J. L. Cornell

Claims Department.

JSC/mv

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Kowi Sogawa

File No. 2884

Reg. No.

Company Mutual Life

Agency

Policy No. 530245

Premium - \$ 60.23

Payable: Annually, Semi-annually or monthly

Month June Day 3

REMARKS: