## 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: NAKASHIKA, Noboru.	
HOME ADDRESS: Opposite the Steveston Hospital, P.O. Box 206, Stevestor	, B.C.
REGISTRATION NUMBER 15453 SEX: Male AGE: 16	
OCCUPATION: Student	
(If any business or businesses carried on, state where, under what name and whether carried on by your partnership with anyone; if partnership, give partner's name.)	urself or
EMPLOYER: Bone	
MARRIED? BUEX No.	
NAME OF WIFE OR HUSBAND: none	
ADDRESS OF WIFE OR HUSBAND: none	
NAMES OF ANY LIVING CHILDREN: none	
ADDRESS OF CHILDREN: none	
AGE OF CHILDREN: none	
2. BUILDINGS AND OTHER IMPROVEMENTS: mone	
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) aons	

4	IF FARM LAND STATE CROPS SOWN
	TEMENT OF REAL PROPERTY OCCUPIED
	LOCATION AND DESCRIPTION: Opposite the Hospital, P.O.Box 238, Steveston.
2.	LANDLORD'S NAME AND ADDRESS : L'ESPECIAL DE LA COMPANY DE
3.	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Lives with his
4.	STATE WHEREABOUTS OF LEASE:  **Pone***  **TOTAL TOTAL
5.	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)
	ATEMENT OF PERSONAL PROPERTY OWNED:  GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES,  EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.
	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.

	PILE NO.
INSURANCE CARRIED ON ABOV	E PROPERTY: nene
	HER CLAIMS ON PROPERTY IN POSSESSION OF none
position of the second second	if any of these debts assigned and if so, to whom)
	, STOCKS OR OTHER SECURITIES (State whereabouts)
LIFE INSURANCE:	dowment Policy No. 2,203,299 carried by the Sun Life
Assurance Co., Vancouver Bran	meh, policy in owner's possession, Beneficiary Mother.
. INTEREST IN ANY ESTATES OR	TRUSTS.
. SAFETY DEPOSIT BOX:	none
LABILITIES:  1. PERSONAL DEBTS:	none
2. TRADE DEBTS:	none
EMARKS:	none
	is true and complete and fully discloses all my property of in British Columbia and sets forth all my liabilities direct
Dated this 14th day of asmembers	1 1 1
Witness FOR DEPARTMENTAL USE	

## INFORMATION FROM R.C.M.P.

		VAKASHIA Jurname in Block	Letters)	0.46
egistration No	<u>15453</u>	Male - Female (check)		Age Marie
ormer Address				
ste Evacuated 👱	mag 4	162 Natural	ized - Canadian (check	-Born - National
resent Address _	man	3. Shar	Muito	fa
arried - Single (check)		Name of W		
ames of Children u	10	Name of I	ather yun	va-leed
equested by		Registere	od with Custodia	(Yes or No)
dditional Informat	ion /	Juaca		

Pite Bo. 3063 August 23rd, 1945. REL BOSON HAT ASSETTED The above declared on his J.P. form, a \$1000.00 Bodomont Policy No. 2,203,299, cerried by the Sun Life Assurance Co., Vancouver Branch, the beneficiary, his mother, Nrs. Rin MARSHIMA. The policy was stated as being in the possession of the comer. On Doc. 19, 1942, he received a letter from the Sun Life Co. asking paratories to pay direct to Hobort MARSHIMA and Ars. Rin MARSHIMA, the surrender value of the policy, approximately \$164,00.00 January 5th, 1943, we make the company and advised them that we had no objection to this somey being paid direct to the owner of the policy and the beneficiary. Certified correct: Rismanterie R. B. Haeresto August 23rd, 1945.