Steveston

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.

	MATION
NAME: KAWA	SOYE, (Soyo) Mrs. Yotaro
HOME ADDRESS:	House No. 6, Cold Storage Cottage, Georgia St., Steve
REGISTRATION N	UMBER 04499 SEX: Female AGE: 39
OCCUPATION	housewife
(If any business or partnership with anyon	businesses carried on, state where, under what name and whether carried on by yourself or in e; if partnership, give partner's name.)
EMPLOYER:	
MARRIED?	
NAME OF WIFE O	R HUSBAND: Yotaro
ADDRESS OF WIF	E OR HUSBAND: No. 6, Cold Storage Cottage, Georgia St.
	IVING CHILDREN: Kaneko (F)
Control of the Contro	
ADDRESS OF CHI	LDREN: House No. 6, Cold Storage Cottage, Georgia St. Steveston, B.
AGE OF CHILDRE	H 사회 [12] - 12] - 12] - 13] -
STATEMENT OF	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)
STATEMENT OF	
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STATEMENT OF 1. LOCATION A	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) ND DESCRIPTION: none
STATEMENT OF 1. LOCATION A	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) ND DESCRIPTION: none
STATEMENT OF 1. LOCATION A 2. BUILDINGS	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) ND DESCRIPTION: DODE AND OTHER IMPROVEMENTS: DODE (Give particulars; state where policies are) DODE
2. BUILDINGS 3. INSURANCE	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) ND DESCRIPTION: DODE AND OTHER IMPROVEMENTS: DODE
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2. BUILDINGS 3. INSURANCE 4. TAXES (Amount) 5. ENCUMBRA	ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) ND DESCRIPTION: NODE AND OTHER IMPROVEMENTS: DONE (Give particulars; state where policies are) DONE Ount and where payable) NCES (Including any unregistered claims or deposit of title deed)

8.	
ESPECIAL MODE	STATE IF ANY OTHER PERSON HAS ANY INTEREST: none
9.	IF FARM LAND STATE CROPS SOWN
	ATEMENT OF REAL PROPERTY OCCUPIED
	LOCATION AND DESCRIPTION: 4 room frame house at No. 6, Co
Market No.	Storage Cottage, Georgia St., Steveston, B. C.
2.	LANDLORD'S NAME AND ADDRESS: B. C. Packers, Steveston,
3	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
4.	STATE WHEREABOUTS OF LEASE:
5,	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)
All of Marin	
-	
Start and	ATEMENT OF PERSONAL PROPERTY OWNED: GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFEC
Start so	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX
History And	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFEC
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECT Dersonal effects in owner's possession at House No. 6, Co. Storage Cottage, Georgia St., Steveston, B. C.
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECT Personal effects in owner's possession at House No. 6, Co.
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECT Dersonal effects in owner's possession at House No. 6, Co. Storage Cottage, Georgia St., Steveston, B. C.
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECT Personal effects in owner's possession at House No. 6, Co. Storage Cottage, Georgia St., Steveston, B. C.
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIX EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECT Personal effects in owner's possession at House No. 6, Co. Storage Cottage, Georgia St., Steveston, B. C.

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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)
8	BANK ACCOUNTS
9	
4	LIFE INSURANCE: Sun Life. \$500.00. Policy No. 830510. Benefici nusband, Yotaro. Sun Life. \$1000.00. Policy No. 2304463. Beneficinusband, Yotaro. Both policies in owner's possession. INTEREST IN ANY ESTATES OR TRUSTS. none
11.	SAFETY DEPOSIT BOX: none
LIA	
1.	PERSONAL DEBTS:
2.	TRADE DEBTS: none
RE	MARKS: When declarent leaves she will take her personal effects with her.
eve	I certify that the above information is true and complete and fully discloses all my property of ry description in any protected area in British Columbia and sets forth all my liabilities direct indirect.
	Dated this 14th day of April 1942 (Signature) & 090 Kawasaye

INFORMATION FROM R.C.M.P.

	Date #26-19/93
Our File No. 3069 Full Name	(Surname in Block Letters) Soyo (mrs. Yotavio)
Registration No. 04499	Male - Female Age Act 5/11-
Former Address P.O. 6	Cono Stevertor, 3.0.
Date Evacuated April	////// Naturalized - Canadian-Born - National (check)
Present Address	Elbert Dainty, 239-15th St. N., & Elberta
Married - Single (check)	Name of Wife Name of Husband Wolars - 2453/
Name of Mother	Name of Father
Names of Children under 16	
see husband's she	
Requested by Attu	Ter Pegistered with Custodian (Yes or No)
Additional Information	

File No. 3069 August 22nd, 1945. RE: Soro (Mrs. Totaro) KAMASOTE The above declared on her J.P. form, two life insurance polices with the Sun Life Co., the beneficiary in both cases being her husband. The policies were as follows: Carl and the second Policy for \$500.00 - number 830510 T Policy for \$1000.00- number 2304463. Both of these policies were and still are, in the names of the owner, so there is nothing for us to do in this Certified correct: RB Mackedie R. B. Mackedie August 22nd, 1945.

REGISTERED MAIL

Mrs. Sayo KAWASOYE, Registration No. 04499, c/o Mrs. A. Dainty, 239 - 15th St., North, Lethbridge, Alberta.

Dear Madam;

No: Sum Life Assurance Co., Policy No. 830,510.

Enclosed please find cheque from the Sun

Life Assurance Co. of Canada in the amount of \$517.75, payable

to your order, being in full settlement of all claims under

Policy No. 830,510. Kindly acknowledge receipt of this cheque.

Yours truly,

George Peters, Office of the Gustodian.

GP/EL Enc. - Cheque for \$517.75, from the Sun Life Assurance Co. SUN LIFE ASSURANCE COMPANY OF CANADA HEAD OFFICE | MONTREAS The Origine of the Custodian COPY EVACUATION SECTION PR 15 94