Control Principles Spine PARECURIONAN

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## 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.

NAME:  NAME: NAM	
REGISTRATION NUMBER 12573 SEX. Female AGE: 66  OCCUPATION: Farmer (Retired)  (If any business or businesses carried on, state where, under what name and whether carried on by yourself partnership with anyone; if partnership, give partner's name.)  None  EMPLOYER:  Widow	
OCCUPATION: Farmer (Retired)  (If any business or businesses carried on, state where, under what name and whether carried on by yourself partnership with anyone; if partnership, give partner's name.)  None  EMPLOYER:  Widow	
(If any business or businesses carried on, state where, under what name and whether carried on by yourself partnership with anyone; if partnership, give partner's name.)  None  MARRIED? W1 dow	
EMPLOYER:  None  MARRIED? Wi dow	or in
MARRIED? Widow .	
NAME OF WIFE OR HUSBAND:	
ADDRESS OF WIFE OR HUSBAND:	serior appear
NAMES OF ANY LIVING CHILDREN: None	
ADDRESS OF CHILDREN:	
AGE OF CHILDREN:	
AGE OF CHILDREN:	
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars and location and Description:  None	
2. BUILDINGS AND OTHER IMPROVEMENTS:	1
3. INSURANCE (Give particulars; state where policies are)	
4. TAXES (Amount and where payable)	
5. ENCUMBRANCES (Including any unregistered claims or deposit of tiple deed)	
6. OCCUPANCY AND LEASES (If vacant so state)	

STATE WHEREABOUTS OF TITLE DOCUMENTS:
STATE IF ANY OTHER PERSON HAS ANY INTEREST:
IF FARM LAND STATE CROPS SOWN
TEMENT OF REAL PROPERTY OCCUPIED
LOCATION AND DESCRIPTION: Sandell Rd. R. R. #4, New Westminster, 6 roomed 2 storeyed wooden frame house.
LANDLORD'S NAME AND ADDRESS: SonKenichi MAENO, same address.
PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: None
STATE WHEREABOUTS OF LEASE: None
SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None
IF FARM LAND, PARTICULARS OF CROPS SOWN: None
ATEMENT OF PERSONAL PROPERTY OWNED:  GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:  None
HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS. None
GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR
CLAIM ON ANY SUCH PROPERTY. None

-	INSURANCE CARRIED ON ABOVE PROPERTY: None
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)  None
	BANK ACCOUNTS: None  LIFE INSURANCE: Sun Life Assurance Co., \$300.00 Details unkown.  Son has policy up at camp, Blue River, B. C.
	INTEREST IN ANY ESTATES OR TRUSTS None
1.	SAFETY DEPOSIT BOX: None
	PERSONAL DEBTS: None
2.	TRADE DEBTS: None
ero	I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, bonds ther securities, if any.  Certify that the above information is true and complete and fully discloses all my property of description in any protected area in British Columbia and sets forth all my liabilities direct ndirect.
	Dated this 15th day of April 1942.  (Signature)  Witness that the above peach is this T. Mas
OR	DEPARTMENTAL USE

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

Date Mov. 16/43. Our File No. 4/97 Full Name MAENO Registration No. 12573 Male - Female (check) Date Evacuated 30/5/42 Neturalized - Canadian-Born - National (check) Letthridge, alta. Present Address Mer Wedowsingle (check) Name of Wife Name of Husband Kenjino (Reid) Ruo Name of Father KATO, Kessemon Names of Children under 16 Registered with Custodian (Yes or No) Requested by\_