

4243

**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 INFORMATIONNAME: SAKAMOTO HideoHOME ADDRESS: P.O. Box 15, Pitt Meadows, B. C.REGISTRATION NUMBER 14203 SEX: M AGE: 18OCCUPATION: Student

(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: NoneMARRIED? NoneNAME OF WIFE OR HUSBAND: NoneADDRESS OF WIFE OR HUSBAND: NoneNAMES OF ANY LIVING CHILDREN: NoneADDRESS OF CHILDREN: NoneAGE OF CHILDREN: None**STATEMENT OF ALL REAL PROPERTY** (Each parcel must be mentioned and particulars given)1. LOCATION AND DESCRIPTION: None

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)

STATEMENT OF REAL PROPERTY OCCUPIED

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

1. LOCATION AND DESCRIPTION: F.O. Box 15, Pitt Meadows, B. C.
53 Benson Road, Pitt Meadows, B.C. 10 roomed storeyed wooden dwelling.
2. LANDLORD'S NAME AND ADDRESS: Father, same address.

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID. Rent free

4. STATE WHEREABOUTS OF LEASE: None

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None

6. IF FARM LAND, PARTICULARS OF CROPS SOWN: Strawberries, fruit trees, vegetables, etc.

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS.
1 English Bicycle at home. (to be taken to camp)

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS none

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY none

4. INSURANCE CARRIED ON ABOVE PROPERTY: None

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS: None

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) None

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) None

8. BANK ACCOUNTS: None

9. LIFE INSURANCE: Confederation Life Insurance Co. \$1000.00 \$38.00 prem. per yr. Beneficiary-father, Kojiro Sakamoto. Policy at home.

10. INTEREST IN ANY ESTATES OR TRUSTS: None

11. SAFETY DEPOSIT BOX: None

LIABILITIES:

1. PERSONAL DEBTS: None

2. TRADE DEBTS: None

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 10th day of April 1942.

(Signature) X [Handwritten Signature]

[Handwritten Signature]
Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Date February 7/44

Full Name SAKAMOTO, Hideo
(Surname in Block Letters)

Registration No. 14203

Male - Female
(check)

Age May 20/1924

Former Address P.O. Box 15, Pitt Meadows B.C.

Date Evacuated May 6-42

Naturalized - Canadian-Born - National
(check)

Present Address Lethbridge - Alberta

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother SAKAMOTO, Yumi
14128

Name of Father SAKAMOTO Hajiro
14130

Names of Children under 16 _____

Our File No. 4249

Registered with Custodian
(yes or no) Yes

Requested By G. Guard

Additional Information Student