HEALTH ELLINGER

## 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 TANLIBUL, Klyoshi			
OCCUPATION: Student			
(If any business or businesses carried on, state partnership with anyone; if partnership, give par	where, under what name and whether carried on by yourself or in tiner's name.)		
EMPLOYER: none			
MARRIED? no			
NAME OF WIFE OR HUSBAND:			
ADDRESS OF WIFE OR HUSBAND:			
NAMES OF ANY LIVING CHILDREN	none		
ADDRESS OF CHILDREN:			
AGE OF CHILDREN:			
2. BUILDINGS AND OTHER IMPROV			
3. INSURANCE (Give particulars; state	where policies are) none		
4. TAXES (Amount and where payable)	none		
5. ENCUMBRANCES (Including any un	registered claims or deposit of title deed)		
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6. OCCUPANCY AND LEASES (If va	cant so state)none		

4.7

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

Date 20.0/12

Full Name <u>TANIISHI</u>	Wysk; irname in/Block Letters)	
Registration No. /////	Mele - Female (check)	A 80 July 15 - 1905
Former Address Bec. //	d Marie	A BC
Date Evecuated 9/1.2		Cenedian-Born - National (check)
Present Address	Lethbidge	, alt
Merried - Single (oheck)	Name of Wire	
Names of Children under 16	Shipupeme of Father	Manufact & Manufacture & Manuf
Requested by		with Custodian (Yes or No)
Additional Information	Street -	

## LIFE INGURANCE

Kiyoshi Tanushi

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- Bouns alla

Company Mutual Life

Agency

File No. 5018

Reg. No. 1446 1

Policy No. 556630

Premium - \$ 37.94

Payable: Annually, Semi-annually or monthly

Month October Day 22

REMARKS:

letter met 10/1/43