

5039

BUREAU HASTINGS PARK
OFFICE OF THE CUSTODIAN
JAPANESE SECTION

FILE NO. 5039

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: KIMOTO, Kameo JackHOME ADDRESS: 550 Campbell Ave., Vancouver, B. C.REGISTRATION NUMBER 01877 SEX: Male AGE: 20OCCUPATION: Clerk

(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: Mother, 550 Campbell Ave., Vancouver, B. C.
(TAMA)MARRIED? No.NAME 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: /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) /

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

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: _____
Store and Dwelling house, at 550 Campbell Ave., Vancouver, B. C.
2. LANDLORD'S NAME AND ADDRESS: _____
Mother rents house.
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: _____
Rent free
4. STATE WHEREABOUTS OF LEASE: _____
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) _____

6. IF FARM LAND, PARTICULARS OF CROPS SOWN: _____

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____
Canoe, Value \$50.00, at K. M. Boatworks, Gerogia St., Vancouver, B. C.
in their care.

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS _____

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY _____

4. INSURANCE CARRIED ON ABOVE PROPERTY:

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. LIFE INSURANCE: Mutual Life Ins. Co. Policy No. unknown, \$1,000.00 /
beneficiary mother TAMA in own possession.

10. INTEREST IN ANY ESTATES OR TRUSTS:

11. SAFETY DEPOSIT BOX:

LIABILITIES:

1. PERSONAL DEBTS:

2. TRADE DEBTS:

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 20th day of April 1942.

(Signature)

Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Date Feb. 24/43.

Our File No. 5039

Full Name KIMOTO, Kameo Jack
(Surname in Block Letters)

Registration No. 01877

Male - Female
(check)

Age July 2, 1920.

Former Address 1941 Turner St., Vancouver, B.C.
c. 550 Campbell Ave., " "
@ Hastings Park, Vancouver, B.C.

Date Evacuated last wk. March /42. Naturalized - Canadian-Born - National
(check)

Present Address ~~One to be in Bramsville, Ontario (Hastings Park)~~
~~March 10th.~~ BRAMSVILLE, ONT.

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother YANAI, Tama (03877)

Name of Father _____

Names of Children under 16 _____

Requested by Mary Lynn

Registered with Custodian Yes
(Yes or No)

Additional Information Desk hand

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Kam eo Kimoto

File No. 5039

Reg. No.

Company Mutual Life

Agency

Policy No. 534326

Premium - \$ 38.22

Payable: Annually, Semi-annually or monthly

Month September Day 6

REMARKS: