## 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.

|  | RMATION   |   |                 |                   |                   |
|--|---|---|-----------------|-------------------|-------------------|
| AME: OHORI,  | <u> Riyoshi</u>   |   |                 |                   |                   |
| OME ADDRESS  | . Strawberry Hi   | U1, B/G.  |                 |                   |                   |
| EGISTRATION I  | NUMBER 15224  | SEX:  | Male -          | AGE:              | 18                |
| CCUPATION:   | Unemployed  |   |                 |                   | •                 |
| (If any business o   | r businesses carried on, st                             | tate where, under                                 | what name and w | vhether carried o | n by yoursel      |
|  | or husinesses carried on a<br>one; if partnership, give | partners name.)                                   |                 |                   |                   |
| MPLOYER:   |   |   |                 |                   |                   |
| (ARRIED?   | No.   |   | Part Control    |                   |                   |
| IAME OF WIFE   | OR HUSBAND:   |   |                 |                   |                   |
| DDRESS OF W  | IFE OR HUSBAND:   |   |                 |                   | igen and a second |
| NAMES OF ANY   | LIVING CHILDREN   | N:  |                 | $\mathcal{Y}/-$   |                   |
|  |   |   | -/A             |                   |                   |
|  |   |   | 1.6             |                   |                   |
| ADDRESS OF C   | HILDREN:  |   | - AP            |                   |                   |
| AGE OF CHILDI  |   |   | - / - V         |                   |                   |
|  | F ALL REAL PROP   |   |                 |                   | particular        |
|  | F ALL REAL PROF   |   | arcel must be   |                   | particular        |
| 1. LOCATION  | F ALL REAL PROF   | V   |                 |                   | Particular        |
| 1. LOCATION  | F ALL REAL PROP   | V   |                 |                   | Particular        |
| 1. LOCATION  | F ALL REAL PROP   | V   |                 |                   | Particular        |
| 1. LOCATION  | F ALL REAL PROP   | V   |                 |                   | Particular        |
| 1. LOCATION  2. BUILDING   | S AND OTHER IMI   | PROVEMENTS  |                 |                   | Particular        |
| 1. LOCATION  2. BUILDING   | F ALL REAL PROP   | PROVEMENTS  |                 |                   | Particular        |
| 1. LOCATION  2. BUILDING  3. INSURAN                             | S AND OTHER IMI   | PROVEMENTS:                                       | licies arb      |                   | particular        |
| 1. LOCATION  2. BUILDING  3. INSURANCE  4. TAXES (A              | S AND OTHER IMI   | PROVEMENTS ; state where po                       | Sicies are      |                   |                   |
| 1. LOCATION  2. BUILDING  3. INSURANCE  4. TAXES (A              | S AND OTHER IMI   | PROVEMENTS ; state where po                       | Sicies are      |                   |                   |
| 1. LOCATION  2. BUILDING  3. INSURANCE  4. TAXES (A              | S AND OTHER IMI   | PROVEMENTS ; state where po                       | Sicies are      |                   |                   |
| 1. LOCATION  2. BUILDING  3. INSURANCE  4. TAXES (A.  5. ENCUMBI | S AND OTHER IMI   | PROVEMENTS  state where positive any unregistered | dains or dep    | osit of little de |                   |

|              | STATE IF ANY OTHER PERSON HAS ANY INTEREST: None  |
|--------------|---|
| 9.           | IF FARM LAND STATE CROPS SOWN None  |
|              |   |
|              |   |
| т            | ATEMENT OF REAL PROPERTY OCCUPIED   |
|              | LOCATION AND DESCRIPTION: Nine-room frame dwelling house on   |
|              | 436 Sekset Scott Rd., R.R. No.1. New Westminster, BC  |
| 2.           | LANDBORD'S NAME AND ADDRESS: My father  |
|              |   |
| 3.           | PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: None  |
|              |   |
| 4.           | STATE WHEREABOUTS OF LEASE: None  |
| 5.           | SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) Hone   |
|              |   |
|              |   |
|              |   |
| 6.           | IF FARM LAND, PARTICULARS OF CROPS SOWN None  |
|              |   |
|              |   |
| T            | ATEMENT OF PERSONAL PROPERTY OWNED:   |
| 1.           | GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURE EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: |
|              |   |
|              |   |
| -            |   |
| -queen       |   |
|              |   |
|              |   |
|              | HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS. None   |
| 2.           |   |
| 2.           |   |
| 2.           |   |
| 2.           |   |
| <b>2. 3.</b> | GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, O   |

FOR DEPARTMENTAL USE

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

Date Monte/es Our File No. 5/70 OHOR! Kivashi
(Surname in Block Letters) Age aug. 28, 1925 Male - Female Registration No. 15224 Pormer Address Strawberry Will, B.C. Date Evacuated Qu.27/vz Naturalized - Canadian-Born - National (check) To Raymond Page. Present Address Married - Single Name of Wife (check) Name of Husband of Father Masato Names of Children under 16 Registered with Custodian Requested by\_ (Yes or No) Additional Information \_

(Information supplied by Ins. Co.)

## LIFE INSURANCE

ame

Kiyoshi Ohori

Mile No. 5170

Reg. No.

ompany Mutual Life

Agency

Policy No. 361853

Premium - \$ 35.00

Payable: Annually, Semi-annually or monthly

Month October Day 28

RUMARKS: