

5178

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: OKAMURA Masayoshi

HOME ADDRESS: Horrel Rd., R. R. #1 New Westminster, B. C.

REGISTRATION NUMBER 12619 SEX: Male AGE: 22

OCCUPATION: Farmer

(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: Father

MARRIED? No

NAME OF WIFE OR HUSBAND: ---

ADDRESS OF WIFE OR HUSBAND: ---

NAMES OF ANY LIVING CHILDREN: ---

ADDRESS OF CHILDREN: ---

AGE OF CHILDREN: ---

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)

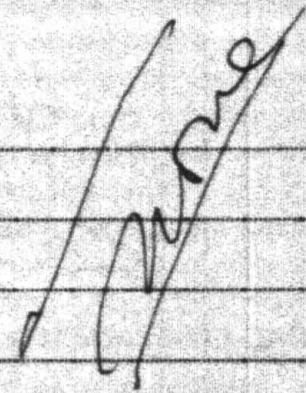
4. TAXES (Amount and where payable)

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed)

6. OCCUPANCY AND LEASES (If vacant so state)

Handwritten signature or scribble on the right side of the page.

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

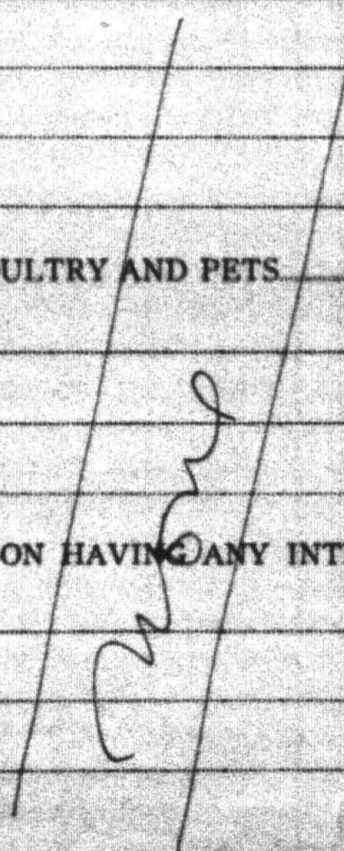
1. LOCATION AND DESCRIPTION: R. R. #1 Horrel Rd., New Westminster, B. C.
5 roomed 2 storeyed wooden frame house.
2. LANDLORD'S NAME AND ADDRESS: Father same
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: None
4. STATE WHEREABOUTS OF LEASE: None
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None
6. IF FARM LAND, PARTICULARS OF CROPS SOWN: None

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____
- None

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: 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 Sun Life Assurance Co. Vancouver B. C. \$1000.00
Beneficiary- father or mother. Policy in owner's possession

10. INTEREST IN ANY ESTATES OR TRUSTS. None

11. SAFETY DEPOSIT BOX: None

LIABILITIES:

1. PERSONAL DEBTS: None

2. TRADE DEBTS: None

I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected area as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, bonds or other securities, if any.

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 18th day of April 1942.

(Signature) M. Okamura

J. T. Williams
Witness

FOR DEPARTMENTAL USE _____

INFORMATION FROM R.C.M.P.

Date 4/6/43

Our File No. 5178

Full Name OKAMURA Masayoshi
(Surname in Block Letters)

Registration No. 12619 Male - Female
(check) Age Nov. 9, 1919

Former Address Howl Rd., R.R. #1, New West, B.C.

Date Evacuated Apr. 25/42 Naturalized - Canadian-Born - National
(check)

Present Address To Henry Houde, Calie, Man.

Married - Single
(check) Name of Wife _____

Name of Mother (nee KANASAWA) Name of Husband _____

Name of Mother Mitsu #12568 Name of Father Magrichi #12565

Names of Children under 16 _____

Requested by NED (81) Registered with Custodian _____
(Yes or No)

Additional Information Farmer

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Masayoshi Okamura

File No. 5178

To Henry Houde,
Eliu, Man

Reg. No. 12619

Company Sun Life

Agency Vancouver Agency

Policy No. 2027673

Premium - \$ 40.35

Payable: Annually, Semi-annually or monthly

Month December Day 15

REMARKS:

Letter sent 13/9/48