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MAST RICHMOND

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.

IOME ADDRESS: P.C. 970 New Westmin	
EGISTRATION NUMBER 09264	SEX: Mele AGE: 21
OCCUPATION: Logger and farmer	The state of the s
(If any business or businesses carried on, state whe	
and anyone; if partnership, give partner	name)
EMPLOYER: Farmed for K. Suda, D	
NAME OF WIFE OR HUSBAND	
ADDRESS OF WIFE OR HUSBAND:	None
NAMES OF ANY LIVING CHILDREN:	Home
ADDRESS OF CHILDREN:	None
AGE OF CHILDREN:	
STATEMENT OF ALL REAL PROPERTY	(Each parcel must be mentioned and partic
1. LOCATION AND DESCRIPTION:	None
2. BUILDINGS AND OTHER IMPROVEM	IENTS:
	None /
	None /
3. INSURANCE (Give particulars; state wh	nere policies are)
	nere policies are)
I. TAXES (Amount and where payable)	nere policies are) None None
4. TAXES (Amount and where payable)	nere policies are) None
4. TAXES (Amount and where payable)	None None Stered claims or deposit of title deed)
4. TAXES (Amount and where payable)	None None Stered claims or deposit of title deed)
4. TAXES (Amount and where payable)	None None Stered claims or deposit of title deed)

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: None 9. IF FARM LAND STATE CROPS SOWN. Yen. STATEMENT OF REAL PROPERTY OCCUPIED 1. LOCATION AND DESCRIPTION: Tyke Rd., MEM Blackmond, B.C., (despliing house) 2. LANDLORD'S NAME AND ADDRESS: Cousin % STDA, sage address 3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID. 1. Give 1. STATE WHEREABOUTS OF LEASE: None 5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid). 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: 1. Sone 2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS. None 3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OF CLAIM ON ANY SUCH PROPERTY. None			
STATEMENT OF REAL PROPERTY OCCUPIED 1. LOCATION AND DESCRIPTION: Dyko Rd., MRM Richmond, B.C. (Ambling home) 2. LANDLORD'S NAME AND ADDRESS: Covein K. SUDA, supple address 3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Rome 4. STATE WHEREABOUTS OF LEASE: 5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None 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: None 2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS None 3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR	8. 5	STATE IF ANY OTHER PERSON HAS ANY INTEREST:	None
L LOCATION AND DESCRIPTION: Dries Rd., MSM Richmond, E.C., (Amplling house) LANDLORD'S NAME AND ADDRESS: Cousin == K. SUDA, same address PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Rose STATE WHEREABOUTS OF LEASE: None SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid). None STATEMENT OF PERSONAL PROPERTY OWNED: I. 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 Rose 3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR	9. I	F FARM LAND STATE CROPS SOWN	Hone
L LOCATION AND DESCRIPTION: Dries Rd., MAN Richmond, B.C., (dwelling homes) LANDLORD'S NAME AND ADDRESS: Gousin == F., SUDA, supe sideress A PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Rose STATE WHEREABOUTS OF LEASE: None SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid). None STATEMENT OF PERSONAL PROPERTY OWNED: I 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. Rose 3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR			
(dwalling house) 2 LANDLORD'S NAME AND ADDRESS: Cousin K, SUDA, same address 3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: Rone 4. STATE WHEREABOUTS OF LEASE: Some 5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None 6. IF FARM LAND, PARTICULARS OF CROPS SOWN: Tone 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 None 3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR			
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		GIVE BRIEF DESCRIPTION AND STATE LOCATION (EQUIPMENT AND MACHINERY, STOCK IN TRADE A)	OF FURNITURE, FIXTURES ID PERSONAL EFFECTS: None /
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INFORMATION FROM R.C.M.P.

Our File No. 5298 Full Name SATO Kic	Date (44). (//3.
Registration No	Male - Female Age 2001 1/1/22
Former Address Millere P.O. d	1 B.C. 2.90, New 2/4. B.C.
Date Evacuated 10/6/42	
Present Address 6/0 m	1. Stockman Clacur . L/n. Co, Regus & C.
Married - Single (check)	Name of Wife Name of Husband
Name of Mother (SHIKAWA) Names of Children under 16	
Requested by C. Chard Additional Information	Registered with Custodian (Yes or No)

(Information supplied by Ins. Co.)

LIFE INSURANCE

Mame Sato Kichiro

File No. 5298

Reg. No.

Company Monarch

Agency Vancouver

Policy No.113757

Premium - \$ 47.80

Annually, Semi-annually or monthly Payable:

Mouth October

REMARKS: