OFFICE OF THE CUSTOBIAN

FILE NO. 5545

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.

HOME ADDRESS:	R.R. #1.	Mission B.C.		
REGISTRATION NU	MBER 06788	SEX: Indo	AGE:	#
OCCUPATION :		E. and Truck Driver	•	
(If any business or business o	sinesses carried on, state if partnership, give par	where, under what name a tner's name.)	nd whether carried	on by yourself or i
EMPLOYER:	Jather. Mr. MA	tauxoto		
MARRIED?	70		· · · · · · · · · · · · · · · · · · ·	
NAME OF WIFE OR	HUSBAND:	Chtys -		A
ADDRESS OF WIFE	OR HUSBAND:	Reft. Me	eion B.C.	
NAMES OF ANY LI	VING CHILDREN:	none		
ADDRESS OF CHIL	DREN:	Name .		
AGE OF CHILDREN			on e	
	LL REAL PROPER D DESCRIPTION:	TY (Each parcel must	be mentioned and	l particulars giver
	Special Actions		be mentioned and	l particulars giver
1. LOCATION AN	Special Actions	300	be mentioned and	l particulars given
1. LOCATION AN	D DESCRIPTION:	300		l particulars giver
1. LOCATION AN 2. BUILDINGS AN	D DESCRIPTION:	VEMENTS: BO		l particulars giver
1. LOCATION AN 2. BUILDINGS AN	D DESCRIPTION:	VEMENTS: Bo		l particulars giver
1. LOCATION AN 2. BUILDINGS AN 3. INSURANCE (D DESCRIPTION:	VEMENTS: BO	1000	l particulars giver
2. BUILDINGS AT 3. INSURANCE (D DESCRIPTION:	VEMENTS: 250	a.c.a.e	
2. BUILDINGS AT 3. INSURANCE (4. TAXES (Amount)	D DESCRIPTION:	VEMENTS: Bo	a.c.a.e	
2. BUILDINGS AT 3. INSURANCE (4. TAXES (Amount)	D DESCRIPTION:	VEMENTS: 100	none posit of title dee	
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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, FIXTURE	9. IF FARM LAND STATE CROPS SOWN STATEMENT OF REAL PROPERTY OCCUPIED 1. LOCATION AND DESCRIPTION: 2. LANDLORD'S NAME AND ADDRESS: 3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: 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, FIXTURE EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:	7.	STATE WHEREABOUTS OF TITLE DOCUMENTS:
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3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST I		3.	
	CLAIM ON ANY SUCH PROPERTY		CLAIM ON ANY SUCH PROPERTY
CLAIM ON ANY SUCH PROPERTY.			

s. м о	RTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF
6. MO	ONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)
	NDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts)
•	
9. LI	FE INSURANCE Sun Life Leurence Co. \$1000.00 Policy No. Unknown De
10. IN	TEREST IN ANY ESTATES OR TRUSTS.
11. SA	FETY DEPOSIT BOX:
LIABI	
1. PI	ERSONAL DEBTS: None
2 T	RADE DEBTS: Bone
area s	the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, bonds nor securities, if any.
every	certify that the above information is true and complete and fully discloses all my property of description in any protected area in British Columbia and sets forth all my liabilities direct direct.
	Pated this 17th day of April 1942. (Signature) Matsuurt
	772 Velliein (Signature) Witness
FOR	DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Date Jang 31/43.

Full Name MATSUMOTO (Surname in Block/Lette	Ma Sanari.
Registration No. 06782	Male - Female Age Jan - 8 1914 (check)
Former Address - Por / O.	aio, Pal Hammond B.C.
Date Evacuated Apr. 72/42	Naturalized - Canadian-Born - National (check)
Present Address a/o O me D. Dar	et fruitge Alty. ison Coaldale alla. # 13125
Married - Single (obeok)	Name of Wife (FINAMI) Chipe Name of Husband
Names of Children under 16 (N.	Name of Father Kumejiro 4 14042
	Cort Masas (n) 23/11/42
Our File No. 5'5"45"	Registered with Custodian
Requested By // Seatt Additional Information Puls	- Mill Warker 180h for

LIFE INSURANCE

Name MR. MASANARI MATSUMOTO
Lethbridge, alta

File No. 5545

Reg. No. 06782

Company Sun Life Insurance Co.

Agency Vancouver

Policy No. 2076043

Premium - \$ 40.45

Payable: Annually, Semi-annually or monthly

Month August

Day 1st

REMARKS:

Miles sent 28/8/93