

5722

HAMMOND

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: ~~KEN~~ ARINOBU, (Shiyo) (Mrs. Ima Manzo)

HOME ADDRESS: R.R. No. 1. Port Hammond, BC

REGISTRATION NUMBER 14047 SEX: Female AGE: 50

OCCUPATION: Housewife

(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: ---

MARRIED? Yes

NAME OF WIFE OR HUSBAND: Manzo

ADDRESS OF WIFE OR HUSBAND: R.R. No. 1. Port Hammond, BC

NAMES OF ANY LIVING CHILDREN: Saburo (M) Kenji (M) Kazuo (F)

ADDRESS OF CHILDREN: R.R. No. 1. Port Hammond, BC

AGE OF CHILDREN: 21, 19, 18, 14

STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)

1. LOCATION AND DESCRIPTION: None

2. BUILDINGS AND OTHER IMPROVEMENTS: None

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) ---

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: ~~None~~

2. LANDLORD'S NAME AND ADDRESS: ~~None~~

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, 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

CLAIM ON ANY SUCH PROPERTY

~~None~~

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: \$1000 Western Mutual Assn. Beneficiary my husband Policy at home.
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 25th day of April 1942.

(Signature)

S. Winslow

J. T. Williams

Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Date Oct 21/43.

Our File No. 5722

Full Name ARINOBU ^{Estate of} (Shiko) Mrs. Maruo
(Surname in Block Letters)

Registration No. 14047

Male - Female
(check)

Age Mar. 7, 1891

Former Address R.R. #1, Hammond, B.C.

Date Evacuated 11/6/42 (?) Naturalized - Canadian-Born - National
(check)

Present Address c/o Leo Schwartz,
Glendale, Man.

DIED DECEMBER 18th, 1944 at WINNIPEG, MANITOBA

Married - Single
(check)

Name of Wife —

Name of Husband Maruo # 13956

Name of Mother (Y. SUTSUI) Kisa Name of Father TSUTSUI, Ichikie

Names of Children under 16 (Dead) (Heidi)

See husband's sheet.

Requested by CCG Registered with Custodian

(Yes or No)

Additional Information

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April 19th, 1945.

Western Mutual Benefit Association,
515 Granville Street,
Vancouver, B. C.

Attention: Mr. J. A. Bryant

Dear Sir:

Re: Mrs. Shiyo ARINOBU

We acknowledge receipt of yours of the
16th instant enclosing cheque in the sum of \$1000.00
in full settlement of a claim arising through the
death of Mrs. Shiyo ARINOBU.

We enclose herewith official receipt No.
12455.

Yours truly,

R. D. Richardson,
Farm Department.

RDR:OH
Enc.
1

LOCKE, LANE, GUILD & SHEPPARD

Barristers & Solicitors

C. H. LOCKE, B.C.
W. S. LANE C. K. GUILD, B.C. (MAN)
F. A. SHEPPARD, B.C. (BANK) K. L. YULE
J. H. YOUNG B. C. LANE
C. C. LOCKE

703 Rogers Building

Vancouver B. C.

March 7th, 1945.

ENEMY SECTION	
Rec'd	MAR 8 1945
File No.	
Ans'd	✓
Refer'd	Miss Foz

Office of the Custodian,
509 Royal Bank Bldg.,
675 West Hastings Street,
VANCOUVER, B.C.
Attention Mr. Wright

Dear Sir:-

Re : Shiyo Arinobu, Deceased,
Files No. 5722, 599, Evacuee Section

We have your instructions herein to proceed with the procuring of releases from the Provincial and Dominion Succession Duty Departments and have prepared and forwarded the papers to the B.C. Security Commission asking them if they can have same executed through their agents in Manitoba.

Yours truly,

LOCKE, LANE, GUILD & SHEPPARD,
JWS

Per :

FAS/EB.

Files 5722
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February 28, 1945.

MEMORANDUM

To: Mr. Wright
From: Mr. Gibson

Re: Shiro ARIMORI #14847-Des'd
Western Mutual Benefit Association
Life Insurance Policy 3481-4509

The above named died at Winnipeg on December 18th 1944. At the time of her death there was in force the above numbered certificate covering on her life to the extent of \$1,000.00.

I have received through the B. C. Security Commission completed forms and documents required in connection with this death claim as listed in their letter of February 26th, 1945. In discussing this claim with the Secretary of the Western Mutual Benefit Association, this morning, I understand that they will require Provincial Government Succession Duty Release from Manitoba. We have the necessary authority on file signed by the beneficiary to incur and pay legal expenses in connection with the obtaining of same.

I am advised by the B. C. Security Commission that they have incurred expenses in connection with medical attendance and burial and are forwarding to us their bills for same along with the necessary authority to pay them from the proceeds of this policy.

Mrs. ARIMORI declared no assets with the exception of the above numbered policy and also stated on the J. P. Form that she had no debts. If you see fit, would you kindly refer this matter to our Solicitors to obtain the necessary Succession Duty Release as mentioned above.

*Be ac ltr
of 2/28/45.
indicates the
Arimori with
to pay the sum
money retained
if he could
pay*

[Signature]

SMJ:JS

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January 9, 1945.

Attention: Mr. Brown

B. C. Security Commission,
360 Homer Street,
VANCOUVER, B. C.

Dear Sirs:

Re: Mrs. Shiyo ARINOSU #14047
Western Mutual Benefit
Association Cert. #3481/4509

On January 2nd we advised the Western Mutual Benefit Association of the death of the above named and have received from them a letter dated January 3rd, copy of which we are attaching hereto along with death claim papers including Attending Physician's statement and Statement of Claimant. The Claimant's Statement will have to be completed by the beneficiary, the husband, Mr. Manso ARINOSU, Registration No. 13956. His present address on our file is shown as OLIVER, Manitoba.

As you will see by the enclosed letter the Western Mutual Benefit Association also require the Membership Certificate, verification of age, and Discharge of Succession Duties, and Certificate of Death.

We would ask you kindly to attend to the above if you are able to do so. When completed we will make claim on behalf of the beneficiary for the death benefit under this certificate.

Yours truly,

S. M. Gibson,
Insurance Department

SMG:JS

Encl.



WESTERN MUTUAL BENEFIT ASSOCIATION

INCORPORATED UNDER THE BRITISH COLUMBIA "SOCIETIES ACT"

815 GRANVILLE STREET
VANCOUVER, B.C.

January 3, 1945

EVACUATION SECTION	
Rec'd	JAN 4 1945
File No.	5722
Ans.	<i>[Signature]</i>
Referred	<i>[Signature]</i>

Custodian's Office
506 Royal Bank Building
Vancouver, B. C.

Dear Sirs:

File No. 5722

This will acknowledge your letter of January 2 in connection with a claim arising through the death of Mrs. Shiyo Arinobu and our Membership Certificate No. 3481/4509.

We enclose herewith claims forms, one to be filled in by the claimant, being the beneficiary named on the Membership Certificate, and the other by the attending physician. When these are completed we shall be glad to have you return them to us for consideration by our Board.

In addition, the Association will require the surrender of the Membership Certificate, verification of age, proof of payment of any probate or succession duties and Certificate of Death.

IMPORTANT: In order that you may understand how the Association provides for settlement of claims, when approved, you are urged to read Section 9 (a) of the by-laws which are contained in the Membership Certificate. Please do so before surrendering this document.

Yours truly,

[Signature]
J. A. Bryant - Secretary-Treasurer
WESTERN MUTUAL BENEFIT ASSOCIATION

JAB:NFB

Encl.