

RENTAL STATEMENT

5723

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: ARINOBU, Saburo

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

REGISTRATION NUMBER 14399 SEX: Male AGE: 21

OCCUPATION: Millhand

(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: Hammond Cedar Co.

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: 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) ---

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: I live with my parents

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, 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) \$35 War Savings Certificates Maple Ridge Co-op  
None

8. BANK ACCOUNTS: None

9. LIFE INSURANCE: \$1000 North American Life Co. Beneficiary my father  
20-year endowment. Policy at maple Ridge Co-op

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. Amundson

J. D. Williams  
Witness

FOR DEPARTMENTAL USE \_\_\_\_\_

✓  
INFORMATION FROM R.C.M.P.

Date

Mar. 25/43.

Our File No. 5723

Full Name ARINBU Sabure  
(Surname in Block Letters)

Registration No. 14399 Male - Female  
(check)

Age

Jan. 28, 1921

Former Address

R.R. #1, Port Hammond, B.C.

Date Evacuated

2/6/42 Naturalized - Canadian-Born - National  
(check)

Present Address

Kennicoy Supply & Fuel Co. Ltd.,  
Shelley, Man.

Married - Single  
(check)

Name of Wife

Name of Husband

Name of Mother

(<sup>nee</sup> TSUTSUMI) Ship Name of Father Mango #13956

Names of Children under 16

# 14047 4722

Requested by

CCG

Registered with Custodian

Yes  
(Yes or No)

Additional Information

Millhand

5723

April 27th, 1945.

Messrs. Woodworth & Woodworth Ltd.,  
406-7-8 Randall Building,  
535 West Georgia Street,  
Vancouver, B. C.

Dear Sirs:

re: Dr. John Christie v.  
S. ARINOBU - \$10.00

We have written to Saburo ARINOBU regarding the claim you filed against the above named on behalf of your client, Dr. John Christie, but have received no reply.

As the Custodian has no funds belonging to ARINOBU, we suggest that you contact him direct. His address is:-

Saburo ARINOBU, #14399,  
Winnipeg Supply and Fuel Co. Ltd.,  
Shelley, Man.

Yours truly,

A. McAlister,  
Claims Department.

  
AMcA:ND

