

65'28

BUREAU POWELL STREET  
 OFFICE OF THE CUSTODIAN  
 JAPANESE SECTION

FILE No. 6528

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: HONMURA Yoshiko (Miss)HOME ADDRESS: 1658 W 28th Ave., Vancouver, B.C.REGISTRATION NUMBER 07424 SEX: F AGE: 23OCCUPATION: Helps at home

(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: NoneMARRIED? 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: \_\_\_\_\_

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) \_\_\_\_\_

CLAIM ON ANY SUCH PROPERTY

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:

STATEMENT OF PERSONAL PROPERTY OWNED:

6. IF FARM LAND, PARTICULARS OF CROPS SOWN:

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)

4. STATE WHEREABOUTS OF LEASE:

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID. Rent None

2. LANDLORD'S NAME AND ADDRESS: Unknown

1. LOCATION AND DESCRIPTION: stuccoed 2-storied Dwelling

STATEMENT OF REAL PROPERTY OCCUPIED

1888 W 28th Ave, Vancouver, B.C.

7. STATE WHEREABOUTS OF TITLE DOCUMENTS:

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST:

9. IF FARM LAND STATE CROPS SOWN

4. INSURANCE CARRIED ON ABOVE PROPERTY: \_\_\_\_\_

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF  
OTHERS: \_\_\_\_\_

6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) \_\_\_\_\_

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) \_\_\_\_\_

8. BANK ACCOUNTS: \_\_\_\_\_

9. LIFE INSURANCE: \$800.00 Prudential, Pol. #M8208308, 20 yrs End.  
Prem. \$ 5.74 per month, Other details unknown,  
policy at home.

10. INTEREST IN ANY ESTATES OR TRUSTS. \_\_\_\_\_

11. SAFETY DEPOSIT BOX: \_\_\_\_\_

**LIABILITIES:**

1. PERSONAL DEBTS: \_\_\_\_\_

2. TRADE DEBTS: \_\_\_\_\_

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 28th day of April, 1942.(Signature) Y. HonmuraWitness

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

6528

INFORMATION FROM R.C.M.P.

Date Aug. 18/43

Our File No. 6528

Full Name HONMURA Yoshiko (Miss)  
(Surname in Block Letters)

Registration No. 07424      Male - Female  
(check)      Age Aug. 15, 1918

Former Address 1658 21. 28th Ave., City

Date Evacuated May 22/42      Naturalized - Canadian-Born - National  
(check)

Present Address Lethbridge Alta.  
June 22/46 New Denver Skatomin, New Denver, B.C.

Married - Single Single  
(check)      Name of Wife —

Name of Mother (MURAI) Masano      Name of Husband —

Name of Father Kumaichi #02039

Names of Children under 16 #06798

Requested by Mawel      Registered with Custodian —  
(Yes or No)

Additional Information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# The Fidelity

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

ALBERT F. JACQUES, SECOND VICE PRESIDENT  
 RALPH T. HELLER, ASSISTANT SECRETARY  
 FRED G. HAPFICH, SUPERVISOR  
 EUGENE B. CAMPBELL, ASSISTANT SUPERVISOR  
 ORDINARY DISABILITY CLAIM DEPARTMENT  
 HERBERT V. RYAN, MANAGER  
 ASSISTANT MANAGERS  
 WILLIAM J. FOGARTY CHARLES W. TOWNSEND  
 ELLIS R. CARHART

IN RE

Disability Claim M41670  
 Pol. M 6208308  
 Yoshiko Hommura

July 15, 1946.

Mr. A. G. McArthur,  
 Administration Department  
 Dept of Secty of State  
 Office of Custodian  
 Japanese Evacuation  
 506 Royal Bank Building  
 Vancouver, B. C.

Your file 6528  
 Register #07424

EVACUATION SECTION	
Rec'd	JUL 22 1946
File No.	6578
Ans.	File
Referred	Mr. Ryan

Dear Sir:

In reply to your letter of June 20, relative to the payment of the disability benefits of the above numbered policy, we are enclosing two copies of our letter explaining the amount of the check.

If we can be of any further service to your department, do not hesitate to write us.

Yours truly,

H. V. Ryan  
 Manager.

*Handwritten notes:*  
 Mrs R.  
 Copy of each. to  
 Sept 12. as  
 AF EAL  
 sent to Mr. Ryan 20

Mr. John H. ...  
Policy ...  
...

JUL 9 1949

Mr. ...  
Mr. ...  
Mr. ...

Dear Mr. ...

We are pleased to enclose our check for \$20.00, representing a refund of the premium for August 17, 1948 to February 17, 1949, inclusive.

The endorsement on the check is the only receipt required.

We have noted that the payment of the insurance in installments is not desired. Accordingly we are enclosing a form outlining the conditions under which the Company will agree to hold such installments as may be payable under the disability provision. We wish to point out that no interest will be allowed on any installments so held.

If it is desired that the disability installments be held by the Company in accordance with the attached agreement, the agreement should be signed, witnessed and returned to this department with the policy which will then be endorsed and returned.

If you should desire additional information concerning this insurance, do not hesitate to write us. When corresponding, please include the disability claim number, for then we shall be better able to give prompt service.

Yours truly,

...

...

6528 ✓

June 20th, 1946

Attn: J. D. Reinfelder

The Prudential Insurance Company of America,  
Newark, New Jersey,  
U. S. A.

Dear Sirs:

Re: Miss Yoshiko HONMURA,  
Reg. No. 07424.

We are in receipt of your letter of June 10th and note your wish to refund to the above insured seven monthly premiums for a total amount of \$24.87, which amount represents premiums paid beyond the date when total and permanent disability became effective.

This office has no objection to this payment being made direct to Miss Yoshiko Honmura at the Denver Sanatorium, New Denver, B. C., but we would appreciate receiving two copies of your letter to the above Japanese person enclosing the cheque that we may send one copy to the Department of Labour, Japanese Division, and retain one for our file.

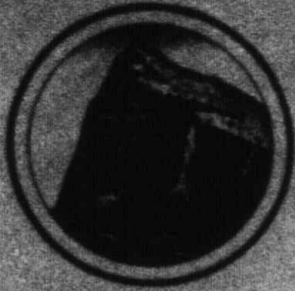
Yours truly,

A. G. McArthur,  
Administration Department

/ER

cc Miss Yoshiko HONMURA  
cc Department of Labour, Japanese Division.





# The Fidelity

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

LOUIS R. MENAGH, JR., CONTROLLER  
ASSISTANT CONTROLLERS  
HARRY A. NITSCHER    ARTHUR F. HUBSCHMITT  
PATRICK J. FLATLEY    WILLIAM CHODORCOFF  
GLENN W. SMITH  
SUPERVISORS  
GEORGE S. HULSE    WENDEL J. DROBNYK  
CHARLES S. LANG

IN RE    Disability Claim No.-M41,670  
Policy No.-M6,208,308  
Insured-Yoshiko Homura.

June 10, 1946

Department of Secretary of State,  
Office of the Custodian,  
506 Royal Bank Building,  
Hastings and Granville,  
Vancouver, British Columbia, Canada

EVACUATION SECTION	
Rec'd	JUN 15 1946
File No.	65 28
Ans.	<i>[Signature]</i>
Referred	<i>[Signature]</i>

Gentlemen:

The insured under the above numbered Canadian contract who is of Japanese extraction according to our records was born in Eburne, British Columbia.

We have been informed our insured was evacuated to Turin, Alberta, from British Columbia and while at Turin she was employed by a Mr. Tony Stronski on a sugar beet project. We are further informed her employment on the project was under the jurisdiction of the British Columbia Security Commission. Subsequently our insured became ill and in July 1945 with the permission of the British Columbia Security Commission she was sent to the Denver Sanatorium, New Denver, British Columbia, where she is presently confined with tuberculosis.

We have recently approved a disability claim on this contract which provides for the payment of the insurance in instalments over a period of ten years, however, our insured has decided not to take the instalments but instead, leave them with the Company so that the face amount of the policy is left in tact. We do, however, wish to refund to the insured seven monthly premiums for a total amount of \$24.87 which represents premiums paid beyond the date when total and permanent disability became effective.

In view of the foregoing we would appreciate being advised the proper procedure to follow in order to refund the sum of \$24.87.

In order to expedite the payment, we would appreciate it if you will please forward your reply addressed for the attention of the undersigned.

Very truly yours,

*J. P. Reinfelder*  
Assistant to the Supervisor.