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HANEY

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: AOMOTO (Niwa) Mrs. Tehiji				
HOME ADDRESS: R.R. No.1, Heney, B				
REGISTRATION NUMBER 15760 SEX: Jemale AGE: 43				
OCCUPATION: Equation :				
(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?				
NAME OF WIFE OR HUSBAND: Ichiji 7008 /3724				
ADDRESS OF WIFE OR HUSBAND: R.R. No.1, Haney, B				
NAMES OF ANY LIVING CHILDREN: Sayobo (F) 12 Teruo (M) 10				
ADDRESS OF CHILDREN: R.R. No.1, Heney, BC				
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: None				
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9.	S. STATE IF ANY OTHER PERSON HAS ANY INTEREST: None O. IF FARM LAND STATE CROPS SOWN None			
T/A	TEMENT OF REAL PROPERTY OCCUPIED			
	LOCATION AND DESCRIPTION: I live with my husband at R.R. No.			
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:			
	ATEMENT OF PERSONAL PROPERTY OWNED: GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: Note			
	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			

	FILE No.
	INSURANCE CARRIED ON ABOVE PROPERTY: None
	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). None
- 7. -	BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts)
9.	BANK ACCOUNTS: None LIFE INSURANCE: \$1000 Western Mutual Benefit Assn. Beneficiary my husband. Policy No. 5954/5233 in my possession INTEREST IN ANY ESTATES OR TRUSTS. None
— Ш	SAFETY DEPOSIT BOX: None BILITIES: PERSONAL DEBTS: None
	TRADE DEBTS: None
eve	I, 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 other securities, if any. I certify that the above information is true and complete and fully discloses all my property of my description in any protected area in British Columbia and sets forth all my liabilities direct indirect.
	Dated this 30th day of April 1942. (Signature) M: 00000000000000000000000000000000000
FO	R DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

ur File No. <u>69</u>		Date <u>Opril 29/43</u>
	Annoto - Niwa (Mrs. (Surname in Block Letter	- <u>/ () </u>
egistration No.	13760 Male - Female (check)	Age Sept 1-188
Former Address	R.R.#1 Haney	B.C.
Date Evacuated _	Aug 31-42 Naturalized -	- Canadian-Born - National (check)
Present Address	Died & The Denver,	BC., July 25/44
Married - Single (check)	Name of Wife Name of Husband	Teligi-pile 7005
Name of Mother _	deck Name of Father	acck
Names of Children	under 18 SEV Lust	L. slut.
Requested by	Cels## Registered with	n Custodian (Yes or No)
Additional Inform	ation housewife	

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COLUMN TROUBLE

Priven Int., 1944.

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NO CLANE OF THE

We enclose herewith our charge for \$64.00 which we understand is the amount required to reinstate the above policies. We have today forwarded to the above arties the reinstatement forms received from your office and have asked Mr. and Mrs. ADMOTO to complete same and return direct to you.

Yours truly,

S. M. Gibson, Insurance Department

SMC:JS Encl.

together with reinstatement forms which are required to be completed by both you and your wife and returned to the insurance company. Kindly complete these forms and return same at your earliest convenience.

Yours truly,

S. M. Gibson, Insurance Department

SMG:JS

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

Dear Sirs:

Re: Ichiji AOMOTO-No. 3955/5234 Niwa AOMOTO -No. 3954/5233

We have received from Mr. Ichiji AOMOTO and enclose herewith the completed reinstatement forms in connection with the above policies. Will you kindly forward your receipt for \$64.00 direct to Mr. AOMOTO at East Lillooet, B. C.

Yours truly,

S. M. Gibson, Insurance Department

SMG:JS Encl. Mr. Ichiji AOMOTO, Registration No. 13724, East willooet, B. C.

Dear Sirt

Ret Western Mutual Benefit Association Pol. No. 3955/5234-Ichiji AOMOTO Pol. No. 3954/5233-Niwa AOMOTO

We wish to acknowledge receipt of your letter of November 21st employing reinstatement forms which we have forwarded to Western Mutual Benefit Association. We have asked them to forward the receipt for the payment of \$64.00 direct to you.

Yours truly,

S. M. Gibson Insurance Department

SMC:JS

August 28, 1944.

British Columbia Becurity Commission, Dick Building, 360 Homer Street, Vancouver, B. C.

Attention Ir. M. L. Brown.

Dear Sirt

Res ACHOTO, Schiji 913724 ACHOTO: Hraskins 913760 (decensed).

We enclose herewith a cheque in the amount of \$60.00 from funds held to the credit of Tohiji Admond at this office, in payment of funeral expenses advanced by the Commission for the buriel of his mother, Mrs.

Nive ADMOND, who died at New Denver July 25, 1944.

Yours truly,

W. E. Anderson, Form Department.

the. (cheque)