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## HAMMOND, B.C. 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.

HOME ADDRESS: R. R. #1, 21st Rd., Hammond, B.C.	
REGISTRATION NUMBER 09252 SEX: Male AGE:	20
OCCUPATION: Logger- millhand	
(If any business or businesses carried on, state where, under what name and whether carried partnership with anyone; if partnership, give partner's name.)	ed on by yourself
EMPLOYER: Pasific Wills, Ocean Falls, B. C.	
MARRIED? No	
NAME OF WIFE OR HUSBAND: None	
ADDRESS OF WIFE OR HUSBAND: None	
NAMES OF ANY LIVING CHILDREN: None	
ADDRESS OF CHILDREN: None	
TATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and 1. LOCATION AND DESCRIPTION:  None	d particulars giv
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TATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and Location and Description: None	
2. BUILDINGS AND OTHER IMPROVEMENTS: None	
1. LOCATION AND DESCRIPTION: None  2. BUILDINGS AND OTHER IMPROVEMENTS: None	
1. LOCATION AND DESCRIPTION: None  2. BUILDINGS AND OTHER IMPROVEMENTS: None  3. INSURANCE (Give particulars; state where policies are) None	
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LOCATION AND DESCRIPTION: None  2. BUILDINGS AND OTHER IMPROVEMENTS: None  3. INSURANCE (Give particulars; state where policies are) Mone  4. TAXES (Amount and where payable) None	
1. LOCATION AND DESCRIPTION: None  2. BUILDINGS AND OTHER IMPROVEMENTS: None  3. INSURANCE (Give particulars; state where policies are) None  4. TAXES (Amount and where payable) Ngne  5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed	
1. LOCATION AND DESCRIPTION: None  2. BUILDINGS AND OTHER IMPROVEMENTS: None  3. INSURANCE (Give particulars; state where policies are) Mone  4. TAXES (Amount and where payable) None	

	STATE IF ANY OTHER PERSON HAS ANY INTEREST: None
). —	IF FARM LAND STATE CROPS SOWN None
	TEMENT OF REAL PROPERTY OCCUPIED  LOCATION AND DESCRIPTION: 21st Rd., Home Hammond, B. C.
•	Living with femily.
	LANDLORD'S NAME AND ADDRESS: Note
	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
	STATE WHEREABOUTS OF LEASE: None
	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)  None
	IF FARM LAND, PARTICULARS OF CROPS SOWN: None
	TEMENT OF PERSONAL PROPERTY OWNED:  GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:  None
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
30	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS
2	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:  None

## INFORMATION FROM R.C.M.P.

Our File No. 727	8		Date Sip	1.14/13.
Full Name MENNE	(Surname	in Block Letters)		
Registration No. 09	252.	Male - Female (check)	Age A	ay26,19.
Former Address 2	aud,	AG Hail Van	und, of	6
Date Evacuated //	16/42-	Naturalized .	- Canadian-Born (check)	- National
Present Address	(#3, Bu	lgin bel	ude, Tens	w, BC
Married - Single (check)		Name of Wife		
Name of Mother / Names of Children und		Name of Husband Name of Father	Jataro -	14167
Requested by 2	B	Registered w	with Custodisn	Yes or No)
Additional Informatio	n - J	yw:		
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