

8091

PERSONAL

BUREAU POWELL STREET
OFFICE OF THE CUSTODIAN
JAPANESE SECTION

FILE NO. 8091

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: ODA, Sarah Fusako

HOME ADDRESS: 321 Johnson St., New Westminster, B.C.

REGISTRATION NUMBER: 08213 SEX: Female AGE: 22

OCCUPATION: Bookkeeper

(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: Best Fuel Co., Johnson Rd., Queensboro, 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

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) None

4. TAXES (Amount and where payable) None

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) None

6. OCCUPANCY AND LEASES (If vacant so state) None

STATEMENT OF REAL PROPERTY OCCUPIED

- 7. STATE WHEREABOUTS OF TITLE DOCUMENTS: None
- 8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: None
- 9. IF FARM LAND STATE CROPS SOWN: None

1. LOCATION AND DESCRIPTION: 321 Johnson St., New West., B.C.

2. LANDLORD'S NAME AND ADDRESS: Lives with parents

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

4. STATE WHEREABOUTS OF LEASE: None

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid): None

6. IF FARM LAND, PARTICULARS OF CROPS SOWN: None

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: \$500.00 20 yr Endow. Prudential Life Ins. New West., B.C. Beneficiary father (Sekitaro) - Pol. #M6685574, in owner's possession.

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 7th day of May 1942.

A. S. McArthur
Witness

(Signature) Sarah Fushko Ode

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

DATE Aug. 26/43

Our File No. 8091

Full Name ODA, Sarah Fusako
(Surname in Block Letters)

Registration No. 08213 Male - Female Age Mar. 28, 1920
(Check)

Former Address 321 Johnson St., New Westminster, B. C.

Date Evacuated Sept. 2/42 Naturalized - Canadian-Born - National
(Check)

Present Address Lemon Creek, Slokan, B. C.

Married - Single
(Check)

Name of Wife _____

Name of Husband _____

nee
Name of Mother (SHIRAKAWA) Saku #08350 Name of Father Sekitaro #08349

Names of Children under 16 _____

Requested by GM Registered with Custodian _____
(Yes or No)

Additional Information Bookkeeper