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AND MEAN SERVICE OF THE SERVICE OF THE PROPERTY OF THE SERVICE OF

PERSONAL 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.

| | 在"60mg/80g/60g/60g/60g/60g/60g/60g/60g/60g/60g/6 |
|--|---|
| PERSONAL INFORMATION | |
| NAME: MIURA, Hiroshi. | |
| HOME ADDRESS: Woodfibre | S. B.G. |
| REGISTRATION NUMBER 1 | 15105 SEX: (M) AGE: 16 |
| OCCUPATION: Stydent W | Foodfibre, High-school. |
| (If any business or businesses carried | on, state where, under what name and whether carried on by yourself |
| partnership with anyone; if partnership, EMPLOYER: none | |
| MARRIED? No | |
| | none |
| NAME OF WIFE OR HUSBAND: | |
| ADDRESS OF WIFE OR HUSBAN | |
| NAMES OF ANY LIVING CHILD | REN: none |
| | |
| | |
| ADDRESS OF CHILDREN: | none |
| AGE OF CHILDREN: | a Cone |
| | |
| 2. BUILDINGS AND OTHER IN | |
| | |
| | |
| | |
| 3. INSURANCE (Give particular | rs; state where policies are) |
| | |
| 4. TAXES (Amount and where no | ayable) |
| | any unregistered claims or deposit of title deed) |
| - CANDARA CE (Including | any difference claims of deposit of fittle deed) |
| | |
| | |
| 6. OCCUPANCY AND LEASES | (If vacant so state) |
| | |

| | CLAIM ON ANY SUCH PROPERTY |
|--|---|
| HAVING ANY INTEREST IN, O | 3. GIVE THE NAME AND ADDRESS OF ANY PERSON I |
| | |
| | |
| KA WND BELZ | 2 HORSES, LIVESTOCK AND OTHER ANIMALS, POULT |
| | |
| | |
| | |
| | |
| | |
| | 1. GIVE BRIEF DESCRIPTION AND STATE LOCATION EQUIPMENT AND MACHINERY, STOCK IN TRADI |
| | STATEMENT OF PERSONAL PROPERTY OWNED: |
| | |
| OKOE - | 6. IF FARM LAND, PARTICULARS OF CROPS SOWN: |
| | |
| | |
| | |
| onon (bien steh tedw | |
| | 4. SIMIE WHEREABOUTS OF LEASE: 5. SUB-TENANTS, IF ANY (Give name, address, rent and to |
| euou | 4. STATE WHEREABOUTS OF LEASE: |
| Ouou | * STATE WHEREABOUTS OF LEASE: |
| None AHICH EVID: TYAS STEP JE | STATE WHEREABOUTS OF LEASE: |
| DOUP. | * STATE WHEREABOUTS OF LEASE: * STATE WHEREABOUTS OF LEASE: |
| MONE TO SECOND STATE OF SECOND | 4. STATE WHEREABOUTS OF LEASE: 2. PARTICULARS OF LEASE AND RENT AND DATE TO W. 2. LANDLORD'S NAME AND ADDRESS: B.C. Pulp. W. 1. LOCATION AND DESCRIPTION: MODALIDE TO W. |
| None AHICH BVIB: TTA®® ********************************* | 4. STATE WHEREABOUTS OF LEASE: 2. PARTICULARS OF LEASE AND RENT AND DATE TO W 2. LANDLORD'S NAME AND ADDRESS: B.C. Pulp. W. |
| MONG AHIGH EVID: TTA®® *TEP 37 | S Trandiord's and |
| MONE SOME | 4. STATE WHEREABOUTS OF LEASE: 2. PARTICULARS OF LEASE AND RENT AND DATE TO W. 2. LANDLORD'S NAME AND ADDRESS: B.C. Pulp. W. 1. LOCATION AND DESCRIPTION: MODALIDE TO W. |

7. STATE WHEREABOUTS OF TITLE DOCUMENTS ...

| - | | PILE No. |
|------------|--|--|
| | INSURANCE CARRIED ON ABOVE | PROPERTY: |
| | MORTGAGES, LIENS AND OTHER | R CLAIMS ON PROPERTY IN POSSESSION O |
| | MONEYS OWING TO YOU (State if | any of these debts assigned and if so, to whom) |
| | | |
| 2 | | |
| | | TOCKS OR OTHER SECURITIES (State whereabouts |
| L | BANK ACCOUNTS: | Ione |
| | LIFE INSURANCE: | - None |
| | INTEREST IN ANY ESTATES OR TR | USTS. None |
| | SAFETY DEPOSIT BOX: | None |
| IA | BILITIES: | |
| | PERSONAL DEBTS: | |
| | | |
| | | |
| | TRADE DEBTS: | |
| | | |
| | | |
| _ | | |
| | | |
| rea r o | as set out above, excepting fishing vest ther securities, if any. I certify that the above information is to | urn over to the Custodian all my property in the protect sels, deposits of money, shares of stock, debentures, bon true and complete and fully discloses all my property British Columbia and sets forth all my liabilities dire |
| | Dated thisday of | 1942, |
| | | (Signature) H. Muna |

FOR DEPARTMENTAL USE

| | INFORMATION FROM R.C.M.P. |
|------|---|
| Our | File No. Street |
| Ful | Name HIVER (Surhame in Block Letters) |
| Reg | istration No. 15/05 Male - Female Age Aprel Age (check) |
| For | mer Address Saldu, 196 |
| Dat | e Evacuated hay 11/42 Naturalized - Canadian-Born - National (check) |
| Pre | sent Address Kauly BC |
| Mar | ried - Single (check) Neme of Wife |
| | e of Mother recempsul Yosh, Name of Husband Name of Father Epska Hogyas es of Children under 16 |
| Req | uested by Voke 1 Scott Registered with Custodian (Yes or No) |
| Ad d | itional Information |
| | |
| | |
| | |