

88693

FRASER VALLEY

FILE NO. 8693

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: OKADA, Tsune (Mrs. Tadaichi)

HOME ADDRESS: 19th Ave., Whonnock, B. C.

REGISTRATION NUMBER 11981 SEX: Female AGE: 46

OCCUPATION: Housewife

(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? Yes

NAME OF WIFE OR HUSBAND: Tadaichi

ADDRESS OF WIFE OR HUSBAND: 19th Ave., Whonnock, B.C.

NAMES OF ANY LIVING CHILDREN: None

ADDRESS OF CHILDREN: ---

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) ---

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) ---

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.....

CLAIM ON ANY SUCH PROPERTY **None**

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

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS **None**

.....
.....
.....

None

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: ---

.....
.....

2. LANDLORD'S NAME AND ADDRESS: ---

Whomok, B.C.

1. LOCATION AND DESCRIPTION: I live with my husband at 19th Ave.,

STATEMENT OF REAL PROPERTY OCCUPIED

.....
.....

9. IF FARM LAND STATE CROPS SOWN: ---

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: ---
7. STATE WHEREABOUTS OF TITLE DOCUMENTS: ---

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: \$1000 20-year endowment policy in the Sun Life Ins. Co. Beneficiary my husband. Policy at home

10. INTEREST IN ANY ESTATES OR TRUSTS None

11. SAFETY DEPOSIT BOX: None

LIABILITIES:

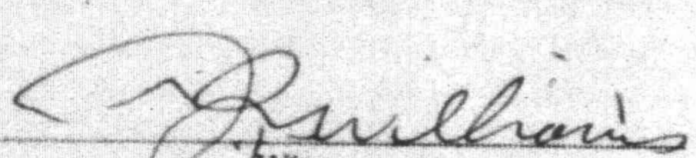
1. PERSONAL DEBTS: None

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 8th day of May 1942.


Witness

(Signature) T. Okada

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

Date

August 10/43

Full Name OKADA (Tsune) Mrs. TADAICHI
(Surname in Block Letters)

Registration No.

11961

Male - Female
(check)

Age

Sept 24, 1895

Former Address

Cheyquoat, B.C.

Wharfedale, B.C.

Date Evacuated

Sept 12/42

Naturalized - Canadian-Born - National
(check)

Present Address

New Denver, B.C.

Married - Single
(check)

Name of Wife

Name of Husband Tadaichi #11960

Name of Mother

KAZI, Ume

Name of Father

KAZI, Kakuji

Names of Children under 16

Our File No.

8693

Registered with Custodian
(yes or no)

Requested By

11961

Additional Information

Housewife. Mother and
father's name are a coincidence.

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4th July, 1946.

Mrs. Tsune OKADA,
Registration No. 11961,
New Denver, B.C.

Dear Madam:

As requested by the Sun Life Assurance Company, we
enclose herewith their cheque in the amount of \$36.31 in your favour,
being dividend on your Insurance Policy No. 2408799.

Yours truly,

W.E. Anderson,
Administration Department.

WEA:HA
Encl.

C.C. Dept. of Labour

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Mrs. Tsune Okada

File No. 8693

New Denver B.C.

Reg. No. *11961*

Company Sun Life

Agency Vancouver Agency

Policy No. 679461

Premium - \$ 55.35

Payable: Annually, Semi-annually or monthly

Month July Day 1

REMARKS:

Letter sent 12/19/43