PERSONAL

BUREAU POWELL STREET 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.

4.00~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
NAME: OFORT, Posts		
HOME ADDRESS: 641 Powell St., Vengouver, 1	Ja. 0a	
REGISTRATION NUMBER 00403 SEX:	Female AGE	26 (24)
(If any business or businesses carried on, state where, under w partnership with anyone; if partnership, give partner's name.)	hat name and whether carri	ed on by yourself or
EMPLOYER: None		
MARRIED? Bo		
NAME OF WIFE OR HUSBAND:		
ADDRESS OF WIFE OR HUSBAND:		
NAMES OF ANY LIVING CHILDREN:		
ADDRESS OF CHILDREN:		
AGE OF CHILDREN:		
1. LOCATION AND DESCRIPTION:		
2 BUILDINGS AND OTHER IMPROVEMENTS:	1 000	
2. BUILDINGS AND OTHER IMPROVEMENTS: 3. INSURANCE (Give particulars; state where policie	sare)	
2. BUILDINGS AND OTHER IMPROVEMENTS:	s are)	
2. BUILDINGS AND OTHER IMPROVEMENTS: 3. INSURANCE (Give particulars; state where policie	s are) Mona.	

CI'VIW ON VNA SUCH PROPERTY. TORA
3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, C
S HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS
TATEMENT OF PERSONAL PROPERTY OWNED: GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
I TE BARM LAND, PARTICULARS OF CROPS SOWN:
. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)
STATE WHEREABOUTS OF LEASE:
PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
TVANDLORD'S NAME AND ADDRESS: 1000
. LOCATION AND DESCRIPTION: 662 Popula St., Tomonwer, St. C.
Notification and Description.
AND THE MENT PROPERTY OCCUPIED

7. STATE WHEREABOUTS OF TITLE DOCUMENTS ...

	FILE No
INSURANCE CARRIED ON ABOVE PROPERTY:	
MORTGAGES, LIENS AND OTHER CLAIMS ON P	
MONEYS OWING TO YOU (State if any of these debts as	ssigned and if so, to whom)
BONDS, DEBENTURES, SHARES, STOCKS OR OTHER	R SECURITIES (State whereabouts)
LIFE INSURANCE . Prudential Life Insurance Co.,	
Secreticismon, father, waters.	's possession. (Watari Chori)
Reneficiary, father, wateri. INTEREST IN ANY ESTATES OR TRUSTS.	Rone
INTEREST IN ANY ESTATES OR TRUSTS	
SAFETY DEPOSIT BOX: Mone	
MBINTIPS:	
. PERSONAL DEBTS:	
TRADE DEBTS:	
I, the undersigned, hereby voluntarily turn over to the Curea as set out above, excepting fishing vessels, deposits of more other securities, if any.	oney, shares of stock, debentures, bond
I certify that the above information is true and complete very description in any protected area in British Columbia a nd indirect.	
Dated this 34th day of By	1942
(Signatus	re) tume that
Colgnatul	있는 이렇는 그 100 Health 이번 100 Health - 100 Health
J.m. Chope.	

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INFORMATION FROM R.C.M.P.

Date No. 19/42

Registration No. 00403	Male - Female Age March
Former Address 641 Pauce	all et
Date Evacuated Och 1st/4;	2. Naturalized - Canadian-Born - Nations (check)
Present Address	- Lake BC
Married - Single (check) Mame of Mother (SUMICKA) Wa 2 0000 Names of Children under 16	Name of Father OHORI, 2/2
Our File No. 9070	Registered with Custodian (yes or no)
Requested By C. Girard Additional Information Read Oct 38/42 - name	fue party marucol o now SATO (7 ymi) Mrs 1/6