

9236



FORM "JP"  
**PERSONAL**

BUREAU POWELL STREET

FILE NO. 9236 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.

**PERSONAL INFORMATION**

NAME: SAKAGUCHI, Kyoji Herbert  
HOME ADDRESS: 1632 W. 2nd Ave., Vanc., B.C.  
REGISTRATION NUMBER 08038 SEX: Male AGE: 18  
OCCUPATION: Student

(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: None

MARRIED? No

NAME OF WIFE OR HUSBAND: --

ADDRESS OF WIFE OR HUSBAND: --

NAMES OF ANY LIVING CHILDREN: \_\_\_\_\_

ADDRESS OF CHILDREN: --

AGE OF CHILDREN: --

**STATEMENT OF ALL REAL PROPERTY** (Each parcel must be mentioned and particulars given)

1. LOCATION AND DESCRIPTION: --

2. BUILDINGS AND OTHER IMPROVEMENTS: ---

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) ---



CLAIM ON ANY SUCH PROPERTY. None

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR  
None

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

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES,  
EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:  
None

**STATEMENT OF PERSONAL PROPERTY OWNED:**

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

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

4. STATE WHEREABOUTS OF LEASE. None

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

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

1. LOCATION AND DESCRIPTION: Lives at 1632 W. 2nd Ave., Vancouver, B.C.

**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) \$10.00 War Saving Certificates, in owner's possession.

8. BANK ACCOUNTS: None

9. LIFE INSURANCE: None

10. INTEREST IN ANY ESTATES OR TRUSTS: None

11. SAFETY DEPOSIT BOX: None

**LIABILITIES:**

1. PERSONAL DEBTS: None

2. TRADE DEBTS: --

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 15th day of May 1942.

[Signature]  
Witness

(Signature) K. Sakaguchi

FOR DEPARTMENTAL USE



INFORMATION FROM R.C.M.P.

Date

Nov 16/42

Full Name SAKAGUCHI, Kyoji Herbert  
(Surname in Block Letters)

Registration No. 08038

Male - Female  
(check)

Age

18

May 1, 1924

Former Address 1632 W. 2nd Ave., Vancouver

Date Evacuated

Sept 5/42

Naturalized - Canadian-Born - National  
(check)

Present Address

Loran Extension, B.C.  
1/2 Burnside Lbr. & Coal Co. Passmore, B.C.  
Oct. 3/46: 533 Queen St. E., Toronto, Ont.

Married - Single (as at Oct 3/46)  
(check)

Name of Wife

Name of Husband

Name of Mother

MAYEDA Sawaya

Name of Father

SAKAGUCHI, Tanjiro  
- deceased. #06652

Names of Children under 16

Our File No.

9236

Registered with Custodian  
(yes or no)

Yes

Requested By

Evelyn Bridson

Additional Information

Student



(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Suguyama / Mrs . Chiyo File No. 9326

*c/o Baille St E*

Reg. No.

*05161*

*Kamloops*

*BC*

Company New York Life

Agency

Policy No. 15 183 697 A1

Premium - \$3. 90

Payable: Annually, Semi-annually or monthly

Month January Day 12

REMARKS:

*m!*

*Letter sent 12/19/43*