

9323

FRASER VALLEY

HATZIC

FILE No. 9323

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: TANAKA, Hitoshi

HOME ADDRESS: Capilano Shingle Co. Hatzic, B.C.

REGISTRATION NUMBER 01993 SEX: Male AGE: 56

OCCUPATION: Shingle Cutter

(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: Capilano Shingle Co.

MARRIED? No - widower

NAME OF WIFE OR HUSBAND: -

ADDRESS OF WIFE OR HUSBAND: -

NAMES OF ANY LIVING CHILDREN: Mrs. Kinuo Kitazumi

Ichiro Tanaka (M)

ADDRESS OF CHILDREN: Mrs. Kitazumi Keija, Korea, Japan
Mr. Ichiro Tanaka, Tokio, Japan

AGE OF CHILDREN: 27 & 23 respectively.

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: _____
- 8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: _____
- 9. IF FARM LAND STATE CROPS SOWN _____

- 1. LOCATION AND DESCRIPTION: _____
- 2. LANDLORD'S NAME AND ADDRESS: _____
- 3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: _____
- 4. STATE WHEREABOUTS OF LEASE: _____
- 5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) _____

- 6. IF FARM LAND, PARTICULARS OF CROPS SOWN: _____

STATEMENT OF PERSONAL PROPERTY OWNED:

- 1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: _____

Logging Tools (Intends to sell same)

Personal effects.

- 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 _____

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: Sickness & Accident - agent Tanaka, 400, 15th, Powell St,
Vancouver.

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 16th day of May 1942.

(Signature) H. Tanaka

J. D. Wilkerson
Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

DATE July 6/43

Our File No. 9323

Full Name TANAKA, Hitoshi (Widower)
(Surname in Block Letters)

Registration No. 01993 Male - Female
(Check) Age May 24, 1885

Former Address Dewdney, B. C.

Date Evacuated 19/6/42 Naturalized - Canadian-Born - National
(Check)

Present Address Pyramid Work Camp, B. C.

Widower
 Married - Single
(Check) Name of Wife _____

Name of Husband _____

Name of Mother ^{nee} (SAKURAI) Maki (Dec'd) Name of Father Arakuma (Dec'd)

Names of Children under 16 _____

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

Additional Information Shingle roof worker Sawmills, Alert Bay

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Mr. Hitoshi TANAKA

File No. 9323

*Pyramidal Work Camp
B.C.*

Reg. No. *01993*

Company Sun Life

Agency Vancouver

Policy No. 851695

Premium - \$ 40.45

Payable: Annually, Semi-annually or monthly

Month November Day 1

REMARKS:

Letter sent 27/8/43

REPORT
ON EVACUATED JAPANESE PROPERTY

File No. 9523

MUNICIPALITY: MISSION, B.C. Date: 4th Dec 1942
NAME: TANAKA, Hitoshi (Mr.) REGISTRATION NO. 01993
ADDRESS: Capilano Shingle Co., Hatzic.
PROPERTY: None
ACREAGE:
KIND OF CROPS:
APPROXIMATE ACREAGE OF EACH:
HOUSE: VACANT: OCCUPIED:
DESCRIPTION: ROOF:
SIZE: NO. OF ROOMS:
CONDITION:
OTHER BUILDINGS:

NAME OF LESSEE OR RENTOR:

TERMS:

WATER:

ON:

OFF:

LIGHT:

ON:

OFF:

REMARKS:

Mr. Simpson of the Capilano Shingle Co., Hatzic reports that the above left no chattels at the Camp.

INVENTORY OF CHATTELS LEFT ON PROPERTY:

Signed:

W. Wilkins
H. Koyas

H. Danaka
Camp B-21,
Pyramid, B.C.,
via Blue River,
Sept. 14/43.

Mr. S. M. Gibson
Ins. Dept.
506 Royal Bank Bldg.
Vancouver, B.C.

EVACUATION SECTION	
SFD 10 11 43	
No.	9323
Ass.	Mr. S. M.
Referred	Gibson

Dear Sir:

In replying to your letter
refers to form #118, file no. 9323 I
wish to keep up my Insurance
policy and pay the premiums
myself, and I want to know
the exact amount of this years
premiums.

But if it has to go through
your hands it is a different
matter.

I am hoping to know if it
is available to retain my life
insurance to myself.

Yours truly

H. Danaka

Will carry itself until
maturity - 1957
\$270 against the policy.

151695

9323

September 25, 1943.

Mr. Hitoshi TANAKA,
Registration No. 01993,
Camp B-21,
Pyramid,
Via Blue River, B. C.

Dear Sir:

Re: Sun Life Policy No. 851695

We are in receipt of your letter of September 14th and have been in touch with Sun Life Assurance Company regarding the present standing of your policy.

They advise that there is \$270.00 outstanding against your policy but the policy will carry itself until its maturity in 1952.

We regret that at the present time we are unable to pay anything for you in this regard as we have no funds to your credit.

Yours truly,

S. M. Gibson,
Insurance Department

SMG:JS