

9377

PERSONAL

**BUREAU HASTINGS PARK
OFFICE OF THE CUSTODIAN
JAPANESE SECTION**

FILE NO. 9377

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: IDENOIYE, Hideo
HOME ADDRESS: Woodfibre, B. C.
REGISTRATION NUMBER 09407 SEX: Male AGE: 22
OCCUPATION: Millhand

(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: B. C. Pulp & Paper Co., Woodfibre, B. C.
MARRIED? No
NAME OF WIFE OR HUSBAND: None
ADDRESS OF WIFE OR HUSBAND: None
NAMES OF ANY LIVING CHILDREN: None

ADDRESS OF CHILDREN: None
AGE OF CHILDREN: None

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)

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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:

Woodliffe, B. C., Company bunk-house.

2. LANDLORD'S NAME AND ADDRESS:

B. C. Pulp & Paper Co., Woodliffe, B. C.

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:

Monthly board fee \$17.00, paid to date.

4. STATE WHEREABOUTS OF LEASE:

None

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)

None

6. IF FARM LAND, PARTICULARS OF CROPS SOWN:

None

STATEMENT OF PERSONAL PROPERTY OWNED:

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

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS

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: _____

5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS: _____

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)
16. \$10.00 War Saving Certificates, in own possession.

8. BANK ACCOUNTS: _____ None

9. LIFE INSURANCE: Sun Life Assn. Co. Van., B. C. 25 year endow. \$2000.00, beneficiary mother, Yone Idenouye, Policy in own possession No. unknown.

10. INTEREST IN ANY ESTATES OR TRUSTS: _____
None

11. SAFETY DEPOSIT BOX: _____ None

LIABILITIES:

1. PERSONAL DEBTS: _____

2. TRADE DEBTS: _____

REMARKS:

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 18th day of May 1942.

(Signature) H. Idenouye

Mary Lupin
Witness

FOR DEPARTMENTAL USE _____

[Handwritten initials]

INFORMATION FROM R.C.M.P.

DATE July 31/43

Cur File No. 9377

Full Name IDENOUE, Hideo
(Surname in Block Letters)

Registration No. 09407 Male - Female
(Check) Age Feb. 20, 1920

Former Address Woodfibre, B. C. 231 Main St., City

Date Evacuated 1/6/42 Naturalized - Canadian-Born - National
(Check)

Present Address 506 Jarvis St., Toronto, Ont.

Married - Single
(Check) Name of Wife _____

nee

Name of Husband _____

Name of Mother (FUKUDA) Yone #00831 Name of Father Ichiro #14412

Names of Children under 16 _____

Requested by V. Scott Registered with Custodian yes
(Yes or No)

Additional Information Willhand

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GENERAL SUMMARY

July 29, 1946.

Re: Edouard IDENGUYE, Reg. No. 09407

This man signed a declaration to the Custodian on May 18, 1942. He was evacuated on June 1, 1942.

In his declaration he reported \$10.00 in War Savings Certificates. On March 18, 1943 we authorized surrender of these certificates.

He reported a \$2,000.00 Sun Life Assurance Co. policy in his own possession. These did not come under the control of this office.

The account of this man was credited with the sum of \$6.14 received as refund of 15 wage deduction for 1941. We are today remitting this amount to him.

This file reveals no other property of any kind.

O. Kondo Co. filed a claim against this man for \$8.85. IDENGUYE denied this claim and asked for further particulars. We referred this letter to O. Kondo Co. but received no reply and are therefore taking no further action.

This file reveals no other liabilities of any kind.

This summary is certified to be in accordance with information on file.

J. M. Harrison

July 29, 1946.

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name IDENOUYE, Mr. Hideo

File No. 9377

Slocan B.C.

Reg. No. *07407*

Company Sun Life

Agency Vancouver

Policy No. 2259536

Premium - \$ 86.00

Payable: ^x Annually, Semi-annually or monthly

Month August Day 1st

REMARKS:

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letter sent 23/8/43

File No. 977.

CLAIMS DEPARTMENT

August 4th, 1944.

Video IBEROYE - Reg. No. 09407

Amigo

CREDITORS:

D. Kende Co. \$8.85

no further action see letter 6-9-44

Credit balance as at Aug. 4/44 - \$6.24

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September 6th, 1944

Messrs. O. Kondo Co.,
c/o Messrs. P. S. Ross & Sons,
Royal Bank Bldg.,
Vancouver, B. C.

Dear Sirs:

Re: Hideo IDENOUYE
Reg. No. 09407

With reference to your claim of \$8.85 against the above named. We wrote to him and got the following reply:-

"I have received a letter from you that there is a claim for eight dollars and eighty-five cents against me for which I have not the slightest idea.

I cannot give you any definite proof as I have either destroyed or mislaid such bills but I am sure I paid up all my debts before I left Vancouver especially to the stores. If there is still any doubt I hope you will look into the matter."

Will you please supply us with the Necessary details in connection with your claim in order that we may be enabled to reply to the letter we received from the above named.

If we do not hear from you by the 25th instant we will assume that you have decided to drop the matter.

We give below the address of the above named in case you may wish to contact him direct.

Registration No. 09407,
506 Jarvis St.,
Toronto, Ont.

Yours truly,

A. McAlister,
Claims Department.


AMcA:ND