620 Alexander St., Vancouver, B. C.

Marker - ( Skin) Jay - 0290/FILE CLOSED

Bridge River, B. C.

## PERSONAL

## 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.

| THE RESIDENCE OF THE PROPERTY | 不是 经金属 医克特氏 医皮肤 自然 化二苯基酚 医多种乳 医皮肤 医克里氏 经营工 医二甲状状态                                       |
|---|---|
| PERSONAL INFORMATION  |   |
| NAME: TAKAHASHI K1 p1   |   |
| HOME ADDRESS: 620 Alexander S   | It., Vancouver, B.C.  |
| REGISTRATION NUMBER 02900   | SEX: Pemale AGE: 22   |
| OCCUPATION: None  |   |
| partnership with shyone; it partnership, give part  |   |
| EMPLOYER: None  |   |
|   |   |
|   |   |
| ADDRESS OF WIFE OR HUSBAND  | one -   |
| NAMES OF ANY LIVING CHILDREN  | Nona  |
|   |   |
|   |   |
| ADDRESS OF CHILDREN: No.  | ne  |
| AGE OF CHILDREN: None   |   |
|   | Y (Each parcel must be mentioned and particulars gi                                     |
| 1. LOCATION AND DESCRIPTION:  | None  |
| 1. LOCATION AND DESCRIPTION:  | None  |
| LOCATION AND DESCRIPTION:      BUILDINGS AND OTHER IMPROVI  | EMENTS: None  |
| LOCATION AND DESCRIPTION:      BUILDINGS AND OTHER IMPROVI  | EMENTS: None  |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  | EMENTS: None  |
| 2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state   | EMENTS: None  |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state   | EMENTS: None where policies are) None   |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state  4. TAXES (Amount and where payable)  | EMENTS: None  where policies are) None  None  |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state  4. TAXES (Amount and where payable)  | EMENTS: None where policies are) None   |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state  4. TAXES (Amount and where payable)  | EMENTS: None  where policies are) None  None  |
| 1. LOCATION AND DESCRIPTION:  2. BUILDINGS AND OTHER IMPROVI  3. INSURANCE (Give particulars; state  4. TAXES (Amount and where payable)  | Where policies are). None  None  None  egistered claims or deposit of title deed). None |

|                                       | STATE WHEREABOUTS OF TITLE DOCUMENTS: None   |
|---------------------------------------|--|
|                                       | STATE IF ANY OTHER PERSON HAS ANY INTEREST: None   |
| P. IF FARM LAND STATE CROPS SOWN None |  |
|                                       | TEMENT OF REAL PROPERTY OCCUPIED  LOCATION AND DESCRIPTION: 620 Alexander St., Vancouver, B.C.  O room house.                  |
| 2                                     | LANDLORD'S NAME AND ADDRESS: Living with parents.  |
| <br>I.                                | PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: None   |
| 4                                     | STATE WHEREABOUTS OF LEASE: None   |
|                                       | SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None  |
| 6.                                    | IF FARM LAND, PARTICULARS OF CROPS SOWN: None  |
|                                       |  |
|                                       | GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: |
|                                       | GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: |
|                                       | GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS: |

| 4. INSURANCE CARRIED ON ABOV              | TE PROPERTY. None  |  |  |
|---|--|--|--|
|   |  |  |  |
| 5. MORTGAGES, LIENS AND OT                | HER CLAIMS ON PROPERTY IN POSSESSION   |  |  |
| OTHERS:                                   | None   |  |  |
|   |  |  |  |
| 6. MONEYS OWING TO YOU (State             | NEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)  |  |  |
|   | None   |  |  |
|   |  |  |  |
|   | S, STOCKS OR OTHER SECURITIES (State whereabo  |  |  |
|   | None   |  |  |
|   |  |  |  |
| 8. BANK ACCOUNTS: \$2000.00 B             | Bank of Montreal, Main & Hestings St.  |  |  |
| 9. LIFE INSURANCE: Polley No.             | 10916650, with New York Life Ins. Co   |  |  |
| B.C. Branch, for \$1000.00 my possession. | D. Beneficiary my father Koichi. Po  |  |  |
| 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 voluntari      | ly turn over to the Custodian all my property in the prot-<br>vessels, deposits of money, shares of stock, debentures, h |  |  |
| or other securities, if any.              | is true and complete and fully discloses all my proper   |  |  |
| every description in any protected area   | in British Columbia and sets forth all my liabilities of   |  |  |
| and indirect.                             |  |  |  |
| Dated this 20th day of                    | (Signature) Vir Salah  |  |  |
| amend.                                    | (Signature) Con Seleka   |  |  |
| Witness                                   |  |  |  |
| FOR DEPARTMENTAL USE                      |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

## INFORMATION FROM R.C.M.P.

9659

|  | DATE Apr. 14/43                                       |
|--|---|
| ur File No. 9650                           |   |
| vll Name <u>TAKAHASHI, Kiri</u><br>(Surnam | e in Block Letters)                                   |
| Registration No. 02900                     | l'ale - Female Age <u>inne 20, 1919</u><br>(Check)    |
| Former Address 620 Al                      | erander St., City                                     |
| Date Evacuated 28/5//2                     | Naturalized - <u>Canadian-Born</u> - National (Check) |
| Present Address <u>Bridge R</u> i          | iver, B.C.  |
|  |   |
| Warried - Single (Check)                   | Name of Wife  |
|  | Name of Husband                                       |
|  | Name of Father Rolchi #01900                          |
|  | Registered with Custodian (Yes or No                  |
| Aditional Information                      |   |
|  |   |