THE PARTY OF THE P Deline String AND THE PROPERTY OF THE

## FRASER VALLEY

## 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 for

REGISTRATION NUMBER 07586 SEX: female AGE: 54  OCCUPATION: housewife state where, under what name and whether carried on by yourself or in partnership with anyone; if partnership, give partner's name.)  EMPLOYER: husband husband: Naozo  MARRIED? Yes  NAME OF WIFE OR HUSBAND: Same  NAMES OF ANY LIVING CHILDREN: Over 16	PERSONAL INFORMATION	
REGISTRATION NUMBER 07586 SEX: female AGE: 54  OCCUPATION: housewife 97586 SEX: female AGE: fem	NAME: YABUKI (Yoshi) Mrs. Naozo	
OCCUPATION: housewife  (If any business or businesses carried on, state where, under what name and whether carried on by yourself or in partnership with anyons; if partnership, give partner's name.)  MARRIED? Yes  NAME OF WIFE OR HUSBAND: Same  NAMES OF ANY LIVING CHILDREN: Over 16  ADDRESS OF CHILDREN: Over 16  ADDRESS OF CHILDREN: The partnership over 16  ATTATEMENT 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	HOME ADDRESS: Dewdney P.O. B.C. (Stave Lake Cedar C	o., Suicide
OCCUPATION: housestife  Gif any business or businesses carried on, state where, under what name and whether carried on by yourself or is partnership with anyons; if partnership, give partnersh mame; and whether carried on by yourself or is partnership with anyons; if partnership, give partnership what name and whether carried on by yourself or is partnership with anyons; if partnership give partnership what name and whether carried on by yourself or is partnership with anyons; if partnership with anyons if partnership with anyons; if partnership with anyon		54
MARRIED?  yes  Name of Wife or Husband:  Name of Any Living Children:  Address of Any Living Children:  Address of Children:  Address of Children:  Tatement of all Real Property (Each parcel must be mentioned and particulars given)  1. Location and Description:  Done  Buildings and Other Improvements:  1. Insurance (Give particulars; state where policies are)  None  Taxes (Amount and where payable)  Done  Encumbrances (Including any unregistered claims or deposit of title deed)  Done	OCCUPATION: housewife "   "   "   "   "   "   "   "   "   "	
EMPLOYER:  WARRIED?  WARRIED?  NAME OF WIFE OR HUSBAND:  SAME  NAMES OF ANY LIVING CHILDREN:  OVER 16  ADDRESS OF CHILDREN:  AGE OF CHILDREN:  STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)  1. LOCATION AND DESCRIPTION:  DONE  2. BUILDINGS AND OTHER IMPROVEMENTS:  1. INSURANCE (Give particulars; state where policies are)  1. TAXES (Amount and where payable)  ENCUMBRANCES (Including any unregistered claims or deposit of title deed)  ENCUMBRANCES (Including any unregistered claims or deposit of title deed)	(If any business or businesses carried on, state where, under what name and whether carried of partnership with anyone; if partnership, give partner's name.)	n by yourself or in
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ENCUMBRANCES (Including any unregistered claims or deposit of title deed)		
	5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed)	none
OCCUPANCY AND LEASES (If vacant so state) none		
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	OCCUPANCY AND LEASES (If vacant so state) none	



7.	STATE WHEREABOUTS OF TITLE DOCUMENTS: none
8.	STATE IF ANY OTHER PERSON HAS ANY INTEREST: none
9.	IF FARM LAND STATE CROPS SOWN none
-	
	LOCATION AND DESCRIPTION. Bunkhousein camp
	LOCATION AND DESCRIPTION: Bunkhousein camp
2.	LANDLORD'S NAME AND ADDRESS: Stave Lake Cedar Co., Suicide Creek
3.	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: rent free
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
	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES,
	EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
	none (
2.	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS
Hand cond	
3.	GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR
	CLAIM ON ANY SUCH PROPERTY none

5. MO	RTGAGES, LIENS AND OTHERS:		LAIMS ON PROPERTY	IN POSSESSION
6. MC	NEYS OWING TO YOU	(State if any o	of these debts assigned and	if so, to whom)
			none	
7. BO	NDS, DEBENTURES, SI			
8. BA	NK ACCOUNTS Bank o	f Montreal	, Hastings & Wain	, Vancouver, B
9. LIF	E INSURANCE:	none		
0. INT	EREST IN ANY ESTATI	ES OR TRUSTS	none	
I. SAI	ETY DEPOSIT BOX:		none	
IABIL				
1. PE	RSONAL DEBTS:	none		
2. TR/	ADE DEBTS:		none/ .	
rea as	ne undersigned, hereby vol set out above, excepting fi securities, if any.	untarily turn o	ver to the Custodian all my eposits of money, shares o	
I cer rery de nd indir	tify that the above inform scription in any protected ect.	ation is true as area in British	nd complete and fully dis- Columbia and sets forth	closes all my property all my liabilities di
Date	d this 27th day of	May	1942.	
			(Signature) 7	1 Zabok

(1)

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

			DATE Sept	. 11/43
Our File No. 10159				
Full Name	YABUKT. Yoshi (1	Irs. Naozo)		
	(Surnam	e in Block Letter	s)	
Registration No.	07586	Male - Female (Check)	Age <u>No</u>	v. 5, 1888
Former Address	Devidney, P. O	В. С.		
Date Evacuated 13	1/6/1/2	Naturalized	- Canadian-Born (Check)	n - <u>National</u>
Present Address	Sandon, B. (			
Married - Single (Check)		Name of Wife		
Name of Nother		Name of Husband	Naozo #07586	
Name of Mother  Names of Children un	der 16	_ Name of Father		
Requested by	- ***	Registered	with Custodian	(Yes or No)
Additional Information	on			