

10420

PERSONAL

BUREAU POWELL STREET
OFFICE OF THE CUSTODIAN
JAPANESE SECTION

FILE No. 10420

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: SEIBATA Yone (Mrs. Tomokichi).

HOME ADDRESS: 439. Powell Street, Vancouver, B.C.

REGISTRATION NUMBER 01328. SEX: Female. AGE: 37.

OCCUPATION: Housewife.

(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? Yes.

NAME OF WIFE OR HUSBAND: Tomokichi.

ADDRESS OF WIFE OR HUSBAND: ¹⁹⁴³ Camp No. 1, Geikie, Alberta. (Evacuated March 2.)

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: 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.

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.

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: 439, Powell Street, Vancouver, B.C.

~~2 storey brick Apartment House, 2 rooms.~~

2. LANDLORD'S NAME AND ADDRESS: Miss G. Dehida, 439, Powell St., Vancouver, B.C.

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID: \$7.00 per month paid up to June 5th, 1942.

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. None.

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 None.

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: Life Insurance Policy in name of husband, Tomokichi, evacuated March 2nd. \$5,000.00. 25 year Endowment. New York Life Insurance, Vancouver, B.C. Beneficiary, wife (declarant). Policy No. 15 184 092, in declarant's possession. (Husband's Registration Number, 06508).

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 4th day of June, 1942.

[Signature]
Witness

(Signature) Yone Shibata

FOR DEPARTMENTAL USE _____

INFORMATION FROM R.C.M.P.

DATE 5/6/43

Our File No. 10420

Full Name SHIBATA, Yone (Mrs. Tomokichi)
(Surname in Block Letters)

Registration No. 01328 Male - Female Age Aug. 20, 1904
(Check)

Former Address 439 Powell St., City

Date Evacuated 10/6/42 Naturalized - Canadian-Born - National
(Check)

Present Address c/o Hall, Barnhartvale, B. C.

Married - Single
 (Check)

Name of Wife _____

Name of Husband Tomokichi #06508

Name of Mother Dec'd Name of Father Dec'd

Names of Children under 16 _____

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

Additional Information Housewife