## JAN 14 1943

## OFFICE OF THE CUSTODIAN

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.

	y requires such persons to give full particulars as requested in this	
PERSONAL INFORMATION		
NAME: TO	BAYASHI (KINCHI) Parolo No	2905
HOME ADDRESS: 73	6- 71H AUE, WEST VAN. 130	20
REGISTRATION NUMBER	04822 SEX. MALE AGE: 33	
	LABOURER :	
(If any business or businesses of	arried on, state where, under what name and whether carried on hy yourse rship, give partner's name.)	If or in
EMPLOYER:	HAROLD. FAIRBANKS KAYMON	
MARRIED?	No	
NAME OF WIFE OR HUSBA	ND:	
ADDRESS OF WIFE OR HU	SHAND.	
NAMES OF ANY LIVING CI		
ADDRESS OF CHILDREN:		
(1) 化 等 2 为内容 第 3 为 为国籍 相称 他 等 第 300 数 5 、第 3 数 1 、第 3 数 1 、 3 数 1 、 3 数 1 、 3 数 1 、 3 数 1 数 1 、 3 数 1 数 1 数 1 数 1 数 1 数 1 数 1 数 1 数 1 数		
AGE OF CHILDREN:		
	L PROPERTY (Each parcel must be mentioned and particulars particul	
STATEMENT OF ALL REAL L. LOCATION AND DESCR	UPTION: NEW E	
TATEMENT OF ALL REAL	UPTION: NONE	
TATEMENT OF ALL REAL LACATION AND DESCR	upnon:	
TATEMENT OF ALL REAL L. LOCATION AND DESCR	UPTION: NENE	
TATEMENT OF ALL REAL LANGUAGE AND DESCR	upnon:	
TATEMENT OF ALL REAL L. LOCATION AND DESCR	upnon:	
TATEMENT OF ALL REAL L. LOCATION AND DESCR	upnon:	
ATEMENT OF ALL REAL LEGENTION AND DESCR	upnon:	
L LOCATION AND DESCR	ER IMPROVEMENTS: NoNG	
L LOCATION AND DESCR	ER IMPROVEMENTS: NoNG	
A TAXES (Amount and when the second s	ER IMPROVEMENTS: NoNG	
A TAXES (Amount and when the state of the st	ER IMPROVEMENTS: None  culars; state where policies are) No	
1. LOCATION AND DESCR  2. BUILDINGS AND OTHE  3. INSURANCE (Give particular description)  4. TAXES (Amount and when the second second description)	ER IMPROVEMENTS: None  culars; state where policies are) No	
2. BUILDINGS AND OTHE  3. INSURANCE (Give particular description)  4. TAXES (Amount and when the control of the	ER IMPROVEMENTS: None  culars; state where policies are) No	

7.	STATE WHEREABOUTS OF TITLE DOCUMENTS:
8.	STATE IF ANY OTHER PERSON HAS ANY INTEREST:
9.	IF FARM LAND STATE CROPS SOWN.
 ST/	ATEMENT OF REAL PROPERTY OCCUPIED
	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:
	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid).
6.	IF FARM LAND, PARTICULARS OF CROPS SOWN: V
<b>ST</b> /	TEMENT OF PERSONAL PROPERTY OWNED:
1.	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
	NUNE
2	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS
3	GIVE THE NAME AND ADDRESS OF ANY DELEGATION
	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 POSSI	ESSION OF
6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to wh	
7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State v	vhereabouts)
8. BANK ACCOUNTS:  9. LIFE INSURANCE:	
0. INTEREST IN ANY ESTATES OR TRUSTS:	
II. SAFETY DEPOSIT BOX:	
LIABILITIES:	
1. PERSONAL DEBTS:	
2 TRADE DEBTS:	
Lette undersigned, bereby voluntarily turn over to the Custodian all my property in the area as set out above, excepting fishing vessels, deposits of money, shares of stock, deber or other securities, if any.  I certify that the above information is true and complete and fully discloses all my every description in any protected area in British Columbia and sets forth all my liable and indirect.	he protected itures, bonds
Dated this 17 day of Oec 1942.  (Signature) (Signature)	esh:
- Maym	

P.D.

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

108/6 Date July 14/43.

Our File No. 108		Date	- July 14/4.	<u>3.</u>
Full Name	9495H/ A (Surname in	Block Letters)		
Registration No	Male - F (check	emale )	Ago Aug. 6,110	<u>e</u> f'
Former Address	6 21 7H C	me ; Pit		-
Date Evacuated	tel. 21/42 N	aturalized - Canadi (che	an-Born - National	
Present Address	Bosc /	st, ml, alt		
Married - Single (check)	Nam	e of Wife		
Name of Mother 1708/			ymmatsu +0	_ 2378 _
				7
Requested by Kerl	Registrate of	Stered with Custod:	(Yes or No)	

## LIFE INSURANCE

Kenneth Kiichi Kobayashi

File No. 10876

Reg. No.

Company Manufactures Life Ins. Co. Agency Vancouver

Policy No. 730,379

Premium - \$36.35

Mame

Payable: Annually, Semi-annually or monthly

Month October Day 23

REMARKS: