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.

PERSONAL INFORMATION	
NAME: Za	yins , Chysrich
HOME ADDRESS:	615 Front St. New Suestminster,
REGISTRATION NUMBER	08309 SEX: Male AGE: 31
OCCUPATION:	Har Ryener
(If any business or businesses car partnership with anyone; if partners	ried on, state where, under what name and whether carried on by yourself or in thip, give partner's name.)
EMPLOYER:	M. Johnson
MARRIED?	The state of the s
NAME OF WIFE OR HUSBAN	ND:
ADDRESS OF WIFE OR HUS	BAND:
NAMES OF ANY LIVING CH	ILDREN:
ADDRESS OF CHILDREN:	
STATEMENT OF ALL REAL 1. LOCATION AND DESCR	PROPERTY (Each parcel must be mentioned and particulars given)
STATEMENT OF ALL REAL 1. LOCATION AND DESCR	PROPERTY (Each parcel must be mentioned and particulars given) IPTION:
STATEMENT OF ALL REAL 1. LOCATION AND DESCR 2. BUILDINGS AND OTHE	PROPERTY (Each parcel must be mentioned and particulars given) IPTION:
STATEMENT OF ALL REAL 1. LOCATION AND DESCR 2. BUILDINGS AND OTHE	PROPERTY (Each parcel must be mentioned and particulars given) IPTION: IR IMPROVEMENTS:
1. LOCATION AND DESCR 2. BUILDINGS AND OTHE 3. INSURANCE (Give parti	PROPERTY (Each parcel must be mentioned and particulars given) IPTION: CR IMPROVEMENTS: Culars; state where policies are)
1. LOCATION AND DESCR 2. BUILDINGS AND OTHE 3. INSURANCE (Give parti	PROPERTY (Each parcel must be mentioned and particulars given) IPTION: IR IMPROVEMENTS:
2. BUILDINGS AND OTHE 3. INSURANCE (Give particular) 4. TAXES (Amount and w	L PROPERTY (Each parcel must be mentioned and particulars given) IPTION: IR IMPROVEMENTS: culars; state where policies are)
2. BUILDINGS AND OTHE 3. INSURANCE (Give particular of the control of the contro	C. PROPERTY (Each parcel must be mentioned and particulars given) IPTION: CR IMPROVEMENTS: culars; state where policies are) here payable) ding any unregistered claims or deposit of title deed)

	CLAIM ON ANY SUCH PROPERTY
TEREST IN, OR	THE NAME AND ADDRESS OF ANY PERSON, HAVING ANY IN
	SES' LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.
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more of	which freely humer graph in graph
A) whenh	
	EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONA
	ENT OF PERSONAL PROPERTY OWNED:
	VEW LAND, PARTICULARS OF CROPS SOWN:
	TENANTS, IF ANY (Give name, address, rent and to what date paid).
	LEAVALE IE VAA (C
	LICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
	DIORD'S NAME AND ADDRESS:
	VLION VND DESCRIBLION:
	ENT OF REAL PROPERTY OCCUPIED
	NEW LAND STATE CROPS SOWN
	NEW TYND SAVAE CROPS SOWN THE IR ANY OTHER PERSON HAS ANY INTEREST: THE ANY OTHER PERSON HAS ANY INTEREST: THE ANY OTHER PERSON HAS ANY INTEREST: THE ANY OTHER PROPERTY INTEREST.

	THE NO.
4.	INSURANCE CARRIED ON ABOVE PROPERTY:
5.	MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OTHERS:
6.	MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)
endi englis	
7.	BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereab)
8.	BANK ACCOUNTS:
9.	LIFE INSURANCE:
10.	INTEREST IN ANY ESTATES OR TRUSTS:
11.	SAFETY DEPOSIT BOX:
LIA	BILWIES
1.	PERSONAL DEBTS:
 2.	TRADE DERTS: (2000) - 26. 2 7.25. 40 / 1.25.
	70 200 - 13 - 25 - 10 - 15 - 10 - 10 - 10 - 10 - 10 - 1
•••	I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the property as as set out above, excepting fishing vessels, deposits of money, shares of stock, debentures, other securities, if any.
eve and	I certify that the above information is true and complete and fully discloses all my proper ry description in any protected area in British Columbia and sets forth all my liabilities of indirect.
	Dated this 6 day of March 19423. (Signature) L. Piginzo
	Witness
	R DEPARTMENTAL USE

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INFORMATION FROM R.C.M.P.

11952

our File No. 11952	Date 14 35/47
Full Name FUTINO, ChivoKich (Surveme in Bi	ock Letters)
Registration No. (8309 Male	- Female Age Sylv 1912
	eck)
Former Address 615 Front &	teer New Westmenster Ash
PO By 6.	v Mand Strate.
Date Evacuated Det 24/42 Na	(check)
Present Address New Senner	8.6
Married - Single (check) Name	of Wife
	of Husband —
Name of Mother Tose (dieses) Name	
Names of Children under 16	
Requested by 0/2. Re	
	egistered with Custodian (Yes or No)
Additional Information The about	
She was to be a second of the	
1*1195V	
14-12-43)	

CLAIR DEPARTMENT CREDITORS: (Alekille & Christele)