

12858

PERSONAL

BUREAU POWELL STREET

FILE NO. 12858

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: NAKAMURA Mikio

HOME ADDRESS: 3917 Main St., Vancouver, B. C.

REGISTRATION NUMBER 05016 SEX: Male AGE: 17

OCCUPATION: Student, Graduated from the Vancouver Technical School *can't trace parents*

(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? no

NAME OF WIFE OR HUSBAND: none

ADDRESS OF WIFE OR HUSBAND: none

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: 3917 Main St., Vancouver, B. C.

Store with 5 rooms at back, in 1 storey wooden building.

2. LANDLORD'S NAME AND ADDRESS: Family. Mother, Yoshiko,

Lives with father, father, who pays the rent.

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID. none

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

none

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY none

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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: Prudential Insurance Co. \$100.00. Policy in own possession, number unknown. Beneficiary father, Toichi.

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 10th day of September 1942.

(Signature)

*M. Kio Nakamura*

*D. M. Chope*

Witness

FOR DEPARTMENTAL USE \_\_\_\_\_

INFORMATION FROM R.C.M.P.

DATE June 28/43

Our File No. 12858

Full Name NAKAMURA, Mikio  
(Surname in Block Letters)

Registration No. 05016  Male - Female  
(Check) Age March 9, 1925

Former Address 3917 Main St., City

Date Evacuated Oct. 16/42 Naturalized -  Canadian-Born - National  
(Check)

Present Address Tashme, B. C.

Married -  Single  
(Check)

Name of Wife \_\_\_\_\_

Name of Husband \_\_\_\_\_

Name of Mother UEMOTO Yoshiyo

Name of Father Toichi # 02865

Names of Children under 16 # 05775

Requested by E.C.T.

Registered with Custodian \_\_\_\_\_  
(Yes or No)

Additional Information Student