e casonial.

BUREAU POWELL STREET

FILE No. 13/19

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.

STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: 1. DODE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DODE 3. INSURANCE (Give particulars; state where policies are) 1. DODE 4. TAXES (Amount and where payable) 1. DODE 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. DODE	PERSONAL INFORMATION					
Former address: Quathiaski Cover, B. C. REGISTRATION NUMBER O6717 SEX: Female AGE: 22 OCCUPATION: Doctor's Assistant, (If any businesses or businesses carried on, state where, under what name and whether carried on by yourself or partnership with sayone; if partnership, give partners anne.) EMPLOYER: Dr. Kozo Shimotakabara, 210 Powell Street, Vancy uver Mother: Kane ? ? 20 Father: Kiyomatau 49 94 MARRIED? NO Father: Kiyomatau 49 94 NAME OF WIFE OR HUSBAND: none ADDRESS OF WIFE OR HUSBAND: none NAMES OF ANY LIVING CHILDREN: none AGE: 22 BOTHER OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) L. LOCATION AND DESCRIPTION: NONe 2. BUILDINGS AND OTHER IMPROVEMENTS: NONe 4. TAXES (Amount and where payable) DONe 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) NONe 6. OCCUPANCY AND LEASES (If vacant so state)	NAME: ATAGI Ayako (Miss)		8		
OCCUPATION: Doctor's Assistant, (If any business or businesses carried on, state where, under what name and whether carried on by yourself or partnership with anyone; if partnership, give partners name,) EMPLOYER: Dr. Kozo Shimotakahara, 210 Pówell Street, Vanco uver Mother: Kane 7-2-0 Married? no Father: Kane 7-2-0 Married? none Mother: Kane 7-2-0 Mother: K	former address: Quathiaski Co	ve#, B.				
EMPLOYER: Dr. Kozo Shimotakahara, 210 Pówell Street, Vanœuwer Mother: Kane 7220 MARRIED? no Father: Klyomatau 4994 NAME OF WIFE OR HUSBAND: none NAMES OF ANY LIVING CHILDREN: none ADDRESS OF CHILDREN: none ADDRESS 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)	OCCUPATION: Doctor's A			enter de la companya		
MARRIED? DO STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) LOCATION AND DESCRIPTION: 1. LOCATION AND OTHER IMPROVEMENTS: DODE 1. INSURANCE (Give particulars; state where policies are) 1. TAXES (Amount and where payable) 2. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) DODE Mother: Kane 7-20 Father: Kalyomatau 4994 Kalyomatau 4994 None Rome Rome	(If any business or businesses carried on, state who partnership with anyone; if partnership, give partner	ere, under wha	t name and whet	her carried on by yourself or in		
MARRIED?	EMPLOYER: Dr. Kozo Shimota	kabara, 2		Street, Vancouver,		
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 1. LOCATION AND OTHER IMPROVEMENTS: none 2. BUILDINGS AND OTHER IMPROVEMENTS: none 3. INSURANCE (Give particulars; state where policies are) none 4. TAXES (Amount and where payable) 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)	MARRIED?	no	그게 그는 그는 그는 그가 없었다. 아이를 살아보고 하고 하고 하고 있다고 있다고 있다. 그 이렇다 그렇다.			
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: DONE 3. INSURANCE (Give particulars; state where policies are) none 4. TAXES (Amount and where payable) DONE 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) none 6. OCCUPANCY AND LEASES (If vacant so state)	NAME OF WIFE OR HUSBAND:	none	ing a signification of the significant control o			
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: 1. DONE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DONE 3. INSURANCE (Give particulars; state where policies are) 1. none 4. TAXES (Amount and where payable) 1. none 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. none 6. OCCUPANCY AND LEASES (If vacant so state)	ADDRESS OF WIFE OR HUSBAND:	none	en de companya de la			
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: 1. DONE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DONE 3. INSURANCE (Give particulars; state where policies are) 1. DONE 4. TAXES (Amount and where payable) 1. DONE 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. DONE 6. OCCUPANCY AND LEASES (If vacant so state)	NAMES OF ANY LIVING CHILDREN:	none	The second secon			
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: 1. DONE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DONE 3. INSURANCE (Give particulars; state where policies are) 1. DONE 4. TAXES (Amount and where payable) 1. DONE 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. DONE 6. OCCUPANCY AND LEASES (If vacant so state)		1	the second contract of			
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: 1. DONE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DONE 3. INSURANCE (Give particulars; state where policies are) 1. DONE 4. TAXES (Amount and where payable) 1. DONE 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. DONE 6. OCCUPANCY AND LEASES (If vacant so state)		*************				
STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given) 1. LOCATION AND DESCRIPTION: 1. DONE 2. BUILDINGS AND OTHER IMPROVEMENTS: 1. DONE 3. INSURANCE (Give particulars; state where policies are) 1. DONE 4. TAXES (Amount and where payable) 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) 1. DONE 6. OCCUPANCY AND LEASES (If vacant so state)	ADDRESS OF CHILDREN:	none				
1. LOCATION AND DESCRIPTION:	AGE OF CHILDREN:	none	a A a mangah al [1] Mala masila na a bagasah kali masa malajusah musik			
2. BUILDINGS AND OTHER IMPROVEMENTS: DONE 3. INSURANCE (Give particulars; state where policies are) none 4. TAXES (Amount and where payable) 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) none none		none				
3. INSURANCE (Give particulars; state where policies are) none 1. TAXES (Amount and where payable) 2. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) none none		t Community on the extension of today that they con	take santiban di adalah sapak seri kecampa kanpira akkan			
3. INSURANCE (Give particulars; state where policies are) none 4. TAXES (Amount and where payable) 5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) none none 1. TAXES (Amount and where payable) 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)	#####################################			그렇게 모임되었다. 주화하다면 이번 맛있다.		
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)						
5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) none 6. OCCUPANCY AND LEASES (If vacant so state)	4. TAXES (Amount and where payable)					
6. OCCUPANCY AND LEASES (If vacant so state)				진행 보이 있는 회에게 되었습니다.		
				난 그 병원들이 하는 일부를 다고 하는다.		
	6. OCCUPANCY AND LEASES (If vacant	so state)	and the state of t			
THE RESIDENCE OF THE PROPERTY						

	STATE WHEREABOUTS OF TITLE DOCUMENTS: none
8	STATE IF ANY OTHER PERSON HAS ANY INTEREST: none
	IF FARM LAND STATE CROPS SOWN
	none
ST	ATEMENT OF REAL PROPERTY OCCUPIED
1.	LOCATION AND DESCRIPTION: 210 Powell Street, Vancouver, B.
	On hit of city properties for Oct 13/42
2.	LANDLORD'S NAME AND ADDRESS:
	Lives with Dr. Kozo SHIMOTAKAHARA.
3.	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
	none
4	STATE WHEREABOUTS OF LEASE; none
	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)
_	ETT TO A DATE A AND A DATE OF THE A TO A DATE OF THE ADDRESS OF TH
0.	IF FARM LAND, PARTICULARS OF CROPS SOWN:
	TEMENT OF PERSONAL PROPERTY OWNED:
1.	GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, F EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFF
•	
4	
	none
	none
	none
2.	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS
2	
2.	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.
2	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.
	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS.
	HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS

none 8. BANK ACCOUNTS: none 9. Life insurance: The Monarch Life Insurance Co. \$1000.00. Policy own possession, number unknown. Beneficiary has mother, Kane. 1. Interest in any estates or trusts. none 1. Safety deposit box: none		
MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS:	4.	INSURANCE CARRIED ON ABOVE PROPERTY:
NONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) none none BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) none BANK ACCOUNTS: none LIFE INSURANCE: The Monarch Life Insurance Co. \$1000.00 Policy own possestion, number unknown. Beneficiary has mother, Kane. INTEREST IN ANY ESTATES OR TRUSTS: none L. SAFETY DEPOSIT BOX: none LABILITIES: 1. PERSONAL DEBTS: none		none
NONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) none none BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) none Life Insurance: none Life Insurance Co. \$1000.00 Policy own possession, number unknown. Beneficiary has mother, Kane. INTEREST IN ANY ESTATES OR TRUSTS. none L. SAFETY DEPOSIT BOX: none LABILITIES: PERSONAL DEBTS: none	5.	
none 7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) none 8. BANK ACCOUNTS: none 9. LIFE INSURANCE: The Monarch Life Insurance Co. \$1000.00. Policy own possession, number unknown. Beneficiary has mother, Kane. 1. INTEREST IN ANY ESTATES OR TRUSTS: none 1. SAFETY DEPOSIT BOX: none 1. PERSONAL DEBTS: none		none
7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) none 8. BANK ACCOUNTS: none 9. LIFE INSURANCE: The Monarch Life Insurance Co. \$1000.00. Policy own possession, number unknown. Beneficiary has mother, Kane. 10. INTEREST IN ANY ESTATES OR TRUSTS: none 11. SAFETY DEPOSIT BOX: none 12. TRADE DEBTS: none	6.	MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom)
none 8. BANK ACCOUNTS:		none in the second of the seco
8. BANK ACCOUNTS: none 9. LIFE INSURANCE: The Monarch Life Insurance Co. \$1000.00. Policy own possession, number unknown. Beneficiary her mother, Kane. 1. INTEREST IN ANY ESTATES OR TRUSTS: none 1. SAFETY DEPOSIT BOX: none 1. PERSONAL DEBTS: none 2. TRADE DEBTS: none	7.	[2012년 1일
own possession, number unknown. Beneficiary has mother, Kane. O. INTEREST IN ANY ESTATES OR TRUSTS. none 1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none	A reserve to a	none
none 1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none	8.	BANK ACCOUNTS: none °
O. INTEREST IN ANY ESTATES OR TRUSTS. none 1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none	9.	LIFE INSURANCE: The Monarch Life Insurance Co. \$1000 co. Police
0. INTEREST IN ANY ESTATES OR TRUSTS. none 1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none 2. TRADE DEBTS: none		HERMEDE HERMEDE SEE HERMEDE SEE HERMEDE SEE HERMEDE SEE HERMED SEE
none 1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none		#####################################
1. SAFETY DEPOSIT BOX: none LIABILITIES: 1. PERSONAL DEBTS: none 2. TRADE DEBTS: none	0.	INTEREST IN ANY ESTATES OR TRUSTS.
IABILITIES: 1. PERSONAL DEBTS: none		none
1. PERSONAL DEBTS: none none	1.	SAFETY DEPOSIT BOX: none
1. PERSONAL DEBTS: none none		
2. TRADE DEBTS: none	LIA	
2. TRADE DEBTS: none	1.	PERSONAL DEBTS:
2. TRADE DEBTS: none	et en en en en en en	none
2. TRADE DEBTS: none		
	2.	생물부터 100kg
		none
		and the same of th
가는 사람들이 가게 많은 사람들이 가게 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 가지 않는 것이 없는 것이다. 그는 사람들이 가지 않는 것이다.		마다 마다 마다 마다 마다 마다 마다 마다 아니라
I, the undersigned, hereby voluntarily turn over to the Custodian all my property in the protected		
	and	indirect.
and indirect.		Dated this 9th day of October 1942.
every description in any protected area in British Columbia and sets forth all my liabilities direct and indirect. Dated this 9th day of October 1942.		트로 남자에 대통령에는 해면 가면 없어면서 대통령이 있어요. 이 이 가는 이 이 이 전에 이렇게 하면 되었다. 이 전 전쟁이 이미지 아이지는 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이
Dated this 9th day of October 1942.		
Dated this 9th day of October 1942. (Signature) Ayako Alage		Witness
Dated this 9th day of October 1942. (Signature) Ayako Alage		
nd indirect. Dated this 9th day of October 1942.	O	R DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

	DATE Nov. 18/42
Cur File No	
Full Name ATAGI, Ayako (Surna)	
(Surpa	me in Block Letters)
Registration No. 06717	Male - Female Age July 9, 1919 (Check)
Former Address <u>CUATHIASKI COVE</u>	B. B. C.
Date Evacuated Oct. 15/42	Naturalized - Canadian-Born - National (Check)
Fresent Address <u>Kaslo, B. C.</u>	
Married - Single (Check)	Name of Wife
	Name of husband
Name of Mother MAYASHI, Kane #06	6718 Name of Father Kiyomatsu # 06731
Requested by V. Scott	Registered with Custodian Yes (Yes or No)
Additional Information	

LIFE INSURANCE

Mame Atagi Ayako

File: No. 13129

Reg. No.

Company Monarch Life

Agency Vancouver.

Policy No. 121056

Premium - \$ 47.60

Payable: Annually, Semi-annually or monthly

Month July Day 20

REMARKS: