

13216

PERSONAL

BUREAU POWELL STREET

FILE No. 13216

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: SHOYAMA Mitsu (Miss)

HOME ADDRESS: 1057 1056 Comox Street, Vancouver, B. C.

REGISTRATION NUMBER 13240 SEX: Female AGE: 22 24

OCCUPATION: Student Nurse,

(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: St. Pauls Hospital, Vancouver, B. C.

MARRIED? no Father: Kunitaro
Mother: Kimi

NAME OF WIFE OR HUSBAND: none

ADDRESS OF WIFE OR HUSBAND: none

NAMES OF ANY LIVING CHILDREN:

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

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: **1066 Comox Street, Vancouver, B. C.
Nurses Residence, St. Pauls Hospital.**

2. LANDLORD'S NAME AND ADDRESS: **none**

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**

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

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

none

7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) _____

\$3.50 worth of War Savings Stamps. In own possession.

8. BANK ACCOUNTS: _____

none

9. LIFE INSURANCE: _____

none

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 19th day of October 1942.

(Signature) *Mitru Phayama*

B.M. Chope
Witness

FOR DEPARTMENTAL USE _____

13216

INFORMATION FROM R.C.M.P.

DATE Nov. 17/42

Cur File No. 13216

Full Name SHOYAMA, Mitsu
(Surname in Block Letters)

Registration No. 13240

Male - Female
(Check)

Age Aug. 17, 1918

Former Address 1056 Comox St., Vancouver, B. C.

Date Evacuated Oct. 31/42

Naturalized - Canadian-Born - National
(Check)

Present Address Kamloops, B. C.

Married - Single
(Check)

Name of Wife _____

Name of Husband _____

Name of Mother ^{nee} WAKABAYASHI, Kimi

Name of Father SHOYAMA, Kunitaro # 11640

Names of Children under 16 _____

Requested by Betty McKim

Registered with Custodian Yes

(Yes or No)

Additional Information Student Nurse