

13259

PERSONAL

BUREAU POWELL STREET

FILE NO. 13259

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: OKA Takashi

HOME ADDRESS: Haney, B. C.

Present Address: St. Joseph's Hospital, Vancouver, B. C.

REGISTRATION NUMBER 14638 SEX: Male AGE: 22

OCCUPATION: Farmer, (Has been in hospital 1 1/2 years)

(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: Working for father, Shiro.

MARRIED? no. Father: Shiro 8670

Mother: Tazu 8691

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: Corner of Dewdney Trunk Rd., and Baker

Road, Haney, B. C. 5 room, 2 storey, wooden house.

2. LANDLORD'S NAME AND ADDRESS: House w owned by father, Shiro.

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: Tomatoes in Greenhouses.

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

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: Sun Life Assurance Co. Policy in possession of a father, Shiro, number unknown. ~~Ben~~ Beneficiary father, Shiro. Amount unknown.

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 22nd day of October 1942.

(Signature) Takanishi Oka

D.M. Chope
Witness

FOR DEPARTMENTAL USE _____

INFORMATION FROM R.C.M.P.

DATE Nov. 19/42

Cur File No. 13259

Full Name OKA, Takashi
(Surname in Block Letters)

Registration No. 14638

Male - Female
(Check)

Age Aug. 25, 1920

Former Address Haney, B. C.

Date Evacuated Not evacuated Naturalized - Canadian-Born - National
(Check)

Present Address St. Josephs Hospital, Vancouver, B. C.

Married - Single
(Check)

Name of Wife _____

Name of Husband _____

Name of Mother Tazuko # 13600

Name of Father Shiro # 13599

Names of Children under 16 _____

Requested by V. Scott

Registered with Custodian Yes ?
(Yes or No)

Additional Information Farmer

12

File No. 13259

GENERAL SUMMARY

8th October, 1946.

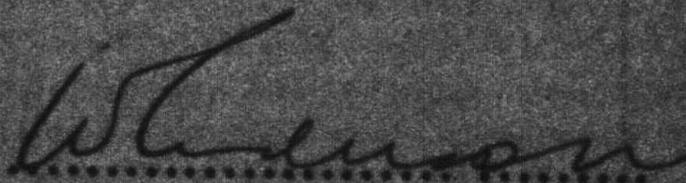
Re: Takashi OKA - Reg. No. 14638

The only asset declared by the above Japanese was a Sun Life Assurance Policy, but this was not brought under control by the Custodian.

Takashi OKA declared no liabilities but the Provincial Board of Health filed a claim of \$2073.00 against him. This claim was referred to both the Japanese and his father, but as neither were in a position to make any settlement, no action could be taken in the matter.

This file needs no further administration and may now be closed.

The above summary is certified to be in accordance with the information on file.


.....

WEA:HA

(Information supplied by Ins. Co.)

LIFE INSURANCE

Name Takashi Oka

File No. 13259

*St Josephs Hospital
City*

Reg. No. 14638

Company Sun Life

Agency Vancouver Agency

Policy No. 2187165

Premium - \$ 76.70

Payable: Annually, Semi-annually or monthly

Month October Day 1

REMARKS:

Letter sent 14/9/43

File No. 13259

CLAIMS DEPARTMENT

April 22nd, 1943.

Mr. Takashi OKA - Registration No. 14638

CREDITORS

(1) Provincial Board of Health
Tuberculosis Division

\$2,073.00

as the man is still in Hopt. & as he has
no assets, no further action by Claims

[Signature]
11.5.43

AMCA:ND

(Also noted on Father's file 8690)

Note. Takashi Oka entered Hopt
May 9/41. (He was born Aug 25/1920)

C L A I M

File No. 13259

DATE

First List

CREDITOR

Provincial Mental Hospital

DEBTOR

Takashi Oka - 13259
Father, Shiro Oka - 8690
Port Haney, B. C.

AMOUNT OWING

No amount given

AGENT

Nil.

ORIGINAL FILE

G-68

E. Bidson

Division of Tuberculosis Control,
 Tranquille Unit.
 Vancouver Unit.
 St. Joseph's Oriental Unit.
 Florence Nightingale Unit.
 Victoria Unit.
 Vernon Villa Unit.



Vancouver, B.C., April 16/43, 19

In account with
PROVINCIAL BOARD OF HEALTH,
 TUBERCULOSIS DIVISION.

Office of the Custodian,
 Japanese Evacuation Section
 Royal Bank Building, Vancouver, B. C.

	DR.	CR.
Patient <u>OKA, Takashi</u>		
To balance forward		
To maintenance of above patient for <u>691 days</u> @ <u>\$.00</u> per day		
from <u>May 9</u> , 19 <u>41</u>		
to <u>March 30</u> , 19 <u>43</u> , inclusive.		
		\$ 2073.00

EVACUATION SECTION	
Rec'd	APR 20 1943
File No.	13257
Ans.	<i>C.M.C.</i>
Referred	

Cheques or money-orders should be made payable to the "WELFARE REVENUE TRUST ACCOUNT" and mailed to
 Collector of Institutional Revenue, ~~410 Burrard Street~~, Vancouver, B.C.

Court House

OKA, T^okyo

Pt. lived at Port Haney where father had truck farm. Father also had small
box factory. Sister-Taiko Oka was also in Tuberculosis Units--died July 21/41.
Father's last addr. was R. R. #1, Port Haney.

11259
8690

April 22nd, 1943.

Mr. Takashi OKA,
Registration No. 14638,
St. Joseph's Oriental Unit,
Vancouver, B. C.

Dear Sir:

The Provincial Board of Health, Tuberculosis
Division, has lodged with the Custodian a claim against you
amounting to \$2,073.00 for hospitalization.

We would appreciate hearing from you as to
what you are able to do in the way of making a settlement,
or part settlement, of this claim.

We are also writing to your father, Shiro
OKA, in this connection.

Thanking you for an early reply.

Yours truly,

A. McAlister,
Claims Department.


AMCA:ND

13259
8690

April 22nd, 1943.

Mr. Shiro OKA, ← *Father*
Registration No. 13599,
Tashme, B. C.

Dear Sirs:

This office has the following claims
lodged against you:-

(1)	M. Furuya Co.	\$85.41
(2)	Komura Bros.	1.75
(3)	Royal Columbian Hospital	95.52
(4)	Oppenheimer Bros. Wood Ltd.	504.80

Kindly advise us if you agree that the
above claims are in order, if so, we would appreciate
hearing from you as to what you propose to do with
regard payment of same.

We would also like to mention that there is a
claim lodged with the Custodian, by the Provincial Board
of Health, Tuberculosis Division, amounting to \$2,073.00
against your son, Takashi. We have written to him in this
connection asking what he is able to do. However, we thought
that possibly you might wish to assist him in making a settle-
ment.

Kindly let us have your comments in this con-
nection at an early date.

Yours truly,

A. McAlister,
Claims Department.

[Signature]
AMCA:ND