

13402



*Copy*

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: KITAMURA, ToshikazuHOME ADDRESS: MINTO City B.C.REGISTRATION NUMBER 00218 SEX: Male AGE: 20OCCUPATION: None

(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: \_\_\_\_\_

MARRIED? \_\_\_\_\_

NAME OF WIFE OR HUSBAND: \_\_\_\_\_

ADDRESS OF WIFE OR HUSBAND: \_\_\_\_\_

NAMES OF ANY LIVING CHILDREN: \_\_\_\_\_

ADDRESS OF CHILDREN: \_\_\_\_\_

AGE OF CHILDREN: \_\_\_\_\_

## STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)

1. LOCATION AND DESCRIPTION: \_\_\_\_\_

2. BUILDINGS AND OTHER IMPROVEMENTS: \_\_\_\_\_

3. INSURANCE (Give particulars; state where policies are) \_\_\_\_\_

4. TAXES (Amount and where payable) \_\_\_\_\_

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) \_\_\_\_\_

6. OCCUPANCY AND LEASES (If vacant so state) \_\_\_\_\_



7. STATE WHEREABOUTS OF TITLE DOCUMENTS.

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST.

9. IF FARM LAND STATE CROPS SOWN

**STATEMENT OF REAL PROPERTY OCCUPIED**

1. LOCATION AND DESCRIPTION:

2. LANDLORD'S NAME AND ADDRESS:

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID.

4. STATE WHEREABOUTS OF LEASE.

5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)

6. IF FARM LAND, PARTICULARS OF CROPS SOWN.

**STATEMENT OF PERSONAL PROPERTY OWNED:**

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:

2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY



4. INSURANCE CARRIED ON ABOVE PROPERTY: \_\_\_\_\_
5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS: \_\_\_\_\_
6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) \_\_\_\_\_
7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) \_\_\_\_\_
8. BANK ACCOUNTS: \_\_\_\_\_
9. LIFE INSURANCE: \_\_\_\_\_
10. INTEREST IN ANY ESTATES OR TRUSTS: \_\_\_\_\_
11. SAFETY DEPOSIT BOX: \_\_\_\_\_

**LIABILITIES:**

1. PERSONAL DEBTS: \_\_\_\_\_
2. TRADE DEBTS: \_\_\_\_\_

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 24 day of July 1943

(Signature) J. Kilomara

Mrs V. Joseph  
Witness

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



13402 ✓  
 INFORMATION FROM R.C.M.P.

DATE February 25, 1943

Our File No. 13402

Full Name KITAMURA, Toshikazu  
 (Surname in Block Letters)

Registration No. 00218 Male - Female  
 (Check) Age Dec. 14, 1923

Former Address Ocean Falls Hospita, B. C.  
@ (formerly) 473 Powell St., Vancouver, B. C.

Date Evacuated \_\_\_\_\_ Naturalized - Canadian-Born - National  
 (Check)

Present Address Bridge River, B. C. 1618 St. Louis St., Montreal

Married - Single  
 (Check)

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

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

Name of Mother Tome # 00454 Name of Father Tokizo # 00205

Names of Children under 16 \_\_\_\_\_

Requested by D. M. Chope Registered with Custodian No  
 (Yes or No)

Additional Information Labourer. (father a taxi-driver)



13402.

May 28th, 1945.

The Prudential Insurance Company  
of America,  
Newark, N. J.,  
U. S. A.

Dear Sirs:

Re: Toshikazu KITAMURA - Reg. No. 00218.  
Policy No. 90,720,509.

We are in receipt of your letter of the 18th instant and confirm that we have no objection to you making disability payments direct to your assured.

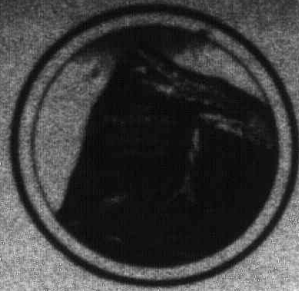
We note that Mr. Kitamura's present address is 1618 St. Luke Street, Montreal, Quebec.

Yours truly,

R. G. Bell,  
Administration Department.

RGB/P.





# The Prudential

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

CAN. WILLIAM MANN, C. L. U., SUPERINTENDENT  
ROOM 1412, STANDARD BANK BUILDING, 510 HASTINGS STREET, WEST  
VANCOUVER, B. C.

IN RE Your file 13402  
Kitamura Ins. - Pol. 90720509

EVACUATION SECTION

Rec'd MAY 30 1945

File No. 13402

Ans.

Referred *Bell*

May 29, 1945

Mr. R. G. Bell,  
Administration Dept.,  
Office of the Custodian,  
506 Royal Bank Bldg.,  
Vancouver, B. C.

Dear Sir:

We are returning herewith your letter dated May 28, 1945 as we have no record at this office of corresponding with you regarding the Kitamura case. It is possible that the letter of May 18 to which you refer came from our Home Office, in which case we would kindly ask that you write direct to the Department who wrote to you.

Yours truly,

*W. Mann*  
Superintendent

VA  
Enc.





# The Fidelity

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

LOUIS E. MORGAN, JR., PRESIDENT  
HARRY A. WITCOFF, SECRETARY  
PATRICK J. FLAHERTY, SUPERVISOR  
THURMAN D. MORGAN, SUPERVISOR  
WENDEL J. OROURKE, SUPERVISOR  
CHARLES S. LANG, SUPERVISOR

IN RE

May 18, 1945.

SECTION	
Res. 1	MAY 23 1945
File No.	13,402
Ass.	
Referred	Bell

Department of the Secretary of State,  
Office of the Custodian,  
506 Royal Bank Building,  
Hastings and Granville,  
Vancouver, British Columbia, Canada.

Attention: Mr. S. M. Gibson, Insurance Department.

Gentlemen:

On August 10, 1943, (File No. 13402), you advised us in part with reference to disability payments to Toshikazu Kitamura, the insured under one of our policies #M 5,842,233, Disability Claim #M 33,965, as follows:

"We have no objection to you making disability payment to your assured and might suggest that they be mailed to him at 336 Alexander Street, Vancouver, B. C., until further notice".

Mr. Kitamura has another policy #90,720,509 with our Company under which we have recently approved the disability claim. We therefore, desire to make payment to him of a single amount of \$140.25. However, before doing so, we deem it advisable to request your approval.

Mr. Kitamura's present address as indicated on our claim form is 1618 St. Luke Street, Montreal, Quebec.

Very truly yours,

*J. P. Rumpfle*  
WS

Assistant to the Supervisor.



File No. 13402.

CLAIMS DEPARTMENT

May 1st, 1944.

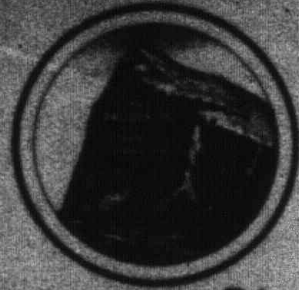
Yoshikazu KITAMURA - Reg. No. 00218

CREDITORS:

NO CLAIMS ON FILE

/s/





# The Fidelity

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

ALBERT F. JAGUEL, Senior Vice President  
 RALPH T. KELLER, Assistant Secretary  
 EUGENE S. CAMPBELL, Assistant Superintendent  
 ORDINARY DISABILITY CLAIM DEPARTMENT  
 FRED G. HAPPICH, Manager  
 ASSISTANT MANAGERS  
 WILLIAM J. FOGARTY    FRANK C. COAKLEY  
 GEORGE A. LAMBRUGO

Dis. Claim M-33965  
 pol. M-5842233  
 Toshikazu Kitamura.

IN RE

APR 12 1944  
 March 31, 1944.  
 S. M. Gibson

Office of Custodian,  
 506 Royal Bank Building,  
 Hastings & Granville,  
 Vancouver, B. C., Canada.

Att: Mr. S. M. Gibson,  
 Insurance Department  
 Your file 13402.

Gentlemen:

Your letter of August 10, 1943 indicated that you had no objection to our making disability payments to the above named insured, who resided at 336 Alexander St., Vancouver, B. C.

We are attaching a copy of our letter to the insured which is self-explanatory.

Yours truly,

*no a/c*

MWR:GVD

*S. M. Gibson*  
 Claim Appraiser.



Dis. Claim M-33965,  
Pol. M-5842233,  
Toshikazu Kitamura.

March 31, 1944.

Mr. Toshikazu Kitamura,  
1618 St. Luke St.,  
Montreal, Que., Canada.

Dear Mr. Kitamura:

In view of your return to gainful employment you have not been eligible for disability benefits since February 18, 1944. In accordance with the provisions of your policy, we are returning your contract to a premium paying basis.

It will be necessary that the payment of the monthly premium be resumed beginning with that one which fell due February 16, 1944. You will be allowed a grace period of thirty-one days from the date of this letter in which to pay the premiums which are now past due. Payment may be made at our office located at 660 St. Catherine St., W., corner University St., Montreal, Quebec.

The disability instalments which have been allowed have reduced the amount of insurance to \$433.00. The reduced amount of monthly premium is \$1.06.

Yours truly,

Claim Appraiser.

MWR:GVD



13402

August 10, 1943.

The Prudential Insurance Company of America,  
Home Office,  
Newark, New Jersey,  
U. S. A.

Attention: Mr. F. G. Harnish

Dear Sirs:

Re: Disability Claim - #33965  
Policy No. #5842233  
Insured - TOSHIKAZU KITAHARA

We wish to acknowledge your letter of July 30th and advise that we have delivered to your assured named above your cheque for \$28.30. I have also given to him a copy of your letter referred to above.

We have no objection to your making disability payment to your assured and might suggest that they be mailed to him at 336 Alexander Street, Vancouver, B. C. until further notice.

Yours very truly,

S. W. Gibson,  
Insurance Department

SIG:JS

3-12-43  
Features of Mr. Kitahara to be forwarded  
to New York at Mount Mansfield  
New York called at this office today  
SA





# The Fidelity

## INSURANCE COMPANY OF AMERICA

HOME OFFICE: NEWARK, N. J.

ALBERT F. JACOB, Senior Vice President  
RALPH T. HELLER, Supervisor  
EUGENE S. CAMPBELL, Assistant Supervisor  
ORDINARY DISABILITY CLAIM DEPARTMENT  
FRED G. HAPPICK, Manager  
Assistant Managers  
WILLIAM J. FOGARTY      J. HAROLD MASON  
WILLIAM J. MCBURNEY      FRANK C. COANLEY

Dis. Claim M33965  
Pol. M5842233  
Toshikazu Kitamura

July 30, 1943

IN RE

Office of the Custodian,  
506 Royal Bank Building,  
Hastings and Granville,  
Vancouver, British Columbia, Canada.

EVACUATION SECTION	
Rec'd	AUG 7 1943
File No.	
Ans.	<i>LMG</i>
Referred	

Gentlemen:

Attention: Mr. S. M. Gibson,  
Insurance Department  
Your File 13402

We have approved the disability claim submitted in connection with this insurance.

In accordance with the disability provisions in Policy M5842233, premium payments are to be waived beginning with the one due Feb. 16, 1942. The insurance is payable in instalments over a period of ten years, dating from Jan. 24, 1943.

We are attaching a check to cover the benefits as outlined below. The endorsement on the check is the only receipt required.

Instalment due Jan. 24, 1943 and April 24, 1945      \$28.38

We will withhold future payments until we hear further from you.

If recovery which will permit engaging in any gainful work should occur, benefits will be terminated and the payment of any premiums falling due thereafter will be required. In such an event, the Company should be notified.

Should you desire additional information concerning this insurance, do not hesitate to write us. When corresponding, please include the disability claim number, for then we shall be better able to give prompt service.

Yours truly,

*Fred G. Happick*

Manager.

LJS:BMH



THE CUSTODIAN  
DEPARTMENT OF THE SECRETARY OF STATE  
45A CENTRAL CHAMBERS  
OTTAWA, CANADA

Ref. No. ....  
From the Prudential Insurance  
Company of America  
Date of Discovery .....

THE CUSTODIAN  
REGULATIONS RESPECTING  
TRADING WITH THE ENEMY(1939)  
FORM "D"

Particulars of Life Insurance Policies and Annuity Contracts on Life of an Enemy  
N.B. Separate forms should be used for each policy or annuity contract  
for each "enemy."

Policy No. M5842233

Life Insured - Name - Toshikazu Kitamura  
Born - December 14, 1923  
Address - Ocean Falls Hospital, British Columbia

Owner - if third party insurance Name - None  
Address - None

Beneficiaries - Name - Tomi Kitamura  
Addresses - Minto City, British Columbia  
Relationship to  
Life Insured - Mother

Record of Current Assignments  
(other than to company for  
policy loan) - None  
-give names and addresses -

Date of Policy (i.e. due date of first  
regular premium) - October 16, 1939  
Plan of Policy - 20 Payment Life

Sum Assured or  
Amount of Annuity - \$488.

Premium - Amount - \$1.17  
How Payable - Monthly  
Due Dates - 16th

Policy Loans (automatic or otherwise) - None

Approximate Cash Value, if any, including  
dividends, after deducting all policy  
indebtedness

Nature of Automatic Non-forfeiture  
Provision

See special notes.

Approximate Cancellation Date under  
Automatic Non-forfeiture

Special Notes: This policy is now in the disability class, the cause of disability is partial amputation of the left foot - laceration of leg and knees. The disability benefits provide for the waiver of premiums commencing February 16, 1942 and the payment of the face amount of insurance in quarter-annual instalments over a period of ten years from January 24, 1943. Each instalment paid reduces the face amount of insurance so that at the end of the ten year period the policy would have no further value.