

13688

EVACUATION SECTION

Rec'd SEP 15 1943

File No.

Ans.

D.M.C.

Referred

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.

1 copy only of JP form received. FILE NO. 13688

OFFICE OF THE CUSTODIAN
JAPANESE SECTION

PERSONAL INFORMATION

NAME: Toshiko SHIBATA

HOME ADDRESS: Log House, Rosebery, B.C.

REGISTRATION NUMBER 15771 SEX: Female AGE: 16

OCCUPATION: Unemployed

(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? No

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)

CLAIM ON ANY SUCH PROPERTY

3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR

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

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

6. IF FARM LAND, PARTICULARS OF CROPS SOWN:

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

4. STATE WHEREABOUTS OF LEASE:

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

2. LANDLORD'S NAME AND ADDRESS:

1. LOCATION AND DESCRIPTION:

STATEMENT OF REAL PROPERTY OCCUPIED

9. IF FARM LAND STATE CROPS SOWN

8. STATE IF ANY OTHER PERSON HAS ANY INTEREST:

7. STATE WHEREABOUTS OF TITLE DOCUMENTS:

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 13th day of August 1948

J. S. Waehle
Witness

(Signature) *T. Shiboto*

per: *I. Shiboto*

FOR DEPARTMENTAL USE _____

✓
INFORMATION FROM R.C.M.P.

Previously done 30/11/42

4/12/42

Date

May 7/43.

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Our File No. 13688.

Full Name SHIBATA, Miss Toshiko
(Surname in Block Letters)

Registration No. 15771 Male - Female
(check)

Age Oct 15/1926

Former Address 215 Princess St City

Date Evacuated _____ Naturalized - Canadian-Born - National
(check)

Present Address Rosebery, B.C.

Married - Single
(check)

Name of Wife _____

Name of Husband _____

Name of Mother HATANAKA Itsuno Name of Father SHIBATA Kanematsu

Names of Children under 16 06953 #06954

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

Additional Information Mentally deficient

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February 20, 1943

B. C. Security Commission,
Welfare Department,
Marine Building,
Vancouver, B. C.

Dear Sirs: Attention Mr. M. L. Brown

Re: SHIBATA, Toshiko

Referring to your letter of February 17th,
this party has never declared her affairs to
us and we are not aware of any assets that she
may have. According to information from the
R. C. M. P., this woman is mentally deficient.

Yours truly,

G. D. Wilson
Administration Department

GDE/GH