

OFFICE OF THE CUSTODIAN JAPANESE SECTION

To be completed by persons of the Japanese race having property in any protected area. The proper complete of this property requires such persons to give full particulars as requested in this form.

NA 16	ONAL INFORMATION
	Dulus Jasus Fyrnols
	STRATION NUMBER 08245 SEX. Male AGE: 34
occt	PATION: Millian!
(If	any business or businesses carried on, state where, under what name and whether carried on by yourself or ship with anyone; if partnership, give partner's name.)
EMP	OYER:
MAR	RIED?
MAN	E OF WIFE OR HUSBAND: Gran M. Figure &
ADD	RESS OF WIFE OR HUSBAND:
NAM	ES OF ANY LIVING CHILDREN: Joan M Figure Co
	es of any Living Children: foun of Jupenolo Refert of yourkir Friends
ADD	RESS OF CHILDREN: Kaslo 136.
	OF CHILDREN: 3 years and 2 years
	TEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars give
•	LOCATION AND DESCRIPTION:
	Pote- la la contraine de la
	and the second of the second o
	As properly remaining in the Asterless and except mice whenly registered by wife
2	BUILDINGS AND OTHER IMPROVEMENTS:
2	
2	
	BUILDINGS AND OTHER IMPROVEMENTS:
3.	BUILDINGS AND OTHER IMPROVEMENTS:
3 ·	BUILDINGS AND OTHER IMPROVEMENTS: INSURANCE (Give particulars; state where policies are)
3 	INSURANCE (Give particulars; state where policies are) TAXES (Amount and where payable)
3 4 5	INSURANCE (Give particulars; state where policies are) TAXES (Amount and where payable)

7.	STATE WHEREABOUTS OF TITLE DOCUMENTS:	
	STATE IF ANY OTHER PERSON HAS ANY INTEREST: IF FARM LAND STATE CROPS SOWN	
	TEMENT OF REAL PROPERTY OCCUPIED	
	LOCATION AND DESCRIPTION:	
	LANDLORD'S NAME AND ADDRESS:	
	PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:	
	STATE WHEREABOUTS OF LEASE:	
ī.	SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid)	
î.	IF FARM LAND, PARTICULARS OF CROPS SOWN:	
	TEMENT OF PERSONAL PROPERTY OWNED: 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	
1000 E		

INSURANCE CARRIED ON ABOVE PRO	
MORTGAGES, LIENS AND OTHER OTHERS:	CLAIMS ON PROPERTY IN POSSESSION OF
MONEYS OWING TO YOU (State if any	of these debts assigned and if so, to whom).
	OCKS OR OTHER SECURITIES (State whereabouts)
8. BANK ACCOUNTS: 9. LIFE INSURANCE:	
0. INTEREST IN ANY ESTATES OR TRUS	
II. SAFETY DEPOSIT BOX:	
2. TRADE DEBTS:	
area as set out above, excepting fishing ves or other securities, if any.	turn over to the Custodian all my property in the protested, deposits of money, shares of stock, debentures, but true and complete and fully discloses all my property British Columbia and sets forth all my liabilities disconnected by the state of the s
Witness	
FOR DEPARTMENTAL USE	

PA 21/18

INFORMATION FROM R.C.M.P.

Date 28/9/43 Our File No. 15/5 FUJIMOTO Full Name (Surname in Block Letters) Age June 15, 1909 Registration No. 08245 Male - Female (check) Former Address Naturalized - Canadian-Born - National Date Evacuated 24/2/4 2 (check) Present Address _ Leels, &C Married - Single Name of Wife FUTIMOTA, marche (check) Name of Husband Name of Mother FUTIWARA Sale (Many of Father Jakusahuro Chy Names of Children under 16 ___ les michike (F) May 7, 19+0 abert Yamaki (1) dept 11/41 Registered with Custodian (Yes or No) Additional Information hulland food his unfishand (Information supplied by Ins. Co.)

LIFE INSURANCE

Mame Yasuo Fujimoto

Karle H.C

File No. n. r.

leg. No.

Company Manufactures Life Ins. Co. Agency Vancouver

Policy No. 758,088

Premium - \$74.80

Payable: Annually, Semi-annually or monthly

Month December Dayl A

REMARKS:

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