ACUATION SECTION
Rec'd OCT 15 1943
File No.
Ans Amiles

## OFFICE OF THE CUSTODIAN JAPANESE SECTION

Referred 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.

	ATION				
NAME: Sold	Soto Isuji.				
PERSONAL INFORMATION  NAME: Solar Joseph.  HOME ADDRESS: Solar Joseph.  1755 Hest 3rd Avenue.  REGISTRATION NUMBER 07640 SEX: female AGE: 44  OCCUPATION: Housewife					
REGISTRATION NUM	MBER 07640 SEX: female AGE: 44				
OCCUPATION:	Horisewife"				
and the state of t					
(If any business or bus partnership with anyone;	sinesses carried on, state where, under what name and whether carried on by yourself or in if partnership, give partner's name.)				
EMPLOYER:	No				
MARRIED?					
NAME OF WIFE OR	HUSBAND: NO				
ADDRESS OF WIFE	OR HUSBAND: NO				
NAMES OF ANY LIV	VING CHILDREN: NQ				
ADDRESS OF CHILI	DREN: NO				
AGE OF CHILDREN	. NO				
1. LOCATION AND	DESCRIPTION: NO				
	D OTHER IMPROVEMENTS: NO				
2. BUILDINGS AN	D OTHER IMI ROY ENERGY				
	ive particulars; state where policies are) NO				
3. INSURANCE (G	A/A				
3. INSURANCE (G	tive particulars; state where policies are) NO				

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	071	CLAIM ON ANY SUCH PROPERTY
MING WAL TALEKEST IN' OK	VII MACHELI	CIAE THE NAME AND ADDRESS OF ANY
TO ALLSHOLD ANY DAILY	vn Nosana	ANY HO SERRICE AND ANDRESS OF ANY
		0/1/
C AND PETS	LS. POULTRY	HORSES, LIVESTOCK AND OTHER ANIMA
	~ 1.1	
	0 N	
OF FURNITURE, FIXTURES AND PERSONAL EFFECTS.	E LOCATION	EQUIPMENT AND MACHINERY, STOC
		ATEMENT OF PERSONAL PROPERTY OWN
ON	······································	IF FARM LAND, PARTICULARS OF CROPS
	0)//	
what date paid)		SUB-TENANTS, IF ANY (Give name, address
	7	STATE WHEREABOUTS OF LEASE:
	N	
		PARTICULARS OF LEASE AND RENT AND
		and an advarage and applicated
	O 3.1	TVADIORD'S NAME AND ADDRESS:
	ON	SSEEGGV CRV SAVAN SAGEO IGAV I
	0.81	. LOCATION AND DESCRIPTION:
	GN	
		TATEMENT OF REAL PROPERTY OCCUPIED
ON		IE FARM LAND STATE CROPS SOWN
	INTEREST	STATE IF ANY OTHER PERSON HAS ANY
ON	IENTS:	STATE WHEREABOUTS OF TITLE DOCUM

4.	INSURANCE CARRIED ON ABOVE PROPER	XTY: NO.	
5.	MORTGAGES, LIENS AND OTHER CLAIR	MS ON PROPERTY IN POSSESSION	N O
		<b>Y</b> 0	
6.	MONEYS OWING TO YOU (State if any of th		
7.	BONDS, DEBENTURES, SHARES, STOCKS O	OR OTHER SECURITIES (State whereal	oouts
*********		NO.	
8.	BANK ACCOUNTS:	No	
9.	LIFE INSURANCE:	NO	ng ng 1003 hic 18.
10.	INTEREST IN ANY ESTATES OR TRUSTS:	· Ko	
11.	SAFETY DEPOSIT BOX:	NO	
LIA	BILITIES:		
1.	PERSONAL DEBTS:	No.	0
2.	TRADE DEBTS:	Λ0	
or c	I, the undersigned, hereby voluntarily turn over to as set out above, excepting fishing vessels, deposition that the above information is true and converge description in any protected area in British Columnia.	omplete and fully discloses all my proper	bond ty of

(Signature)...

Dated this 12 day of Oct.

Witness

FOR DEPARTMENTAL USE.

	INFORMATION FROM R.C.M.P. Da	te Sept. 1/43.
Cur File No	TSUI (Surname in Block Letters)	
Registration No	07640 Male - Female (check)	Age June 21,1899
Former Address	1755 2t. Ird aue.	Cty.
Date Evacuated	Man. 6/42 Naturalized - 0	anadian-Born - National (check)
Oesent Address _	Vernon,	Be
Married - Single (check)		Tatanya # 07639 TERAMURA, Tetanjin
Name of Mother 7	1 (An pan)	As sheet:
Requested by	ECO Registered wi	ith Custodian (Yes or No)
Additional Inform	ation	
	May	• 19