

15283

VACUATION S

Rec'd. OCT 29 1943

FILE NO. 15283

File No.

Ans.

Referred

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: *In full* *Latan Sekiya*HOME ADDRESS: *Before evacuation* *Woodbine Rd*REGISTRATION NUMBER *09094* SEX: *Female* AGE: *50*

OCCUPATION: _____

(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? *Yes*NAME OF WIFE OR HUSBAND: *Lohichi Sekiya*ADDRESS OF WIFE OR HUSBAND: *Kelling Alberta*

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:

No property left in Vancouver.

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 _____ day of _____ 1942.

(Signature) _____

Witness _____

FOR DEPARTMENTAL USE _____

✓
INFORMATION FROM R.C.M.P.

Date 15283
Sept. 14/43.

Our File No. 15283

Full Name SEKIYA (Tatsu) Mrs. Tabichi
(Surname in Block Letters)

Registration No. 09094

Male - Female
(check)

Age Jan. 18, 1893

Former Address Woodbine, B.C.

Date Evacuated Apr. 28/42 Naturalized - Canadian-Born - National
(check)

Present Address Lethbridge, Alta.

Married - Single
(check)

Name of Wife Jul. 1028

Name of Husband Tabichi #09545-

Name of Mother ? Sato (Dead) Name of Father WATANABE
Kanjiro (Dead)

Names of Children under 16 See husband's sheet.

Requested by CCP Registered with Custodian
(Yes or No)

Additional Information

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October 13, 1943.

Mrs. Tatsu SHIYA,
Registration No. 09094,
Lethbridge, Alberta.

Dear Madam:

Will you please, fill up, sign and return to us two copies of the enclosed form as soon as possible. We have your husband's registration forms in which he declared personal property so please fill in on the forms any as etc that you have in the Protected Area not already registered by your husband.

We enclose a stamped, addressed envelope for your reply.

Yours truly,

D. M. Chope,
Administration Department.

DMC/HMS