

2029

194

ISSUED BY

File No.

7% THE CUSTODIAN
(Japanese Evacuation Section)
Vancouver, B. C.

Property

OWNER

Regn. No.

[illegible]

Victoria B.C. *T* *C* FILE NO. *2029*

**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 INFORMATIONNAME: YANAI, Satomi ViolaHOME ADDRESS: 1404 Harrison St., Victoria, B.C.REGISTRATION NUMBER 09999 SEX: Female AGE: 18OCCUPATION: House maid

(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: Mrs. A. Brown, 1404 Harrison St., Victoria, B.C.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) _____

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) _____
_____ **No** _____
7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts)
War Saving Certificate - \$5.00 in own possession
8. BANK ACCOUNTS: **No. 7 20 - Royal Bank of Canada, Fort & Cook, Victoria, B.C. - \$ 23.07**
9. LIFE INSURANCE: **No**
10. INTEREST IN ANY ESTATES OR TRUSTS. **No**
11. SAFETY DEPOSIT BOX: **No**

LIABILITIES:

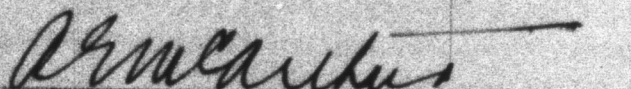
1. PERSONAL DEBTS: **No**

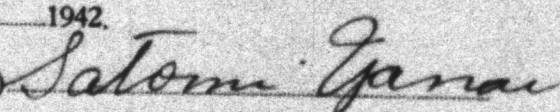
2. TRADE DEBTS: **No**

REMARKS:

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 **27** day of **March** 1942.


Witness

(Signature) 

FOR DEPARTMENTAL USE

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INFORMATION FROM R.C.M.P.

DATE Jan. 6/43

or File No. 2029

Full Name YANAI, Satomi Viola
(Surname in Block Letters)

Registration No. 09999

Male - Female^V
(Check)

Age Mar. 24/1924

Former Address 1404 Harrison St., Victoria, B.C.

Date Evacuated May 30/42

Naturalized - Canadian-Born - National^V
(Check)

Present Address Slocan, B.C.

Married - Single^V
(Check)

Name of Wife _____

Name of Husband _____

Name of Mother TSUKAHARA, Sumi #0989 Name of Father Hisakichi #09936

Names of Children under 16 _____

Requested by B. McKim

Registered with Custodian yes
(Yes or No)

Additional Information Housemaid

File No. 2029

September 23rd, 1944

CLAIMS DEPARTMENT

Miss Satomi Viola YANAI - Reg. No. 09999

CREDITORS:-

NO CLAIMS ON FILE.