

205'3

BUREAU HASTINGS PARK
OFFICE OF THE CUSTODIAN

FILE NO. _____

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: AIDA, JoeHOME ADDRESS: Port Alice, B. C.REGISTRATION NUMBER 09814SEX: MaleAGE: 25OCCUPATION: Millhand

(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: B. C. Pulp & Paper Co., Port Alice, B. C.MARRIED? NoNAME OF WIFE OR HUSBAND: NoneADDRESS OF WIFE OR HUSBAND: NoneNAMES OF ANY LIVING CHILDREN: NoneADDRESS OF CHILDREN: NoneAGE OF CHILDREN: None

STATEMENT OF ALL REAL PROPERTY (Each parcel must be mentioned and particulars given)

1. LOCATION AND DESCRIPTION: None2. BUILDINGS AND OTHER IMPROVEMENTS: None3. INSURANCE (Give particulars; state where policies are) None4. TAXES (Amount and where payable) None5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed) None6. OCCUPANCY AND LEASES (If vacant so state) None

7. STATE WHEREABOUTS OF TITLE DOCUMENTS: None
8. STATE IF ANY OTHER PERSON HAS ANY INTEREST: None
9. IF FARM LAND STATE CROPS SOWN None

STATEMENT OF REAL PROPERTY OCCUPIED

1. LOCATION AND DESCRIPTION: Company House, Port Alice, B. C.
2. LANDLORD'S NAME AND ADDRESS: B. C. Pulp & Paper Co., Port Alice, B. C.
3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:
Rent free.
4. STATE WHEREABOUTS OF LEASE: None
5. SUB-TENANTS, IF ANY (Give name, address, rent and to what date paid) None
6. IF FARM LAND, PARTICULARS OF CROPS SOWN: None

STATEMENT OF PERSONAL PROPERTY OWNED:

1. GIVE BRIEF DESCRIPTION AND STATE LOCATION OF FURNITURE, FIXTURES, EQUIPMENT AND MACHINERY, STOCK IN TRADE AND PERSONAL EFFECTS:
None
2. HORSES, LIVESTOCK AND OTHER ANIMALS, POULTRY AND PETS None
3. GIVE THE NAME AND ADDRESS OF ANY PERSON HAVING ANY INTEREST IN, OR CLAIM ON ANY SUCH PROPERTY None

4. INSURANCE CARRIED ON ABOVE PROPERTY: None
5. MORTGAGES, LIENS AND OTHER CLAIMS ON PROPERTY IN POSSESSION OF OTHERS: None
6. MONEYS OWING TO YOU (State if any of these debts assigned and if so, to whom) None
7. BONDS, DEBENTURES, SHARES, STOCKS OR OTHER SECURITIES (State whereabouts) \$100.00 Victory Bond, \$50.00 War Savings Certificates in owners custody.
8. BANK ACCOUNTS: Bank of Nova Scotia, Vancouver, B. C. \$100.00
9. LIFE INSURANCE: \$1,000.00 Sun Life Insurance Co., Policy No. unknown, Premium \$35.00 per year. Beneficiary, Father, E. Aida, Cumberland, B. C. Policy in owners possession.
10. INTEREST IN ANY ESTATES OR TRUSTS. None
11. SAFETY DEPOSIT BOX: None

LIABILITIES:

1. PERSONAL DEBTS: None

2. TRADE DEBTS: None

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 10, day of April, 1942.

(Signature)

J. Aida.

E. Milson
Witness

FOR DEPARTMENTAL USE

INFORMATION FROM R.C.M.P.

DATE 31/5/43

Our File No. 2053

Full Name AIDA, Joe
(Surname in Block Letters)

Registration No. 09814

^V
Male - Female
(Check)

Age Feb. 24/1917

Former Address Port Alice, B.C. Parents- Cumberland.

Date Evacuated 21/4/42

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

Present Address Hamilton, Ontario

^V
Married - Single
(Check)

Name of Wife _____

Name of Husband _____

Name of Mother ^{nee} (MATSUDA)

Name of Father Eitaro #06126

Names of Children under 16 _____

Requested by V.C.D.

Registered with Custodian yes
(Yes or No)

Additional Information Millhand (Pulp mill at Port Alice)

File No. 2053

September 27th, 1944

CLAIMS DEPARTMENT

Joe AIDA - Reg. No. 09814

CREDITORS:-

NO CLAIMS ON FILE.