

11364

FORM 100
PERSONAL

BUREAU POWELL STREET

FILE No. 11364

**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: ODA Shizuye (Mrs. Shigetoshi)

HOME ADDRESS: 331 Main St., Vancouver, B. C.

REGISTRATION NUMBER 01928 SEX: Female AGE: 20

OCCUPATION: Housewife

(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: none

MARRIED? yes

NAME OF WIFE OR HUSBAND: Shigetoshi

ADDRESS OF WIFE OR HUSBAND: Albreds Road Camp, B15.

NAMES OF ANY LIVING CHILDREN: none

ADDRESS OF CHILDREN: none

AGE OF CHILDREN: none

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

1. LOCATION AND DESCRIPTION:

none

none

2. BUILDINGS AND OTHER IMPROVEMENTS:

none

3. INSURANCE (Give particulars; state where policies are)

none

4. TAXES (Amount and where payable) none

5. ENCUMBRANCES (Including any unregistered claims or deposit of title deed)

none

6. 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: 351 Main St., Vancouver, B. C.
Rooming house, occupies two rooms.

2. LANDLORD'S NAME AND ADDRESS: Mrs. K. Kagawa, 351 Main St.

3. PARTICULARS OF LEASE AND RENT AND DATE TO WHICH PAID:

\$6.00 per month. Paid up to end of July, 1942.

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) _____

One \$50.00 Victory Bond. 1941. In owner's possession. /

8. BANK ACCOUNTS: _____

none

9. LIFE INSURANCE: _____

none /

10. INTEREST IN ANY ESTATES OR TRUSTS: _____

none

11. SAFETY DEPOSIT BOX: _____

none**LIABILITIES:**

1. PERSONAL DEBTS: _____

none /

2. TRADE DEBTS: _____

none /

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 13th day of July 1942.

(Signature) Shigeo Oda

D. M. Chope
Witness

FOR DEPARTMENTAL USE _____

N.R.G-68

Mental Hospital

INFORMATION FROM R.C.M.P.

Date February 8/43

Full Name ^{YE} Shizuki SAKAMOTO now ODA, Shizuye (Mrs. Shigetoshi)
(Surname in Block Letters)

Registration No. 01928

Male - Female ☒
(check)

Age Sept 13, 1921

Former Address 331 Main St., Vancouver, B.C.

Date Evacuated Aug. 31/42 Naturalized - Canadian-Born - National ☒
(check)

Present Address Slocan Extension B.C.

☒ Married - Single
(check)

Name of Wife _____

Name of Husband Shigetoshi # 07385

Name of Mother ^{nee} MATSUMITA Taka

Name of Father T. Sakamoto Takutaro

Names of Children under 16 # 02473 # 02236

Our File No. 11364

Registered with Custodian yes
(yes or no)

Requested By E. Sutton

Additional Information _____