Form Approved FORM NO. CL. 1 Must was your way Belocation variation or Marine Budget Bureau No. 43-R267 Expires Jan. 2, 1950 DEPARTMENT OF JUSTICE Washington 25, D. C. CLAIM FOR DAMAGE TO OR LOSS OF REAL OR PERSONAL PROPERTY BY A PERSON OF JAPANESE ANCESTRY (Act of July 2, 1948, P. L. 886, 80th Congress, 2nd Session) The Attorney General Department of Justice Washington, D. C. I, Junio , also known as (Name of Claimant) Recueiton, excinsion now residing at 217 Care to all City or Town) (Street Address) and State or Territory of in the County of quest the adjudication of a claim resulting from my evacuation, exclusion or voluntary departure from a military area on or after December 7, 1941 in the State or Territory of " the ar march williary area? The following information is true to the best of my knowledge and belief and is submitted with the knowledge and understanding that it will be relied upon in considering my claim. 1914 (b) Place of birth for angeles Ca 1. (a) Date of birth dates Month Day Year Mates (b) Citizenship acquired by (check 2. (a) Present Citizenship_ appropriate square) Birth //, Naturalization //, Otherwise //. If you check "Otherwise" explain (c) If naturalized state place and date (Place) Month Day Year 3. (a) Father's name (b) Father's place of birth (c) Mother's name a complete and a grant or magnitude the geboried thou (d) Mother's place of birth 4. If you are an alien give Alien Registration Card No. OTE: If space provided in this form is insufficient additional pages may be attached.

5. (a) Were you detained or interned as an enemy alien? (b) If answer is yes state (Place) Month Day Year 4. If you are an alien give Alien Reg (other details) 6. Were you, after December 7, 1941, voluntarily or involuntarily deported from the United States to Japan Yes or No 7. Residence on December 7, 1941 2/ Street Address ' State or Territory County 8. Were you (check appropriate square) evacuated / , excluded / , or did you voluntarily depart from a military area //? 9. (a) From which military area? (b) Date Phace 14, 1942 Vaturalization / , Otherwise (c) Residence on date of evacuation, exclusion, or voluntary departure 217 E. ave Burn Day Year City or Town Street Address State or Territory County 10. If voluntary departure from a military area was followed by later voluntary departure, evacuation, or exclusion from a military area answer the following: (a) From which military area? geber (b) Were you (check appropriate square) evacuated //, excluded //, or did you que gebart columnarily of science resulting from my evacuation, exclusion or voluntary Month Day and State or Territory of Year uom 1 (d) Residence on date of this later evacuation, exclusion or voluntary departure Street Address City or Town Washington Department of JusCounty State or Territory 11. If your first or subsequent departure from a military area was voluntary state in detail your reason or reasons therefor 12. (a) What were your addresses after departure from a military area? Washington alling Siepte (b) What was your War Relocation Authority or Wartime Civil Control Authority identification number? 2330 4

Use this space for statement of your claim. Your claim should contain a descriptthe of the property involved and a statement of all circumstances which you believe show that the damage or loss resulted from your evacuation, exclusion or voluntary departure from a military area. Dates and costs of acquisitions, dates of loss and values at time of loss and all other information that may be helpful in determining your claim should also be included.

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13. (a) What was your occupation, if any, on December 7, 1941?

(b) What was your occupation, if any, at the time of your voluntary departure, evacuation, or exclusion from a military area? Some a obove

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14. (a) Have you received or are you entitled to receive compensation by insurance or otherwise for any of the damage or loss claimed?
 (b) If "yes" explain

- 15. (a) Does any other person or persons own or claim any interest in the property involved in this claim?
 Wes or No
 (b) If "yes" give the name and address of all such persons and the extent of their ownership or interest ______.
 - (c) Has any claim been filed by the person or persons mentioned in (b) above?

Yes or No (Joint claimants should execute separate claims and submit them attached together at the same time.)

- 16. Describe, but do not file with this claim, any documents you have which may prove your ownership of the property involved in this claim, its value, or the extent of damage or loss now claimed <u>Life manage of the policy</u>
- 17. If you have authorized someone to act for you in all matters pertaining to this claim, give his name and address.

All statements made herein (including any accompanying schedules and statements) are hereby declared to be true to the best of my knowledge and belief.

Claimant

Date

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