D125780
PAPAZIAN
LEVON

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Pat B

~~ORIGINAL~~
DUPLICATE
TRIPLICATE

# STUDENT OCCUPATIONAL HISTORY FORM COMPLETED

B E

M.F.M. 2
A.F.B. 271
75M—4-42 (1278)
H.Q. 1072-39-1645

*(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)*

Unit No. 4 DD (RCAMC) STUDENT (CA) Regimental Number D-125780

## ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

## ATTESTATION PAPER

43
19
24

1. Surname PAPAZIAN
2. Christian Names LEVON
3. Present address 3651 University St. Montreal, Quebec., Canada.
4. Date of birth 26 January 1919
5. Place of birth Turkey (Country) ~~Sivas~~ (County or Province) SIVAS (Town or Township)
6. Religion (state denomination) Armenian-Gregorian
7. Trade or Calling Medical Student.
8. Married, Widower or Single Single.
9. Name of next of kin Mr. Armen PAPAZIAN
10. Relationship Father
11. Address of next of kin Nelson., B.C. Canada.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes.
    (MMTB) (RF) From Sept. 1940 to date.
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? NO (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? NO
    (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
    (If Yes, specify Regimental No., Unit and Dates of Service)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Levon PAPAZIAN, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 12th June 1942 X Levon Papazian
(Signature of recruit)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Levon PAPAZIAN. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

X Levon Papazian (Signature of Recruit)

### CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal South this 12th day of June 1942

E. R. Shennard Capt. } Signature of Magistrate, Justice or Attesting Officer.
} Officer or Rank and Unit or appointment.

NO. 4 DISTRICT DEPOT A.F.

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of PAPAZIAN (Surname) Levon (Christian Names) Regimental Number D-125780

**Qualifications**

Military: nil

Business or Professional: nil

Trade or Civil: Medical Student

Technical: nil

Languages: Armenian, English, French, German.

**Educational Qualifications**

High School or Collegiate: 4 years (years completed) — Graduation or Matriculation: (specify)

*College: 3 years (Medicine) McGill, B.A.

*University: 3 years (Medicine) McGill.

7 years Public School.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

| Report | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force | Rank Shown | Effective Date | Unit | Place | Authority | |
|---|---|---|---|---|---|---|---|---|
| Date | From whom received | | | | | | Part II D.O. No. Cas. List, etc. | Dated |
| 12-6-42 | DRO. | Joined on appointment TOS. No.4 DISTRICT DEPOT CA. | PTE. | 12-6-42 | 4 DD | MTL. STH | 4 DD. PT.II 140 | 12-6-42 |
| 16-6-42 | 4 D.D. | Proc.on com to D.MO. HQ MD 4, | Pte. | 12-6-42 | " | " " | " " " 143 | 15-6-42 |
| 15-7-42 | " | Granted subs.allow of $1.00 p.d.while on com to D.M.O.HQ.MD.4,Mtl.Que. | Pte | 12-6-42 | " | " " | " " " 169 | 15-7-42 |
| 8 Jan 43 | " | Died at Montreal Que. on 25 Dec 42. | Pte | 25-Dec 42 | " | " | " " 5 | 7 Jan 43 |
| 11 Jan 43 | " | Ceases to draw Subs.Allow. of $1.25 p.d. | Pte | 25 Dec 42 | " | " " | "" 7 | 9 Jan 43 |
| | | Having died at MOntreal, Que., on 25 Dec 42,(Vide Part II Order No 5, d/7 Jan 43 Para 89, sheet 10) is S.O.S. | " | 25 Dec 42 | " | " | " 6 | 8Jan43 |

For additional entries use M.F.M. 1 and 2 (a)

For additional entries use M.F.M. 1 and 2 (a)

# CERTIFICATE OF MEDICAL EXAMINATION

Name in full PAPAZIAN Levon Place M.Montreal,

Place M.Tolas Date 19-5-42

**Part 1. Information obtained from the recruit.**

1. Age 23 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
Appendectomy 1939
f. Stomach or bowel trouble
g. Rupture no
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Fits no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? yes
r. Are you now or have you in the past received disability pension or compensation? If so, give details no

L Papazian
Signature of Applicant.

**Part 2. Information obtained by medical examination.** **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).
Vacc right arm, Appendix scar.

2. Height 5 feet 8 inches. 3. Weight 135½ pounds.

4. Complexion Medium Eyes Brown Hair Dark

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 2½ inches.

X-RAY 190
URINE N

7. Vision, right 20-50 left 20-30
With Glasses— right 20-20 left 20-20

8. Hearing, right cv 20 left cv 20.

9. Condition of mouth and teeth Good Reflexes normal.

10. The abnormalities (congenital and pathological) found on examination are as follows
Ears nose throat neg. J.C. Calhoun Major.
Physical OK.

**Part 3.** We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A

E.S. Harding — President
G.W. Runnells — Member
A.G. Morphy — Member

E.S. HARDING M.D. G.W. RUNNELLS M.D. A.G. MORPHY M.D.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|---|---|---|---|
| | | | |

Regtl. No. 125780 Rank Pte Surname PAPAZIAN Christian Name Levon

| STATION | Date of Arrival at the Station | Dates of Admission into Hospital | | | Dates of Discharge from Hospital | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | | | | | | | | | | |

For additional entries use M.F.M. 1 and 2 (b)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO. 1552

(1) MEDALS

PERSON ENTITLED TO Mrs, Marie Papazian, (mother) 4-1-50

ADDRESS: Box 306, Nelson, B.C.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

Deceased 25-12-42

DEPARTMENT OF VETERANS AFFAIRS **AWARDS** ARMY M WAR SERVICE RECORDS

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT | FILE No. |
|---|---|---|---|---|---|
| PAPAZIAN | Levon | D 125780 | Pte | | |

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AN DATE DESPATCHED |
|---|---|
| War Medal 1939-45 | 8734 |
| | |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

No D.125780 Rank Private Name PAPAZIAN, Levon

Unit R.C.A.M.C. Date of death 25th Dec., 1942.

Died at Montreal, P.Q.

Cause G.S.W. head. (Suicide).

Death occurred on strength of Forces.HQ 405-P-8127 d 28-12-42

N/K Mr. Armen Papazian Relationship Father
Box 304, Nelson, B.C.

Address ~~Nelson, B.C.~~ ~~Montreal, P.Q.~~

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location

CONTRACTORS ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JUN 9 1943

CHK

Mo dues

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

# PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank PAPZIAN
(Surname first—Christian names in full—Block capitals)
Levon

(2) Regimental or Official Number and Rank D-125780 Pte

(3) Unit No. 4 DD. RCAMC (STUDENT)

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

(6) If married, have you been regularly supporting your wife? If not—state reasons NIL

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys ..... Girls .....

Names and ages .....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NIL

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NIL

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address .....

.....NO.....

.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Armen Papazian.....(Jeweller).....

.....Nelson B.C. Canada.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

.....NIL.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NIL.....

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Marie Papazian.....

.....Nelson B.C.....

(15) If your mother is a widow, are you her sole or partial support?.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NIL.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NIL.....

(17) Are you contributing to the support of any dependents, other than those shown above?...NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....NO.....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months.....

.....

(18) Are you insured?....Yes.....

If so, in what Company?.....Metropolitan Co.....

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

.....L Papazian.....
(Signature of officer or man)

Date 12-6-42

.....G. Sherwood Capt.....

Date 12-6-42 Officer Commanding.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

NO. 4 DISTRICT DEPOT A.F.

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full: Papazian Levon (b) Reg'l. No. D-125780
2. (a) Arm of service: Army (b) Unit: No. 4 D.D.(RCAMC)CA. STUDENT (c) Rank: Pte
3. (a) Date of birth: 26 Jan 1919 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: Montreal
4. (a) Place of enlistment: Montreal South (b) Date of enlistment: 12-6-42.

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 23 Yrs (b) Were you attending school or college up to the time of enlistment? Yes
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 7 yrs Public school 4 yrs High School
7. If you attended a university, give name of university and standing or degree secured: McGill College 3 yrs.B.A.(McGill /3 yrs.Medicine.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English French. Armenian German (b) What languages do you read well? Eng French Armenian German

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Student (b) At time of enlistment of what trade union or professional society were you a member? NO

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Medical Physician
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NO

DATE 12-6-42. 194..... SIGNATURE L Papazian

**MEMORANDUM FOR** 

Mr. A. Papazian,

Nelson, B.C.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-P-8127 FD 74

## DEPARTMENT OF NATIONAL DEFENCE
## OTTAWA, ONT.

April 12, 1943.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

PAPAZIAN, Levon, Pte.

No. D.125780, Canadian Army.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(R.G. Phelan) Lieut.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH
MAY 31 1943
H.Q. OTTAWA
NATIONAL DEFENCE

M.F.W. 77
7500—6-42 (5113)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased | | non | | |
| 2 | Children of the Deceased and dates of their Births | | non | | |
| 3 | Father of the Deceased | | Armenag Dicran Papazian | 71 | Nelson B.C |
| 4 | Mother of the Deceased | | Marie Papazian | 64 | Nelson B.C |
| 5 | Brothers of the Deceased | Full Blood | non | | |
| | | Half Blood | non | | |
| 6 | Sisters of the Deceased | Full Blood | non | | |
| | | Half Blood | Satenig Papazian | 23 | Nelson B.C |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any): non | | Address of their children |

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

| | — | NAMES OF THOSE LIVING | Age | ADDRESS IN FULL |
|---|---|---|---|---|
| 8 | Grand-Parents of the Deceased | | | |
| 9 | Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage) | | Age | |

## FULL PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 10 | What is the full name of the deceased? | Levon Papazian |
| 11 | Give the month and year of his birth. | Jan 26 1918 |
| 12 | Where and when were his parents married? | Cairo Egypte 1908 |
| 13 | If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec) | non |
| 14 | Did he leave a Will? If so, a copy should be attached hereto. | Yes, but we do not possess it |
| 15 | Did he leave a bank account? If so, give full particulars. | $69.00 Bank of Montreal. Branch University and St Catherine. Montreal |
| 16 | Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate? | non |
| 17 | State *your own* postal address in full. | A. S. Papazian Box 304. Nelson B.C |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 18 | Where was deceased born? | Sivas Turkey. |
| 19 | State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last. | 9 years Nelson B. C and 7 years in Montreal |
| 20 | What was the nature of his employment? | 4th year medical Student at McGill University |
| | | non |
| | l to | in Montreal |

Funeral expenses

To Mont Royal Cemetery $95.00

To Wm Wray inc Funeral directors $182.00

TICULARS

| | |
|---|---|
| ice. | non |
| hed bill ive | |

any Parents have paid, also Sam. Gra
ing
or funeral expenses (Hundred One)

n the amounts authorized in the Regulations, where death occurs
and burial is made in Canada, and if a relative has already paid
to the extent of the amount authorized in the Regulations. Any
Regulations is not payable by the Government nor is it chargeable

(PLEASE TURN OVER)

## FULL PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 10 | What is the full name of the deceased? | Levon Papazian |
| 11 | Give the month and year of his birth. | Jan 26 1918 |
| 12 | Where and when were his parents married? | Cairo Egypte 1900 |
| 13 | If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec) | non |
| 14 | Did he leave a Will? If so, a copy should be attached hereto. | Yes, but we do not possess it |
| 15 | Did he leave a bank account? If so, give full particulars. | $69.00 Bank of Montreal. Branch University and St Catherine. Montreal |
| 16 | Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate? | non |
| 17 | State *your own* postal address in full. | A. S. Papazian Box 304. Nelson B.C |

## PARTICULARS OF DOMICILE

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| 18 | Where was deceased born? | Sivas Turkey. |
| 19 | State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last. | 9 years Nelson B.C and 7 years in Montreal |
| 20 | What was the nature of his employment? | 4th year medical Student at McGill University |
| 21 | Did he own the premises in which he lived? If so, where? | non |
| 22 | Did he ever state verbally, or in writing, where he intended to make his permanent home? | in Montreal |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 23 | Did the deceased after enlistment incur any debts for:— (*a*) His own separate board and lodging while on service. (*b*) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | non |
| 24 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | Parents have paid, also Gov. Gov. have send $101.00 for funeral expenses (Hundred One) |

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

## DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Levon Pafayian ..... of the deceased.

**N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.**

..... {Signature of Informant}

A. D. Pafayian

## CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....

*See above

A. D. Pafayian {Name of Informant} is the* Father ..... of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Nelson B.C. this 26th day of May 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public William Irvine Qualification Stipendiary Magistrate

Address 418 Baker Street Nelson B.C.

**NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.**

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

May 23, 1946

ESTATES BRANCH
MAY 27 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

Dept. of National Defence
Army Estates Branch
Ottawa, Canada

Attn: T. J. K. Dillis, Capt.
Re: PAPAZIAN, Levon, Pte. (Dec'd)
D. 125780 CA

Gentlemen,

Your letter of 30 March, 1946, file number HQ 405-P-8127, has been received by the undersigned. In answer to your inquiry as to confirmation of my present address, it is identical with the one used by you.

However, at present, we are at the address given below, our presence here being on account of the state of health of my husband.

You may forward distribution as outlined in your letter, to Bank of Montreal, Nelson B.C. to be deposited to my Savings Account, number 1426.

Thanking you, I am,

Sincerely yours.

Mrs. Marie Papazian

My Los Angeles address is:
6295 DEL VALLE DRIVE, LOS ANGELES 36, CALIFORNIA, U.S.A.

Read this whole Form and Instructions on other side before commencing to complete.

# WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Papazian Levon (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Hochelaga

Province of Quebec, Medical Student (Civil Occupation) STUDENT CA.

Regimental No. D-125780, Unit No. 4D.D.(RCAMC), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "My Mother" Marie Papazian.

Residing at:-Nelson British Colombia.Can.

L.P.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

L.P.

(4) I appoint ..... (Name) ..... (Address)

..... (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 12 day of June 19 42

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

L Papazian (Signature of soldier)

First witness sign here.

(5) Signature A Masson
Civil Address 428 Villeray Montreal Que
Civil Occupation Ass. Mgr.

Second witness sign here.

Signature N. Zine
Civil Address 1347 Lajoie Ave Outremont P.Q.
Civil Occupation Salesman.

(Witnesses are not to be beneficiaries.)

[OVER]

4

~~NAVY~~

ARMY

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Levon (CHRISTIAN NAMES) PAPAZIAN (SURNAME)

REGISTER NO. D-20135

FILE NO. 405-P-8127

PAYEE Director of Estates

DATE 25-2-46

ADDRESS

SERVICE NO. D-125780

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE 25-12-42

| | $ ¢ |
|---|---|
| A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 197 / 30 EQUAL TO 6 COMPLETE PERIODS AT $7.50 | 45.00 |
| B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY | |
| | 45.00 |
| C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE: PAY $; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $; ADDITIONAL PAY $; $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $ ____; TOTAL $ ×7 = $; NO. OF DAYS ____ / 183 ×$ | |
| D. WAR SERVICE GRATUITY | 45.00 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $ | |
| F. TOTAL AMOUNT PAYABLE | 45.00 |

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

**CERTIFICATE** I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

| PREPARED BY | CHECKED BY |
|---|---|
| GMH | MJK |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| G. Petutelera | 27/2/46 |

SERVICE REPRESENTATIVE

ΔT

MH

Estates Form "P. 4"

# DISTRIBUTION OF SERVICE ESTATES

ARMY

Name PAPAZIAN (Surname) Levon (Christian Names) No. D-125780

Pte. (Rank) R.C.A.M.C. (Unit) 25-12-42 (Date of Death)

AMOUNT

W.S.G. 45.00
L.P.C. $ 71.55

Date 29-5-46

Other Credits

Total 116.55

Prev.dist. 71.55
This dist. 45.00

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Mother | For deposit to the account of (#1426)<br>Mrs. Marie Papazian,<br>C/o Bank of Montreal,<br>Nelson, B.C.<br><br>(Sole beneficiary per will) | 45.00 |

P4. TO TREAS.
JUN 7 1946

WSG

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 731 | 00 | 00 | 001 | $45.00 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

GMcO

ARMY

Name: PAPAZIAN (Surname) Leven (Christian Names) No.: D-125780

Pte. (Rank) R.C.A.M.C. (Unit) 25-12-42 (Date of Death)

## AMOUNT

L.P.C. $ 71.55

Date: 5-7-43

Other Credits

Total 71.55

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Mother | Mrs. Marie Papazian,<br>Box 306,<br>Nelson, B. C.<br><br>(sole beneficiary under will) | $71.55 |

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 831 | 00 | 00 | 001 | $71.55 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
N. O. SEAGRAM

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

10M—5-43 (9861)
H.Q. 1772-80-2