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5

# FORMAL WILL.

W.O. No.: E/558552/1

DOMICILE Irish

Record No. 367/624/62 17-18

Name William George Flynn

Regtl. No. and Rank 18981 Pte (L/cpl & A)

Regt. 12<sup>th</sup> Batt Royal Irish Rifles.

Died at Killed in action Belgium

Date of Death 11-8-17-

**WAR OFFICE.**

Date 4-5-1918.

H. 16/1905.



2/55-8552

26 FEB 1918

18981 Plc. W. G. F. Lynn.

R. I. Rifles.

W/6636

Army Form W. 3297.

**USE EITHER THIS FORM OR THE FORM OVERLEAF, BUT NOT BOTH.**

**Form of Will to be used by a soldier desirous of leaving the whole of his property and effects to one person.**

(See overleaf for Form of Will leaving legacies to more than one person.)

In the event of my death I give the whole of my property and effects to

Name of Legatee in full Mrs William George Lynn  
(Mr., Mrs., or Miss)

Relationship to soldier, if any Father

Address of legatee in full Uppelands  
Co. Derry.

Signature of Soldier (full name) William George Flynn

Rank and Regimental Number N Unpd Lance Cpl 12/1898.

Regiment R. I. Rifles

Date 16-4-17

Signed and acknowledged by the said (a) William George Flynn  
as and for his last Will 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\*

(a) Insert full name of soldier making the Will.

(b) Witnesses to sign here.

(c) Add addresses in full.

(b) John A Ferguson Cpl  
18 R. I. Rifles

(b) J. Cleland. Cpl H S

(c) 31 Dufferin Av. Bangor.

\*N.B.—The Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.



2/55-8552

26 FEB 1916

18981 Plc. W. G. F. Lynn.

P. G. Rifles.

P/6636

**USE EITHER THIS FORM OR THE FORM OVERLEAF, BUT NOT BOTH.**

**Form of Will to be used by a soldier desirous of leaving legacies to some one or more persons, and the residue to another or others.**

*(See overleaf for Form of Will leaving everything to one person.)*

(a) Name the person and describe him by his rank, regt., or profession, degree of relationship (if any) or in any other way, and give his address in full

In the event of my death I give to

P/558552

(a) \_\_\_\_\_  
\_\_\_\_\_  
(b) \_\_\_\_\_

(b) Here state the particular articles, or money intended to be given

And I give to (a) \_\_\_\_\_

(b) \_\_\_\_\_

And all the rest of my estate and effects, and everything that I can give or dispose of, I give and bequeath absolutely to (a) \_\_\_\_\_

Signature of Soldier (full name) \_\_\_\_\_

Rank and Regimental Number \_\_\_\_\_

Regiment \_\_\_\_\_

Date \_\_\_\_\_

(c) Insert full name of soldier making the Will.

Signed and acknowledged by the said (c) \_\_\_\_\_ as and for his last Will, 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\* :—

(d) Witnesses to sign here

(d) \_\_\_\_\_

(e) Add addresses in full

(e) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

**\*N.B.—The Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.**

[P.T.O.]

P/6636