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FORMAL WILL.

W.O. No .: E/628440/1 DOMICILE Srish Record No. 513 84307 8 1919

Name Robert Wigton

Regtl. No. and Rank 11 827 Private

Regt. 9 th Bu Royal Junis Killing Jusiliers

Died at In Belguin

Date of Death 20 - 10 - 18

WAR OFFICE.

Date 15 Denil 1919

H. 16/1905

LUULUIS le higton 11224 4

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 Margaret Wigton Name of Legatee in full_ (Mr., Mrs., or Miss) Relationship to soldier, if any mor. Address of legatee in full_ Multyman Robert Weglon Signature of Soldier (full name) ____ Rank and Regimental Number Regiment 18 JUN 1918 Date Mobert Signed and acknowledged by the said (a)_ (a) Insert full name of soldier as and for his last Will in the presence of us, present at the same time, who, in his presence, at his request, making the and in the presence of each other, have hereunto subscribed our Names as Witnesses* Jal-William Frank (b) Witnesses to sign here. OSWESTRY bamp arkhau (c) Add addresses in (b) mille OSWESTRY Cark Hall (c) *N.B.-The Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons. (28.) W. 155/6562. 500m. 5/16. C. P., LTD. 21/1197. 1

Will.

full.

Army Form W. 3297. USE EITHER THIS FORM OR THE FORM OVERLEAF, BUT NOT BOTH. bo Inone [P.T.O.

BUULUISIE 2/628440 11227 A. Co higton R Innis 95967

		USE EITHER T	HIS FORM OR THE FORM OT
		mor	be used by a soldier desirous of le e persons, and the residue to a (See overleaf for Form of Will leaving everyt
	(a) Name the	In the e	event of my death I give to
	describe him by his rank, regt., or profession, degree of rela- tionship (if any)	(a)	
	or in any other way, and give his address in full	(b)	
	(b) Here state the particular articles, or money intended to be given	And I give	to (a) 0771829 [-]
		(b)	
			estate and effects, and everything that I ca
			full name)
		Rank and Regimental	
		Regiment	
		Date	590560
	(c) Insert full name of soldier making the Will.	as and for his last Wi	wledged by the said (c)
	(d) Witnesses to	(d)	
	sign here (e) Add addresses in full	(e)	
		(d)	
		(e)	
		*N.BThe Witnesse	es must NOT be persons intended to l wives of such person
	•		

VERLEAF, BUT NOT BOTH. leaving legacies to some one or another or others. thing to one person.) . n give or dispose of, I give and bequeath e time, who, in his presence, at his request, Names as Witnesses*:---benefit under the Will, or busbands or [P.T.O. . 1