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E|272837

Irish domicile 10/16

Record No.

173/331903 $\frac{16}{17}$

3900.

Pte W Laregan

Date of death.

18th September 1916

// Irish Gds

L75187

E/272837

Irish domicile 10/16

Receipt No.

173/331903 16/17

3900.

Pte W Langan

Date of death.

18th September 1916

Irish Gds

L75187

Army Form B 243.

FORM OF WILL, No. 1.

To be used by a Soldier desirous of leaving the whole of his effects to one person.

(a) The names of the soldier to be written in full.

I, (a) William Langan

No. 3900 of the 1st Batt. Regiment of Irish Guards

do hereby revoke all former Wills by me made, and declare this to be my last Will.

(b) Insert "friend" or if a relative, in what degree.

After payment of my just Debts and Funeral Expenses, I give to my

(c) The name in full.

(b) Mother
(c) Elizabeth Fitzgerald
(d) 150 James's St. Dublin

(d) Insert the address, if known, or other description.

(e) If to a female, add the words "for her sole and separate use, her receipt alone being a sufficient discharge".

(e) absolutely for her sole and separate use, her receipt alone being a sufficient discharge.
the whole of my Estate and Effects, and

everything that I can by law give or dispose of, and I appoint

(f) The full names and descriptions and exact addresses of the Executor or Executors should be carefully stated.

all I have I gave to my
mother Elizabeth Fitzgerald
150 James's St. Dublin

Executor of this my Will.

E/272837

Irish domicile
Record No. 173/331903 ¹⁶/₁₇

3900.

Pte W Lanegan

11 Irish Gds

Date of death.

18th September 1916

L 75187

E/272837/1

In Witness whereof, I have hereunto set my hand this 5th day of August 1914

A.D. 19

(g) Soldier to sign here, or if he cannot write, to make his mark.

(g) William Lanegan

Signed and acknowledged by the said

Pte. William Lanegan

the same having been previously read over to him 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.

(h) Witnesses to sign here.
(i) Add addresses in full.

(h) J. Chelan 4205

(i) St James Gas Wellington Nho

(h) Lawrence Kennedy

(i) 1st Irish Guards Wellington

Declaration of the Medical Officer.

I declare that I was present at the Execution of this Will, and that _____ the Testator, was at the time in a fit state of mind to execute the same.