



NATIONAL ARCHIVES OF IRELAND

NAI/2002/119

Archives are subject to copyright and should not be copied or reproduced
without the written permission of the Director of the National Archives

5

FORMAL WILL.

W.O. No.: E/640647/1

DOMICILE *Irish*

Record No. *455/756599 18/19*

Name *Michael Dobbin*

Regtl. No. and Rank *49792 Private*

Regt. *1st. Bn. Royal Irish Fusiliers*

Died at *in the field*

Date of Death *1/10/1918*

WAR OFFICE.

Date *14. 2. 1919*

H. 16/1005.

620647

D.

11 APR 1918

49792. Pte M. Dobbin.

R. Irish Fus.

P85791

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 Mary Dobbin
(Mr., Mrs., or Miss)
Relationship to soldier, if any Mother
Address of legatee in full 12. Chorliffe St. Dublin

Signature of Soldier (full name) Michael Dobbin
Rank and Regimental Number Pte 31452
Regiment 3/ R. Inniskilling Fusrs.
Date 10 April 1918



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

Signed and acknowledged by the said (a) Michael Dobbin 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*

(b) Witnesses to sign here.

(b) J. Prior Csm

(c) Add addresses in full.

(c) 3/ R. Inniskilling Fusrs.

(b) 7 Jacobson Cpl

(c) 3/ R. Inniskilling Fusrs.

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

640647

D.

11/21/1918

49792. Pte M. Dobbin.

R. Irish Fus.

P85791

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

P85791

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.)

640647

In the event of my death I give to

(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

(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 S/ R. Inniskilling Fusrs.

Date _____

Signed and acknowledged by the said (c) _____

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

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) S/ R. Inniskilling Fusrs.

(e) Add addresses in full

(d) _____
(e) S/ R. Inniskilling Fusrs.

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

[P.T.O.]