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FORMAL WILL.

W.O. No.: E/780 897/1

DOMICILE Irish

Record No. 586/953 226 19/20

Name John Flynn

Regtl. No. and Rank 53628. Private

Regt. 11th Hussars

Died at Military Hospital, Cairo

Date of Death 22 - 12 - 19.

WAR OFFICE.

Date 18th May 1920

2 JAN 1920.

53628 Pte J. Flynn.

Mussars.

P60171.

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 Mr. Michael Flynn
(Mr., Mrs., or Miss)
Relationship to soldier, if any Father
Address of legatee in full Foxboro: Ballinlough, Co Roscommon

Signature of Soldier (full name) John Flynn
Rank and Regimental Number Private 3/7684.
Regiment The Buffs
Date 6-1-17

Signed and acknowledged by the said (a) John 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) J. Incey Capt. The Buffs
(c) Kinsale Co. Cork.
(b) H. Berne Sgt The Buffs
(c) Kinsale Co. Cork

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

2 JAN 1920

F

53628 Pte J. Flynn

Mussers

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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.)

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) _____

And I give to (a) _____

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

(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 _____

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* :—

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

(d) Witnesses to sign here

(d) _____

(e) Add addresses in full

(e) _____

(e) _____

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

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P.T.O.