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**FORMAL WILL.**

Codicil.

W.O. No.: E/443704/1

DOMICILE English  
Irish.

Record No. <sup>283</sup>  
497327/17

Name Michael Bradley

Regtl. No. and Rank 10942 Private

Regt. 8<sup>th</sup> Bn. R. Inniskilling Fusiliers

Died at from Wounds

Date of Death 10.6.17

**WAR OFFICE.**

Date 18.10.17

E. 16/1905

8/443704

B

2 JUL 1917

109 42 Pte M. Bradley  
Royal Innis. Fus.

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WILL.

In Event of my Death  
I give the whole of  
my property and effects  
to my mother.

Mr. Maguire Nelson of  
Magonnagh Lisbellaw  
Co. Fermanagh  
Ireland

Michael Bradley

Pte No 10942

8<sup>th</sup> Royal Inniskilling

80-3-17

Fus

8/443704

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2 JUL 1917

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Army Form W. 3066.

To be filled in and pasted inside the back cover of the Soldier's Pay Book when he leaves his unit to embark for service abroad.

CERTIFIED that the equipment, clothing and necessaries of the undersigned soldier are complete with the following exceptions:—

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M Bradley  
Signature of Soldier.

Date 14-3-17

Station Londonderry

Countersigned W Russell Major  
Officer Commanding.

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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 Margaret Nelson

(Mr., Mrs., or Miss)

Relationship to soldier, if any

Mother

Address of legatee in full

Magonragh Lusbellaw  
Co Fermanagh

Signature of Soldier (full name)

Michael Bradley

Rank and Regimental Number

Private 10942

Regiment

Rd Inniskilling Fusiliers

Date

14 3 17

Signed and acknowledged by the said (a) Michael Bradley 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 Jones Esq

(c) Edlington Barracks Londonderry

(b) Lt Wallace Supt

(c) Edlington Barracks Londonderry

\*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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**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) \_\_\_\_\_

(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 \_\_\_\_\_

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) 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.

1/405844/2

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