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FORMAL WILL.

W.O. No.: E/ 410959/1

DOMICILE

Irish
~~English~~

Record No. ²⁸³/~~494453~~ ¹⁷/~~18~~

Name

Samuel Hamilton

Regtl. No. and Rank

10981 Pte

Regt.

9 Bn Inniskilling Fusiliers

Died at

Belgium

Date of Death

16-8-17

WAR OFFICE.

Date

17/11/17

H. 16/1906.

E/410959/

1st OCT 1917

9/10981 Pte. S. Hamilton

Inniskilling Fus.

P 76435

Hamilton

10981 Hamilton

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. Mary Hamilton

Relationship to soldier, if any Mother

Address of legatee in full 12 Albert Place, Lion Mills Co. Tyrone

Signature of Soldier (full name) Samuel Hamilton

Rank and Regimental Number Private No 10981

Regiment Pl Inniskilling Fus

Date 13th June 1917

Signed and acknowledged by the said (a) Pte. Samuel Hamilton

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. M. B. Wilton Capt. 10th Att^{ch} 12th Pl Inniskilling Fus.

(c) Finner Camp, Ballyshannon Co. Donegal

(b) Stephen C. Bullock Capt. 11th Att^{ch} 12th Pl Inniskilling Fus

(c) Finner Camp Ballyshannon Co Donegal

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

E/410959/

1 OCT 1917

9/10981 Pte. S. Hamilton

Inniskilling Fus.

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E/41095-9

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

(b) _____

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 _____

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

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* :—

(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.]

P76435