

ATTESTATION PAPER.

No. 2138994

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... LOFQUIST
- 1a. What are your Christian names?..... Albert Leonard
- 1b. What is your present address?..... 134 1/2 South Temple Street, Salt Lake
- 2. In what Town, Township or Parish, and in what Country were you born?..... Windsor, Canada City, Utah, U.S.A.
- 3. What is the name of your next-of kin?..... Mrs Emily Lofquist
- 4. What is the address of your next-of-kin?..... Windsor, Ontario, Canada. *W.M.*
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... 21st March 1885
- 6. What is your Trade or Calling?..... Powder man, (Blasting & Open pit mining)
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. -
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Leonard Lofquist, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 12th February 1918. *Albert Lofquist* (Signature of Recruit)  
*Howse* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Leonard Lofquist, do make Oath, that I will be faithful and bear true Allegiance to His Majesty George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully aid and assist His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 12th February 18 1918. *Albert Lofquist* (Signature of Recruit)  
*Howse* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at VICTORIA, B.C. this 12 day of February 1918.  
*Angus* (Signature of Justice)

# Description of Albert Leonard Lofquist on Enlistment.

Apparent Age 32 years 11 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 6 ft. 3 ins.

Chest measurement { Girth when fully expanded ..... 41 ins.  
 Range of expansion ..... 3 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

Religious denominations.  
 Church of England .....  
 Presbyterian .....  
 Methodist .....  
 Baptist or Congregationalist Baptist  
 Roman Catholic .....  
 Jewish .....  
 Other denominations .....  
 (Denomination to be stated.)

Vision R: D. 20/20 L: D. 20/20  
 Hearing R: 2 L: 2

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* A2 for the **MOBILIZATION CENTRE** Canadian Overseas Expeditionary Force.

Date 12th February 1918 Pres. [Signature]

Place VICTORIA, B.C. Member [Signature] Medical Officer [Signature]

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Leonard Lofquist having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date 19.2.18 Lt. Col. [Signature]  
 O/C 2nd Depot Batt. B. G. Regt.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? LOFQUIST
1a. What are your Christian names? Albert Leonard
1b. What is your present address? 134 1/2 South Temple Street, Salt Lake
2. In what Town, Township or Parish, and in what Country were you born? Windsor, Canada City, Utah, U.S.A.
3. What is the name of your next-of kin? Mrs Emily Lofquist
4. What is the address of your next-of-kin? Windsor, Ontario, Canada.
4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? 21st March 1885
6. What is your Trade or Calling? Powder man, (Blasting & Open pit mining)
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? -
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Leonard Lofquist, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Albert Leonard Lofquist (Signature of Recruit)

Date 12th February 1918 J. J. J. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Leonard Lofquist, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Albert Leonard Lofquist (Signature of Recruit)

Date 12th February 1918 J. J. J. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at VICTORIA, B.C. this 12th day of February 1918.

J. J. J. (Signature of Justice)

# Description of Albert Leonard Lofquist on Enlistment.

Apparent Age 32 years 11 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 6 ft. 3 ins.

Chest measurement. { Girth when fully expanded ..... 41 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Light Brown

Religious denominations.  
 Church of England .....  
 Presbyterian .....  
 Methodist .....  
 Baptist or Congregationalist Baptist .....  
 Roman Catholic .....  
 Jewish .....  
 Other denominations .....  
(Denomination to be stated.)

Vision R: 20/20 L: 20/20  
 Hearing R: n L: n

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* A 2 for the Canadian Overseas Expeditionary Force.

Date 12th February 1918 Pres. J. J. [Signature]  
 Place VICTORIA, B. C. Member [Signature]  
 Member [Signature] Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Leonard Lofquist having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date 19.2.1918 [Signature] Lt. Col. (Signature of Officer)  
 O/C 2nd Depot Batt. B. C. Regt.

REGIMENTAL DOCUMENTS

NAME LOFQUIST ALBERT LEONARD REGT. NO. 2138992 UNIT 2nd Depot Batt. H. Q. FILE NO. \_\_\_\_\_

**S**

**H**

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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*Form of Will*  
*1899*  
*good and*  
*right*  
*order*

**W**

29821

Category

*Final*

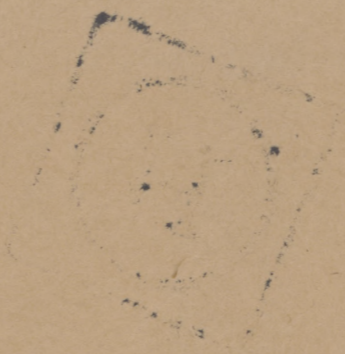
**DISCHARGE**

Category

**DESERTION**

**H**

*ML*



*Low loss*

Number *2139992* Rank *Pte*

Surname *LOFQUIST*

Christian Name *Alfred Leonard*

Unit *72<sup>nd</sup> Br. Gen. Inf.* Theater of War *France*

Date of Service *16-8-18*

Remarks *Mother*

Latest Address *Mrs. Emilina Lofquist  
Station #2, W. Fulton Rd.  
Grand Rapids*

Roll No. *B. Page 5067*  
*Mich. U.S.A.*

*B*  
*W*

9 a 31.865 aem

1821



649-I-16168.

Lofquist, A.L.

Pte. #2138992

72nd Bn

Medals and Decs:

Mother

*not elig for stat*

Mrs. ~~Philip~~ Lofquist,  
Station No. 2, N. Fulton Rd.  
Grand Rapids,  
Mich., U.S.A.

P. & S.

"

As above.

*(Serial no: 744935.)*

Memorial Cross

"

As above.

19753

Scroll Desp *29.1.21* Reqn. No *2-15165*

*m.f.* *907* *11* *1920* Reqn. No *P 11195* *(M) @ 20013*  
AUG 26 1920

M

269

REG'T'L. No. 2138992

H. Q. FILE NO 649

NAME

Lafajust Albert

RANK AND CORPS

Pte. 72nd. Br. Infan.

FOLLOWS  
No.  
FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

lo.  
Prof. Mrs Emily Lafajust - Mother  
Windsor Ont.

K. in A. Sept 2nd. 1915.

11-3.  
H/334

22-9-15

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 324<sup>1</sup> Rept. from Base

2-9-18

L. in a

Albert Leonard

25-L-2825-

Name LOFQUIST

Rank Pte

Reg. No. 2138992

Unit 7<sup>2</sup><sup>nd</sup> Bn

Next of Kin Mrs Emily Lofquist. (Mother)

~~Windsor, Ontario, Canada~~~~Station 2, West Fulton Road, Grand Rapids, Mich. U.S.A.~~

Date

Movement

Place

Casualty

List No.

Notified N/K O.

W.O. List

1918

2

Killed in Action

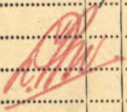
R 324

H 334

3486

PT 2. 0/20

R/18-9-18





18

11.

CARD NO.

X

SURNAME.

*Lofquist*

CHRISTIAN NAMES

*Albert Leonard.*

REGL. NO.

*2138992*

RANK

*Pte.*

UNIT

*B. Co. Regt. 2 Dps. Bn.*

FORMER CORPS

*Nil.*

FOLL.

*J.O.S. Feb 16-1918*

*D.O. P.II no 47*

NEXT OF KIN.

NAMES IN FULL

*Lofquist Mrs. Emily.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*Windsor, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada*

*Windsor Ont.*

DATE

*Mar. 21<sup>st</sup> 1885*

PLACE OF ATTESTATION

*Victoria, B. Co.*

DATE

*Feb. 12<sup>th</sup> 1918.*

*o/s. 17-4-18 1166  
5-*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



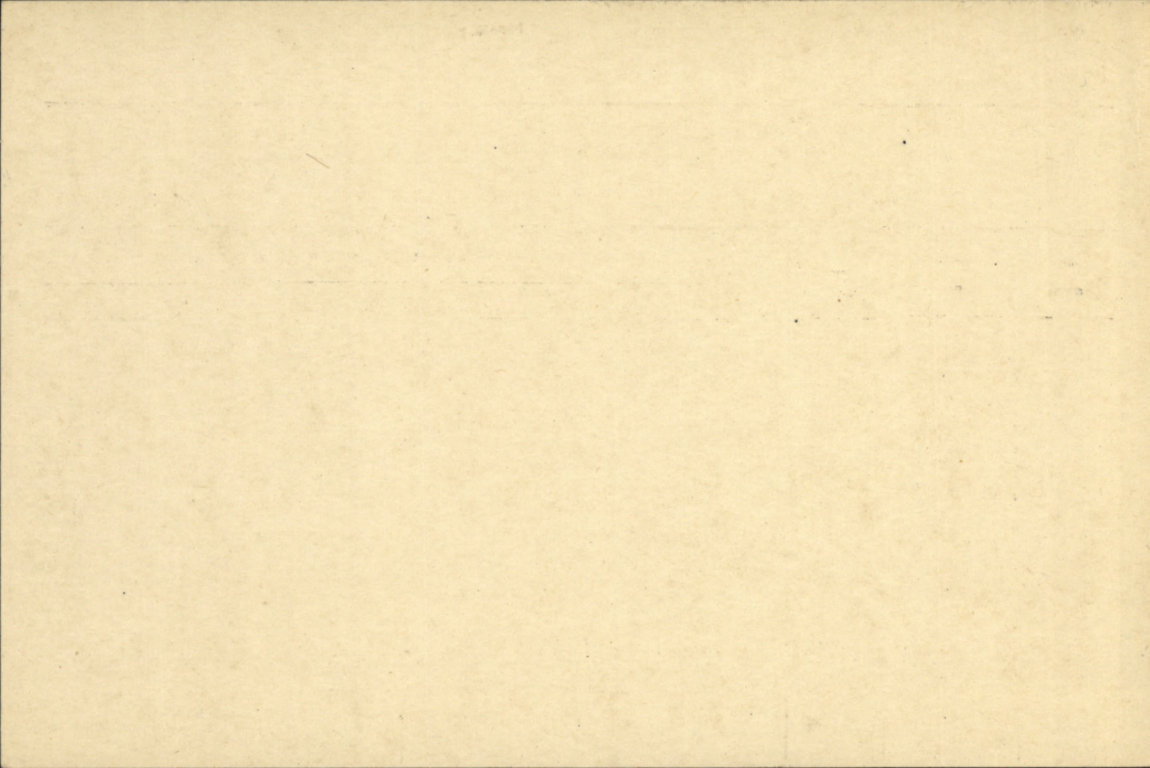
No. 2138992 RANK Pte.

NAME Lofquist. L.

T. O. S. 12. 2. 18. UNIT 2nd. Depot Bn. (B. C. Regt.)  
2047 of 16. 2. 18.

M. D. 11.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918. Feb. 9.	1918. Feb. 28.	✓		



Surname

Christian Name or Names

Reg. No.

LOFQUIST

A. L.

2138992.

Rank  
Pte.

Unit

BC.72.

Cas. List.

21-9-18.A328

RFB. KILLED IN ACTION 2-9-18. 1/2

A.M.D 2 DEPT.  
Ch. of D.G.M.S. O.M.F.C. London

Cas. List.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 102.)

350m.—5-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps *of the R.F.C.* **2nd DEPOT BATT. B.C. REGT.**

Regimental No. **2138992** Rank **Pte.** Name **Albert Leonard LOUQUIST**

C. E. F.

Enlisted (a) **12-2-18** Terms of Service (a) **C. E. F. Dofw** Service reckons from (a) **12-2-18**

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended ..... Re-engaged ..... Qualification (b): **Powder man**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<del>Taken on strength - 2nd Depot Batt. B.C.R.</del>	<del>Victoria, B.C.</del>	<del>12-2-18</del>	<del>P.2.O. #47 16-2-18</del>
		<i>Embarked H.M.T. "Scotian" at Halifax</i>		<i>16.4.18</i>	
		<i>Disembarked England, Liverpool</i>		<i>28-4-18</i>	
<i>30/4/18</i>	<i>1st Res. Bn</i>	<b>TAKEN ON STRENGTH OF</b>	<i>Seaford</i>	<i>28/4/18</i>	<i>RA 2 D.O. 103.</i>
		<i>1st CAN. RES. BA</i>			
<i>30/4/18</i>	<i>1st Res. Bn</i>	<i>in Command Segregation Camp</i>	<i>Seaford</i>	<i>28/4/18</i>	<i>RA 2 D.O. 103.</i>
<i>1/5/18</i>	<i>Res</i>	<i>Returned from Germany</i>	<i>Seaford</i>	<i>9-5-18</i>	<i>PR 200113</i>
<i>5/1918</i>	<i>Res</i>	<b>PROCEEDED ON DRAFT TO.</b>	<i>72nd BATT Seaford</i>	<i>AUG 14 1918</i>	<i>RA 2 D.O. 196. WSR</i>
					<i>Captain, Adjutant, 1st Canadian Reserve Battalion.</i>

CERTIFIED CORRECT  
20 AUG. 1918  
CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc. etc., also special qualifications in technical Corps duties.

2128992 Lofquist A.L.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11. 8.18	C. I. B. D.	T. O. S. <sup>72</sup> 87 TH BN ON ARRIVAL	FRANCE	16. 8.18	DO. No. 106 0.22. 8.18 N. R. 726
16. 8.18	C. I. B. D.	S. O. S. TO <del>C. C. R. C.</del> Unit	FIELD	18. 8.18	N. R. 1350.
	<del>C. C. R. C.</del>	<del>T. O. S.</del>	"	"	<del>N. R.</del>
	<del>C. C. R. C.</del>	S. O. S. TO UNIT	"	"	<del>N. R.</del>
24. 8.18	UNIT	JOINED UNIT	"	19. 8.18	B. 213
8. 9.18	OL 72 <sup>nd</sup>	Killed in Action	Field	2. 9.18	{ SK 2 17/1163 [PH 20 620 d/18-9.18
			<p><i>J. Anderson</i> Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3<sup>rd</sup>, Ech.</p>		

**ORIGINAL** **2nd DEPOT BATT. B.C. REGT.** *Original*  
**MILITARY SERVICE ACT, 1917.** *A2*  
**MEDICAL HISTORY SHEET.** *2138997*

**IMPORTANT.**—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname LOFQUIST Christian name Albert Leonard  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....  
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....  
 4. Address (including street and number, if any) 134 1/2 South Temple Street, Salt Lake City, Utah, U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of February 1918 *1917*, by the undersigned medical board sitting at VICTORIA, B. C.

5. Age as stated 32 Years 11 Months. 6. Apparent age 32 Years 11 Months  
 7. Height 6 Feet 3 Inches. 8. Weight 187 Pounds.  
 9. Chest measurement { Minimum 38 Ins. 10. Complexion Fair { Eyes Blue  
 Maximum 41 Ins. Hair Light Brown  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil  
 13. Number of vaccination marks { Right arm ✓ 14. When vaccinated last Childhood  
 Left arm /  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....  
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
 Tuberculosis Tuberculosis  
 Syphilis Syphilis  
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2  
 17. (a) Vision R. 20/20 L. 20/20  
 (b) Hearing, R. u L. u

*J. K. Hunt* Captain *President.*  
*W. M. ...* Member. *W. M. ...* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/4-18</u>		<u>J. D. Hunter</u> M.O.	<u>16/2-18</u>	<u>G</u>	<u>J. D. Hunter</u> M.O.
		M.O.	<u>26/3-18</u>	<u>G</u>	<u>J. D. Hunter</u> M.O.
		M.O.	<u>3/4-18</u>	<u>G</u>	<u>J. D. Hunter</u> M.O.

Joined twelfth day of February 1918 at VICTORIA, B. C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Bat B.C. BN-OS</u>	<u>2138997</u>		<u>12-2-18</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION	DATE	DISEASE	RESULT

Signature of Man





FORM OF WILL

23.E

I, LOFQUIST, Albert Leonard (Name in full)

Regimental Number 2138992 serving in 2<sup>nd</sup> Depot Batt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

None

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My mother, Emeline Lofquist  
Windsor,  
Ont. Canada

Name and Address of person or persons to receive personal estate\* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this twentieth day of February A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Albert Leonard Lofquist Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both 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.

Signature of First Witness W. G. Hanson Lieut.

Address of Witness 1404 Harrison St. Victoria

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness A. Johnston Lieut.

Address of Witness 1039 Melbure St Victoria B.C.

Occupation of Witness Soldier

FORM OF WILL

I, *John Doe*, of the County of *Alameda*, State of *California*, do hereby certify that I am of sound mind and memory, and am not under any legal disability, and I am not married, and I have no legal wife or husband, and I am not under any legal obligation to make a will, and I have no other will, and I hereby declare that this is my last will and testament, and I hereby give, devise and bequeath all that I own, and all that I shall hereafter acquire, unto the following named persons, to wit:

Name and Address  
of Beneficiary

Name and Address  
of Executor

Name and Address  
of Witness

I hereby declare that the foregoing is my last will and testament, and I hereby give, devise and bequeath all that I own, and all that I shall hereafter acquire, unto the following named persons, to wit:

*John Doe*  
*John Doe*  
*John Doe*  
*John Doe*  
*John Doe*

ET. Rank Name LOFQUIST, Albert Leonard Reg'l No. 2138992  
 7th Dft. 2nd Bn B; O If in perm. Corps, }  
 Unit What Unit? } Married or Single Single.  
 Place and Date of Enlistment Victoria, February 12th. 1918 Place of Birth Windsor. Canada.  
 Name and Address, Next-of-Kin Mrs Emily Lofquist,  
 STATION 2. WEST, FULTON ROAD. GRAND RAPIDS. MICH. U.S.A.  
 Windsor. Ontario. Canada. Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 10,896  
 File R.L. 25-L-2825/29/1 V  
 Category K.A.

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		28-4-18	S/S SCOTIAN
30-4-18	1 Res	T.O.S on arrival	Scipid	28-4-18	Pt II 103 942 Res Pt II 106 22.8.18
15-8-18	1 Res	S.O.S to 72 Bn		14-8-18	Pt II 196
18-9-18	72 Bn	Killed in Action	Field	2-9-18	Pt II 120

19 JUL 1918  
 RECEIVED



Strike out whichever inapplicable.

ASSIGNED PAY.

ENGLAND OR CANADA.

SEPARATION ALLOWANCE.

EFFECTIVE DATE:—

EFFECTIVE DATE:—

AMOUNT:—

AMOUNT:—

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS WORD "SAME" ONLY

*PayBook verified 13/1/18 BMS*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS (UPON CLEARANCE OF VO BY INSERTION OF DATE

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.
		Statement of Genl Rand.		4/4/19	
		L.P.O. Genl Rand	1031X		

PARTICULARS OF RENDERING NON-EFFECTIVE:—

*X-in-A*

MONTH	PARTICULARS	CR. 1	CR. 2
10-4-18	Balance from Canada		
May	P/Pay 11/4/18 - 31/5/18	56 10	
		<del>56 10</del>	
June	P/Pay	33	
		<del>33</del>	
July	P/Pay	34 10	
		<del>34 10</del>	
Aug.	P. Pay.	37 10	
		<del>37 10</del>	
Sept.	P. Pay.	38	
		<del>38</del>	
1919	Delay on def Aug to 31/1/19	2 60	
March		2 60	

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

PTE NAME: *LOFQUIST. Albert Leonard*

EFFECTIVE DATE:-

NUMBER:- *2138992*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P.</i>		<i>Pte.</i>

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

UNIT AND TRANSFERS  
 ORIGINAL UNIT: <sup>*72 Bt*</sup> *2<sup>ND</sup> DEPOT BATTN B.C. REG C.E.F.*  
 DATE ACCOUNT FIRST OPENED: *11-4-18*

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>D.O. 103 20/4/18</i>	<i>28-4-18</i>		<i>1st Can. Res. Battn.</i>
<i>Trans Ship 181</i>	<i>1/9/18</i>	<i>20/9/18</i>	<i>72 Bn. 7.</i>
	<i>1/10/18</i>		<i>NEF</i>

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>4/4/19</i>		<i>Ledger Serial 10312</i>	

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1-</i>	<i>-</i>	<i>10</i>	

*X-in-A. 2-9-18 CLA 924. 21-9-18.*

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							<i>16 00</i>		
<i>56 10</i>		<i>A.R. 856 13/5/18 1<sup>st</sup> Res</i>	<i>4 87</i>						
		<i>" 109 29/5/18</i>	<i>4 87</i>						
<i>56 10</i>			<i>9 74</i>				<i>62 36 23</i>		
<i>33</i>		<i>A.R. 1239 3/6/18</i>	<i>4 86 7</i>						
<i>33</i>		<i>" 1846 27/4/18</i>	<i>9 73</i>				<i>36 96 38</i>		
			<i>58 10</i>						
<i>34 10</i>		<i>" 2093 9/7/18</i>	<i>4 87</i>						
		<i>" 2326 24/7/18</i>	<i>19 47</i>						
<i>34 10</i>			<i>24 34</i>				<i>46 72 53</i>		
<i>34 10</i>		<i>A.R. 2729 16/8/18 1 Res Bn.</i>	<i>9 73</i>						
		<i>A.R. 730 20/8/18 12 L.P.B.</i>	<i>3 57</i>				<i>67 52 68</i>		
<i>34 10</i>			<i>13 30</i>						
<i>33 -</i>							<i>100 52 83 -</i>		
<i>33 -</i>							<i>100 52</i>		
<i>2 60</i>							<i>103 14</i>		
<i>2 60</i>		<i>Dr. 60937 Bal. to Ottawa</i>	<i>103 12</i>						
			<i>103 12</i>						

NON EFFECTIVE ACT.



