MF A.A. Form A.200. AUSTRALIAN **MILITARY FORCES** I have made full and careful examination of the ATTESTATION FORMA nutlestanA not aubro guillante and an FOR SPECIAL FORCES RAISED FOR SERVICE IN AUSTRALIA OR ABROAD. Army No. 909 Surname POTTS Albert James Other Names. Signature of Examining Medical Officer. Unit 39 a Area, Hawthorn Enlisted for service at. ... (Place) Victoria (State) 22/6/ 1940 (Date) Questions to be put to persons called out or presenting themselves for voluntary enlistment.* What is your name? (BLOCK LETTERS) appental anne 19731181 Albert James Other names 2. In or near the town of Haw thorn Where were you born? . (m)0 - 196 in the state or country of ... betsile N. B. 3. Are you a natural born or a naturalized British 3. Subject? If the latter, papers are to be produced Age 20 yrs 4. What is your age and date of birth? Date of Birth 6/4/ T Carpen 5. What is your trade or occupation? 5. Signature of As/ PNI Are you married, single or widower? 6. 6. Have you previously served on active service? If so, 1 71 and ale where and in what arm? James Posts Name 20 Fletcher Who is your actual next of kin? (Order of relation-ship:--wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) 8. Address. Haw thorn Father Relationship... Jo Fletcher 9. 9. What is your permanent address? Hawthorn E.3 Mothodist What is your religious denomination? (This ques-10. tion need not be answered if the man has a con-scientious objection to doing so) 10. Pott 5 ames do solemnly declare that the above answers made by me to the above questions are true and that I am willing to serve in the Australian Military Forces within or beyond the limits of the Common wealth. ct.h. Witnessed by WAREAIN. 1 (Signature of Attesting or Witnessing Officer) FFICER. Signature. * The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Act

M. P.

MEDICAL EXAMINATION

AUSTRALIAN

B MILITARY FORCES

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is-*

1. Fit for Class I. Certified that this entrh has been checked with A. A. Form D.1. 2. Temporarily unfit for Class 3. Unfit for military service Capt A HAWTHORN Place Date. Signature of Examining Medical Officer * Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated. Chile 2.22 1100000 OATH OF ENLISTMENT # lamesswear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation of the present time of war and twelve months thereafter or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law. Howthern to awar she the Helan Helan Me Gad. Signature of Person Enlisted. laufela Subscribed at. in the State of this. day of or non te i Before me-Signature of Attesting Officer..... Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialed by the Attesting Officer. But and Who is your actual next of kin? (Order of relation-ship ---wife eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-DECRASSO Address DATE 6 . yources ace Reco VX43909 NATURE OF DELAST harge District Records Office Southern Command, 3rd M. D. above answers made by me to the above opertions are true and that I am willing to serve i Signature of Artesting or Witnessing (ORIAM) FPICE Wilke and Co. Pty. Ltd., Printers, 19-47 Jeffcott Street, Melbourne. questions he will be liable to heavy pendities and/e w The newon will be warned that should

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SERVICE AND CASUALTY FORM

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SERVICE AND CASUALTY FORM

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Potts F. J. A.F. B.103-2 (Adapted)

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A.F. B.103-2 (Adapted)

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SERVICE AND CASUALTY FORM

A.F. B.103-2 (Adapted)

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Continuation Sheet to A.F. B.103-1.

Authority Signature Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.). REPORT W.3011, of Officer Date of Place of B.2069, Certifying Casualty Casualty From whom or other Correctness Date received Document of Entries Mant to ACTB HOTE 13/43 15. 7. 43 Comunga wor. 000 15.7.43 aust. Comm Aw. MIIn from L.H. & Type. Centre WSOII 5/43 15.2.43 Canungra Try. Br NOTHING 182009 9/43 6.6.43 TR 7/11 2 12.6.47 A.W.L. TR 6 6 4 3 K 2-6.43 TO W 501, 43/43 12 200 3 121 410.10: 43 22 te 1 aust bar (leommdo) Ing squinomibut aust hu lon - 1/#3 BE 12.10.43. from aust borndo Ing Bow mgm 10.10.43 Ing Balen #3 2.11. Euge. to 22 a. b. A. (chalasia) 5.10.43 N3034. W 2.2. a.b. 10.11. 43 Dese. 22. a.b. N. to unit 10. H 31.10.43 12.6.6. 1. atel the fren 22 a.b. A w 3011 27. H. HH Out to decial Duty 25. H. HH 1/11 1an lan Theus For Officer-in-Charge Records Office 22-5-44 Z. Spec. Unit T.O.S. from I aust. Cav. (Comm.) Ing. Sqn. aust 8/574 Died of injuries accidentally received (Bullet wound in head) 14-7-44 7.7.44 LehEN90 Received auch bas List 1660/6118 6.7. 44 10 Duran 1.1 : 1 P / 2/ 13/ 13 - 10 21 APR 1949 Th. MTUITY CHECKIN

CERTIFIED TRUE COPY

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A.F. B.103-1 (Adapted)

SERVICE AND CASUALTY FORM Army No. VX43909 Unit 2/9 #d Amb. VX43909

icer-in-Charge District Records Office (on Enlistmen	at) Albert James			(Block Capitals)
Southern Command(3 M Date of Enlistment 7 Place Ca Date of Birth 6/	4/20 wthorn, Victoria	Next of Kin	Mingle Names Potts 20 Fletcher Street, Hawthorn.	
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EXHIBIT (D)

Sheet 13.

EXTRACT FROM CERTIFIED TRUE COPY.

A.A.F. D.11. (Revised Nov., 1943)

AUSTRALIAN MILITARY FORCES

REPORT OF A DISABILITY RESULTING FROM AN INJURY

Number, Rank, Name and Unit of Disabled Person-

VX.43909 Sgt. POTTS.A.J. Z Special Unit.

Age. 24

Date of Disability-6 Jul.44.

Place-FRASER ISLAND

STATEMENT AND DECLARATION OF DISABLED PERSON

The circumstances of the disability were as follows :----

Place_

Date

Signature of Disabled Person

Witness to Signature

[P.T.O.]

REPORT OF MEDICAL OFFICER

(a) Description of the disability Perforating gun shot wound of skull (groved wound

left side of nose: entrance wound - left eye, exit wound - left parietal area of skull).

(b) In your opinion, will it, or is it likely to, cause permanent ill-effects?

Patient died approx. 2 hours after injury.

(c) In your opinion, will it, or is it likely to, impair the member's future efficiency as an officer or soldier?

(d) Probable period, if any, during which member will be incapacitated from resuming duty or civil avocation.

(e) (i) In your opinion, could the present condition have resulted from an injury as stated by the member?

(ii) Is there any evidence of a pre-existing disability and if so has it been worsened by any recent injury.

The injury was due wholly to conditions of war service.

Date____8_Jul.44 (Sgnd.) R. HOOPER. Medical Officer

Numbers, Ranks and Names of witnesses

DIRECTION OF CC	MMANDING OFFICER
(a) An Investigating Officer will will not be appointed.	(a) YES.
	(b) NOT KNOWN.
(b) Name of Investigating Officer.	(c) NOT KNOWN.
(c) Any Special Instuctions to Investigating Officer.	(d) NOT KNOWN.
(o) may spoolal instabilities to involve and one of	(e) YES.
Place MELBOURNE Date 20 JUL. 44.	(Sgnd.) A. GOLDHAM Lt.Col.
Date	C.O. "Z" SPECIAL UNIT? Signature
REMARKS OF DEPUTY-DIRE	CTOR OF MEDICAL SERVICES

REMARKS OF SUPERIOR AUTHORITY

Records Office, Victoria L. of C. Area, 281 Lonsdale Street, MELBOURNE, C.1.

A.D.F.O., Vic. L. of C. Area.

1. Please acknowledge receipt of A.A.Form 131 purporting to contain the Will of the undermentioned deceased member of the A.I.F.

No. Rank NAME UNIT

DECEASED MEMBERS SECT. 10 JUI 1944

Data JUL / 0/944,

A.A. Form A.130. (Revised, January, 1942) /29. OO PY. (The Notes and Certificate on the back should be read before the will form is filled in.) (1) Full name, surname last. THIS IS THE LAST WILL of me⁽¹⁾ ALBERT JAN 39 POTTS (2) Private address. No. of(2) Unit VX 43909 2/9 Fd. Ambulance I HEREBY REVOKE all former wills and other testamentary dispositions (8) Full name and heretofore made by me. I APPOINT⁽⁸⁾ tor or executors. my father JAMES ABRAHAM GARFIELD POTTS of 20 Fletcher St. Hawthorn . M.S. Vic. (4) Set out here the names and addresses of the persons to whom you wish to leave you wish to leave you wish to leave to be divided or dealt with. (4) Set out here the executor(s) of this my will⁽⁴⁾ **Constant of the Constant of the Constant** his wife, Violet Marguerite Potts, equal parts of the shale of my real and personal cotate whatsoever and whereacever situate for their sole use and benefit absolutely. (5) Fill in date. ⁽⁵⁾As witness my hand this **MARE** day of 1940. 算OV活动的回行 SIGNED by the above-named Testator as and for his (her) last will and testament in the presence of us both present at the same (6) Usual signature of person making will. time who at his (her) request in his (her) (6) Albert James Potts. presence and in the presence of each other have hereunto subscribed our names as witnesses. (7) Usual signature (7) _______ witness (if necessary). 8/9 Pield Asbulance M 7 Sec OERTIFIED A TRUE COPY OF THE ORIGINAL OF WHATTER AL PURPORTS (8) G. C. Middleton (8) Usual signature and address of 2nd

witness (if necessary).

2/9 Field Ambulance. M. T. Sec

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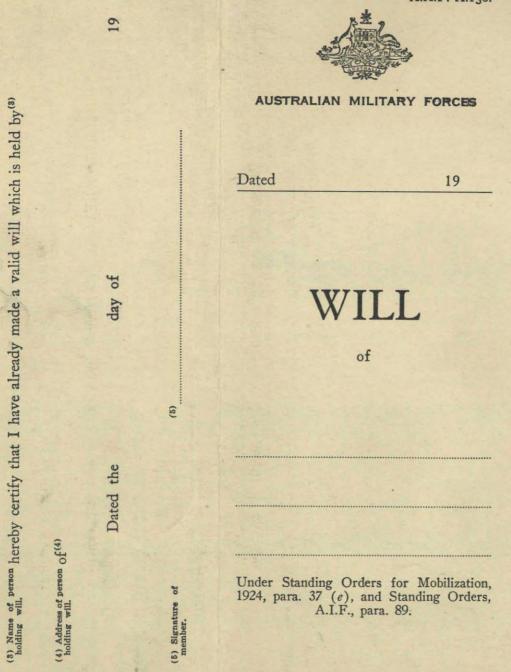
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NOTES

- (a) Each member of the Military Forces and the A.A.N.S. must make a will on the prescribed form unless he or she already has a valid one in existence, in which case the relevant certificate on the form of will must be rendered. See A.I.F. Standing Orders, Australian Imperial Force 1940, para. 89, and Standing Orders for Mobilization 1924, para. 37 (e).
- (6) When a member is in actual military service (that is when a state of war exists and the member has taken some step towards joining the field forces)—
- (i) he may, whether over or under the age of 21 years, dispose of all his property (including land) by will;
- (II) such will need not be witnessed, except where there is a disposition of land situated in South Australia;
- (iii) alterations made before signing a will should be initialled by the member will and the witnesses (if any). If it is desired to alter a will which has a new will must be made and the instructions contained in these Notes fol followed. been signed
- a witness to a will must not be a beneficiary or the husband or wife of a beneficiary;

(c)

- (ii) any person whether mentioned as a beneficiary in the will or not can be appointed an executor of a will. The duty of the executor when probate is granted by the Court is to distribute the property of a deceased member in accordance with the instructions given in the will;
- (iii) should the member desire to leave his or her property to one person the following can be written in the appropriate place "I give all my property to "" and if the member desires to leave a legacy as well, the following words can be used "I give \pounds to and the remainder of my property to
- (iv) normally a will is revoked by marriage and hence a member who marries after making his or her will is required to make a new will. Note, however, that where a member, whose permanent home is in N.S.W., Victoria or Tasmania, has made a valid will which sets out that it is made in contemplation of marriage to a named person and the member marries that person, such marriage will not revoke the will.
- (d) Free legal advice and services are available to members of the Military Forces through the Law Institutes in all capital cities. For addresses of such Institutes see paragraph 5 of M.B.I. A92 of 1941.



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Ambulance.

Unit/9 Ploid

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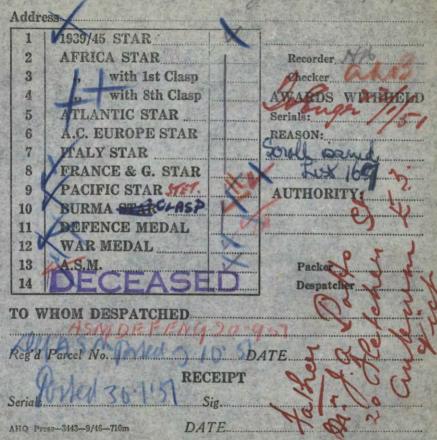
(1)

(1) Full name surname last.

A.A.F. A.130.

NAME.

OTTS



N/X 43400

A. A. Form A. 131.



AUSTRALIAN MILITARY FORCES

WILL

OF

No.vx 43909 Rank PTE.

ALBERT JAMES

POTTS

Full Name

2/9 Field Ambulance. M. T. See Unit

NOV 9 1940

(Not to be opened except on decease or by written order of the member.)