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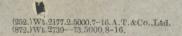
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PLIC/1/3253 3774

J. P. English

TEPURTED ON BY COMMITTEE.

(E 6 DEC. 1916)



### PROPERTY LOSSES (IRELAND) COMMITTEE, 1916.

#### Inspector's Report.

| Claim No. 377/                           |           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |  |  |  |
|------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--|--|
| Name of Claimant 4.7. English Occupation |           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |  |  |  |
| Situation of Property                    | Hopkin    | o F Ho                | Skins.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | femille                                       | rs. Dub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lii.                                                                                        |  |  |  |
| Description                              | Claim     | Insurance<br>(if any) | Valuation of Buildings (Commissioner of Valuation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Inspector's<br>Valuation<br>of full<br>Damage | Loss Payable<br>on basis<br>of<br>Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Excess of Loss<br>over and above<br>amount payable<br>under the<br>Policies of<br>Insurance |  |  |  |
| Brooch                                   | 16/6      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16/6                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |  |  |  |
|                                          |           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o d                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                           |  |  |  |
| Totals, £                                | 16/6      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16/6.                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |  |  |  |
| Interests in the build                   | ings      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W                                             | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |  |  |  |
| Remarks                                  |           |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |  |  |  |
|                                          |           |                       | Signature<br>Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ate                                           | #Swift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · 1916.                                                                                     |  |  |  |
| Award of Committee:                      | Contents  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |  |  |  |
| Do.                                      | Buildings |                       | THE STATE OF THE S | described and the second second second        | THE STATE HELD THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |  |  |  |
| REPO                                     | THE)      | ON I                  | 94. COI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AMIT                                          | Committee Commit |                                                                                             |  |  |  |

## Property Losses (Ireland) Committee, 1916.

51 ST. STEPHEN'S GREEN, EAST, DUBLIN.

Claim for Damages caused during the Disturbances on the 24th April, 1916, and following days.

| I FR Eur glish.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| I He Cenglish now residing at Seascale Suffer in the City of Duller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |
| at Sease in the County of Duller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| do hereby solemnly and sincerely declare that on or about the Loday of Cypuc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e                                                                                                   |
| 1916, damage was done to the undermentioned Property, namely: -* @ GoCo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | *State                                                                                              |
| "Fara" Brooch seh with ruly seweraer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | situation of<br>property<br>damaged.                                                                |
| and such damage was occasioned to the best of my belief by** fine & leanbandment? With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ** Here state<br>cause of<br>damage.                                                                |
| And We further declare that the Property and Articles specified on the other side were so destroyed or damaged; that the Cost Price of same was as shown in each case; that at the time of the destruction or damage they were respectively of the Values specified under the head "Value of Property at time of Destruction or Damage"; and that, in consequence of such destruction or damage, claim is hereby made for the sums specified under the head "Amount Claimed"; that the Claim is made by ast ast grade and that no person is interested in the said property except: | f Insert "Owner," "Lessee," or "Mortgagee," as the case may be.  I Insert "myself," or "ourselves," |
| and that it is not insured by me us, or any other person, § except as follows, namely :—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and the names of Mortgagors, Mortgagees, Lessors, Lessees, or joint owners (if any).                |
| Company, Policy No, Amount £                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | § Strike out<br>the words<br>following if<br>the property is<br>not insured.                        |
| ,, ,, ,, £                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |
| ,, ,, £,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| And We make this solemn Declaration conscientiously believing the same to be true, and by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |
| virtue of the provisions of the Statutory Declarations Act, 1835.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |
| Made and subscribed the day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |
| 1916, at 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |
| faturer in the said City, County,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |
| before me, a Justice of the Peace for the said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                   |
| Signature of Claimant The County. Line Hore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 56                                                                                                  |
| Claimants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | all all                                                                                             |
| Note—This Claim is to be furnished in duplicate, and should be accompanied by the Policies of Fire Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |

Secretary of the Committee, 51 St. Stephen's Green, East, Dublin.

### PARTICULARS OF THE CLAIM.

(TO BE GIVEN IN DETAIL.)

| DESCRIPTION OF PROPERTY DESTROYED  OR DAMAGED.                                   | Cost Price. |    |    | Value of Property at<br>time of Destruction<br>or Damage. |    | Value of Salvage. |   |    | Amount Claimed. |   |    |    |
|----------------------------------------------------------------------------------|-------------|----|----|-----------------------------------------------------------|----|-------------------|---|----|-----------------|---|----|----|
| OK DAMAGED,                                                                      |             | 8. | d. | £                                                         | 8  | d.                | £ | 8. | d.              | £ | 8. | d. |
| One gued Jana brooch                                                             |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
| bne gued Fara brooch<br>schwith two strenes.<br>muly remerated of<br>never worn. |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
| muly remerated                                                                   |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
| never morn.                                                                      |             | 16 | 6  |                                                           | 16 | 6                 |   |    |                 |   | 16 | 6  |
|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
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|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
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|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
| Carried forward,                                                                 |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
| Carried Jordana,                                                                 |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |
|                                                                                  |             |    |    |                                                           |    |                   |   |    |                 |   |    |    |

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## Property Losses (Ireland) Committee, 1916.

51 ST. STEPHEN'S GREEN, EAST, DUBLIN.

Claim for Damages caused during the Disturbances on the 24th April, 1916, and following days.

| I H. English now residing                                                                                                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| at Seasicle Suffer in the City of Dublic                                                                                                                            |                                                                     |
| do hereby solemnly and sincerely declare that on or about the 25 day of affine                                                                                      | e                                                                   |
| 1916, damage was done to the undermentioned Property, namely:*                                                                                                      | * Otata                                                             |
| Gold Tara brooch set with ruly sewrater                                                                                                                             | situation of property damaged.                                      |
| and such damage was occasioned to the best of my belief by **                                                                                                       |                                                                     |
| Abourbandwork .                                                                                                                                                     | cause of damage.                                                    |
| And I further declare that the Property and Articles specified on the other side were                                                                               |                                                                     |
| so destroyed or damaged; that the Cost Price of same was as shown in each case;                                                                                     |                                                                     |
| that at the time of the destruction or damage they were respectively of the Values                                                                                  |                                                                     |
| specified under the head "Value of Property at time of Destruction or Damage"; and that, in consequence of such destruction or damage, claim is hereby made for the |                                                                     |
| sums specified under the head "Amount Claimed"; that the Claim is made by                                                                                           | † Insert                                                            |
| as† 1900 ; and that no person is interested in                                                                                                                      | "Owner," "Lessee," or "Mortgagee,"                                  |
| the said property except : myself                                                                                                                                   | as the case may be.                                                 |
|                                                                                                                                                                     | "myself," or "ourselves," and the names of Mortgagors,              |
| and that it is not insured by me or any other person, § except as follows, namely:—                                                                                 | Mortgagees,<br>Lessors,<br>Lessees, or<br>joint owners<br>(if any). |
| Company, Policy No. , Amount £                                                                                                                                      | \$ Strike out<br>the words<br>following if<br>the property is       |
|                                                                                                                                                                     | not insured.                                                        |
| , , , , , , , , , , , , , , , , , , ,                                                                                                                               |                                                                     |
| And We make this solemn Declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1835.         |                                                                     |
| Made and subscribed the day of                                                                                                                                      |                                                                     |
| Left 1916, at 100                                                                                                                                                   |                                                                     |
| in the said County,                                                                                                                                                 |                                                                     |
| before me, a Justice of the Peace for the said                                                                                                                      |                                                                     |
| City                                                                                                                                                                | ~                                                                   |
| Signature of Claimants Claimants County.                                                                                                                            | 14                                                                  |
| Now This Claim is to be furnished in duplicate and should be accompanied by the Palling ST & T                                                                      | Duk                                                                 |
| Note—This Claim is to be furnished in duplicate, and should be accompanied by the Policies of Fire Insurance                                                        |                                                                     |

Secretary of the Committee, 51 St. Stephen's Green, East, Dublin.

### PARTICULARS OF THE CLAIM.

(TO BE GIVEN IN DETAIL.)

|                                                |             |    |    | DEIL                                                      | 11., |    |                   |    |    |                 |    |    |
|------------------------------------------------|-------------|----|----|-----------------------------------------------------------|------|----|-------------------|----|----|-----------------|----|----|
| DESCRIPTION OF PROPERTY DESTROYED  OR DAMAGED. | Cost Price. |    |    | Value of Property at<br>time of Destruction<br>or Damage. |      |    | Value of Salvage. |    |    | Amount Claimed. |    |    |
| OR DAMAGED.                                    | £           | 8. | d. | £                                                         | 8    | d. | £                 | 8. | d. | £               | 6. | d. |
| one gold Lana brouch                           |             |    |    |                                                           |      |    |                   |    |    |                 |    |    |
| El ich has the as                              |             |    |    |                                                           |      |    |                   |    |    |                 |    |    |
| seh with put stones -<br>news worn.            |             | 16 | 1  |                                                           | 16   | 6  |                   |    |    |                 | 16 | 1  |
| new worn                                       | 1           | 0  | 6  |                                                           | 10   | 6  |                   |    |    |                 | 10 | 6  |
|                                                |             |    |    |                                                           |      |    |                   |    |    |                 |    |    |
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| Carried forward,                               |             |    |    |                                                           |      |    |                   |    |    |                 |    |    |
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3771

No. 352

Estimated Value by Owner

# Claim for Goods lost in Messrs. HOPKINS & HOPKINS' Premises.

Description of Goods destroyed

| Goer Lance Brooch                     | 1115 |
|---------------------------------------|------|
|                                       | 16/6 |
| (Set with muly temerall)              |      |
| never worn - left for                 |      |
| exchange                              |      |
|                                       |      |
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| Signature of Claimant L. Ronglis      | w .  |
| P. O. Address 3/4 levellege Ine       | en   |
| Dulle                                 |      |