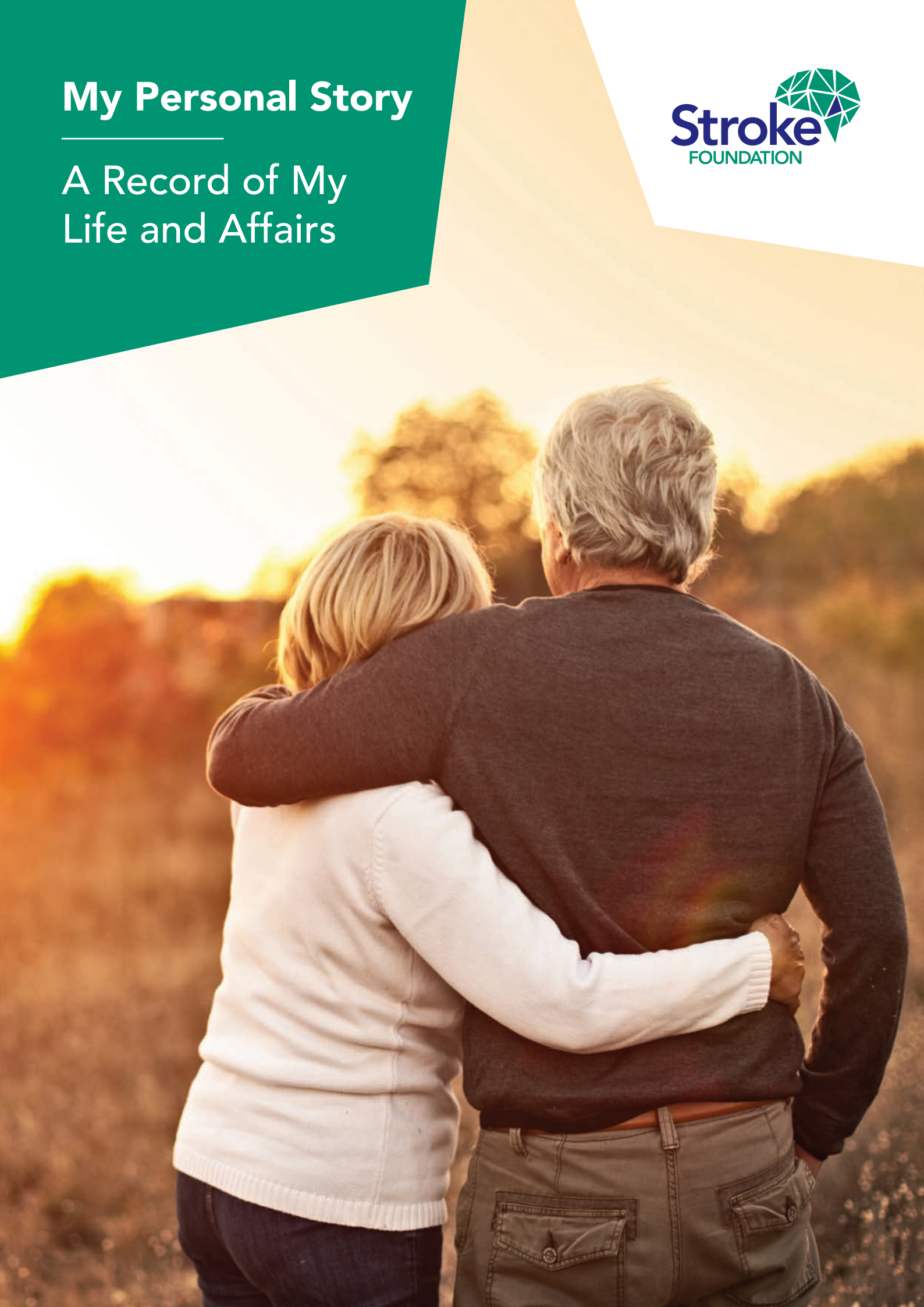


My Personal Story

A Record of My
Life and Affairs



Contents



Part 1 – My Important Details

This section is for your personal information, family, medical and insurance details, and information about your pets. Having everything documented will provide peace of mind in times of illness or forgetfulness.



Part 2 – My Life

This is where you can record the story of your life; your childhood, education, work, leisure activities and community involvement, along with the memories, relationships and achievements that represent the magic moments of your life. This section also provides you with the opportunity to express how you would like to be farewelled.



Part 3 – Putting my Affairs in Order

In this section you can record the location of all of your important documents. It also allows you to complete a register of Assets and Liabilities which will help in your estate planning.

This booklet is just for you. To protect the confidentiality of this information you must keep this booklet in a safe place and tell your next-of-kin or executor where you have put it. For your financial security, do not write down any PIN numbers or passwords in this booklet.

Introduction

While we often reminisce with family about things that have happened in the past, there are inevitably moments, memories and events that just don't come up in conversation. Our histories are filled with rich details and life experiences and, unless we document them, family members and future generations might miss out on important stories, interesting facts and idiosyncrasies that define each of us.

This is why *My Personal Story: A Record of My Life and Affairs* was created. Between the covers of this booklet you can record details of your childhood, relationships, milestones, achievements and more.

In addition, it allows you to record all the information you should ever need about yourself and your personal affairs including your possessions, financial details, health records and much more.

It enables you to easily provide practical details now, which in times of illness or forgetfulness, should be of great assistance for yourself and your family in managing your affairs.

It will also minimise their distress and the likelihood of problems with your estate in the event of your passing.



Part 1

My Important Details

My Personal Information

Title (please circle): Rev Prof Dr Mr Mrs Miss Ms

Full Name _____ Post Nominal _____

Date of Birth _____ Place of Birth _____

Nationality by Birth _____ by Naturalisation _____

Date of Naturalisation _____

Parish _____ **Tel** _____

Superannuation Agent _____

Policy Number _____

Tel _____ **Suburb** _____

Accountant _____

Tel _____ **Suburb** _____

Insurance Agent _____

Tel _____ **Suburb** _____

Solicitor _____

Tel _____ **Suburb** _____

Executor/s of Will

1. _____

2. _____

General Power of Attorney _____

Tel _____ Suburb _____

Power of Attorney (Financial) _____

Tel _____ Suburb _____

Power of Attorney (Medical Treatment) _____

Tel _____ Suburb _____

Enduring Power of Guardianship _____

Tel _____ Suburb _____

Funeral Director _____

Tel _____ Suburb _____

Prepaid Funeral Fund Company _____

Tel _____ Policy No. _____

My Family Details

My Father's Name _____

Place of Birth _____ Date of birth ____/____/____

My Mother's Name _____

Place of Birth _____ Date of birth ____/____/____

Spouse's/Partner's Full Name _____

Place of Birth _____ Date of birth ____/____/____

Married at (if applicable) _____



My Children

Name _____

Place of Birth _____ Date of birth ____/____/____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Dependent (please circle) Yes No

Name _____

Place of Birth _____ Date of birth ____/____/____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Dependent (please circle) Yes No

Name _____

Place of Birth _____ Date of birth ____/____/____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Dependent (please circle) Yes No

Name _____

Place of Birth _____ Date of birth ____/____/____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Dependent (please circle) Yes No

Name _____

Place of Birth _____ Date of birth ____/____/____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Dependent (please circle) Yes No

Emergency Contacts

Full name of my next-of-kin or closest friend is: _____

Tel _____ Relationship _____

Address _____

Suburb _____ Postcode _____



Additional Emergency Contact

Name _____

Address _____

Tel _____ Mobile _____

My Siblings or Other Relatives

Name _____ Date of birth ____/____/____

Address _____

Tel _____ Mobile _____

Name _____ Date of birth ____/____/____

Address _____

Tel _____ Mobile _____

Name _____ Date of birth ____/____/____

Address _____

Tel _____ Mobile _____

Name _____ Date of birth ____/____/____

Address _____

Tel _____ Mobile _____

My Medical Details

Medicare Card No _____

Private Health Insurance Company _____

Private Health Insurance Policy No _____

General Practitioner _____

Tel _____ Suburb _____

Specialist _____

Tel _____ Suburb _____

Dentist _____

Tel _____ Suburb _____

Hospital or Nursing Home Social Worker _____

Tel _____ Suburb _____

My illnesses and operations _____

I am a registered organ donor (please circle) Yes No



I have a signed Advanced Health Directory/Living Will which is located (if applicable)

My Insurances

Life Insurance

(Company/Issuer) _____ Policy No _____

Home

(Company/Issuer) _____ Policy No _____

Contents

(Company/Issuer) _____ Policy No _____

Car

(Company/Issuer) _____ Policy No _____

Investment Property

(Company/Issuer) _____ Policy No _____

Pet Insurance

(Company/Issuer) _____ Policy No _____

Professional Liability

(Company/Issuer) _____ Policy No _____

Other _____

I belong to the following clubs or organisations

Public Library _____

Trade Unions _____

Professional Bodies _____

Service Clubs _____

Sporting Clubs _____

Other _____

Caring for my Pets

Name/s _____

Breed/s _____

Medical History _____

Vet _____

Telephone _____

Suburb _____

Pet Carer _____

Telephone _____

Suburb _____

Part 2

My Life

To help you start on this part of your journey, you could place some photos of the important people or memories in your life here.



“

The **great use** of life is to
spend it for something
that will **outlast it.**

”

– *William James*



The Beginning

The hospital I was born in _____

Details of where I grew up are _____

Some of my earliest memories are _____

The best times I ever had were _____

Education and Work

I attended Primary School at _____

I attended High School at _____

Further Education that I undertook/degrees obtained _____

Places I worked during my life were _____

Marriage

My first wedding was at _____

The members of my wedding party were _____

Where we went on our honeymoon _____

My second wedding was at _____

The members of my wedding party were _____

Where we went on our honeymoon _____



Achievements

Some of my life accomplishments are _____

Some special moments in my life are _____

Something that most people don't know about me is _____



My Farewell

My Funeral Plan

I would like my funeral to be:

- | | |
|--|--|
| <input type="checkbox"/> A celebration of my life | <input type="checkbox"/> Modest and respectful |
| <input type="checkbox"/> A reflection of the way I lived | <input type="checkbox"/> A grand send-off |
| <input type="checkbox"/> In line with my religious beliefs and faith | <input type="checkbox"/> Something else (please provide details) |

I would like my Funeral Service to be held at (church, chapel, venue) _____

Address _____

Phone number _____

I wish to have a Private Funeral Service Yes No

I wish to be: Buried Cremated

Flowers

No flowers by request Yes No

In preference to flowers, I would prefer people to make a donation to the following charity/s:
(please specify)

I want to be sure that the following groups, organisations and clubs will be notified of and invited to my funeral or memorial service (such as veterans groups, alumni associations, sports or hobby clubs etc.):

Name of Group/Primary Contact/Contact Info

1. _____
2. _____
3. _____

I want to be sure that the following individuals will be notified of and invited to my funeral or memorial service:

Name/Contact Info

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Part 3

Putting my Affairs in Order

Where I keep it

Locations of papers and accounts

Documents which are important should be kept together where a family member or friend can easily find them. These include such things as home loans (e.g. details about the finance of your property) and documents about pre-paid funeral arrangements or burial plots.

My Birth Certificate _____

Marriage Certificate _____

Spouse's Death Certificate (if applicable) _____

Divorce Papers (if applicable) _____

Passport _____

Safe Deposit Box _____

Property Deeds and Mortgage papers _____

Lease (if you rent) _____

Location of keys _____

Bank accounts

Bank/Branch/Account number _____

Bank/Branch/Account number _____

Bank/Branch/Account number _____

Term deposits

Bank/Branch/Account number _____

Bank/Branch/Account number _____

Bank/Branch/Account number _____

Social Security/Pension Details _____

Taxation Records _____

Health Insurance _____

Life Insurance _____

The Stroke Foundation is the only national charity dedicated to preventing stroke, and helping stroke survivors and their families.

Should you wish to make the Stroke Foundation a beneficiary of your life insurance policy, simply contact your insurance company.

My Other Documents

Citizen Certificate _____

Company Incorporation _____

Property Deeds _____

Shares and Bonds _____

My Will _____ Dated _____

If you need to prepare your Will we advise you to see your solicitor or trustee company.

If you would like advice on leaving a gift to the Stroke Foundation in your Will please call our Gifts in Wills team on 1300 194 196.



Record of my Possessions

Keeping an accurate, up-to-date record of your possessions is a very important and helpful thing to do. It not only enables you to decide how much (and what type) of insurance you need, it also helps in many other ways.

For instance, if you are robbed or burgled, or even if you lose your possessions due to fire, by knowing exactly what is missing and their respective values, you can help the police to trace them or the insurance company to replace them. It's important that you keep this booklet in a safe place.

My Assets as at / /20 _____

Estimated current value on all assets

Home \$ _____

Other real estate property

Address _____

\$ _____

Address _____

\$ _____

Address: _____

\$ _____

Private Company (name) _____

\$ _____

Motor vehicle \$ _____

Motor vehicle \$ _____

Caravan/trailer \$ _____

Furniture \$ _____

Appliances \$ _____

Notes



My Debits and Obligations

Notes

Mortgages owed (balance due) \$ _____

Loans due to others \$ _____

Bank overdraft \$ _____

Credit card balances \$ _____

Other debts owed \$ _____

Total owed to others \$ _____

My Net Worth

My Assets \$ _____

Less Total Owed to Others \$ _____

NET WORTH \$ _____

This is the estimated value of your estate.

Your Will and Your Estate

Of all the documents you will ever make, a properly drawn up Will is the most important as it ensures that your family is taken care of and your estate is handled according to your wishes – not the will of the government. With everything written down properly life is easier for your family and friends at a very difficult time. It also ensures that your wishes are followed even when you are not there to oversee them.

The absence of a clear and up to date Will leaves your belongings and assets open to possible dispute and litigation. Sometimes, even with a Will, intestacy (where the state government's Will's legislation determines how your estate is distributed) is still possible if, through oversight, the Will neglects to dispose of some of your estate.

That is why it is important for you to complete the register of Assets and Liabilities on pages 22– 24. You can then be sure you have given all your details to your solicitor or trustee company. You might also be pleasantly surprised at just how many assets you have accumulated over a long and varied life.

Once you have made provision for your family and loved ones you could consider including a gift to the Stroke Foundation. You can do this by drawing up a new Will or amending your existing Will by adding a codicil. We can provide you with a Will Planning Kit and/or a codicil template. Please contact us if you wish to receive either.

Should you choose to include a gift to the Stroke Foundation in your Will the following wording is very important. Take this to your solicitor or trustee company when you update or write your Will:

"I give free of all duties or taxes...

[Please insert here the appropriate statement selected from the six options below:]

- 1. The whole of my estate**
- 2. [insert number] percent of my estate**
- 3. The residue of my estate**
- 4. [insert number] percent of the residue of my estate**
- 5. The sum of \$ [insert value of your gift]**
- 6. [insert number] of my [insert name of shares] shares.**

...to the Stroke Foundation (ABN 42 006 173 379) for its general purposes. The official receipt of the organisation shall be a full and sufficient discharge to my executor."

If you would like more information about leaving a gift to the Stroke Foundation in your Will please call our Gifts in Wills team on 1300 194 196.

"I've been given a second chance."

Kate lives in regional Victoria, is wife to Jed and mum to Charlotte and little Mason. At just 34 years of age, Kate had a major stroke.

Kate was flown to a Melbourne hospital where she received world-leading clot retrieval treatment – a procedure pioneered here in Australia with the help of the generosity of Stroke Foundation supporters.

"I remember landing on the hospital's helipad and being wheeled inside. The next thing I remember is waking up in recovery," Kate said.

"The clot retrieval treatment had been a success. I realised I could speak and use my right side. This moment will be forever etched in my memory. Nothing in the world could beat it!"



“
Stroke research
changed my life.
”
Kate, stroke survivor

This booklet is just for you. To protect the confidentiality of this information you must keep this booklet in a safe place and tell your next-of-kin or executor where you have put it. For your financial security, do not write down any PIN numbers or passwords in this booklet.



Contact us

 1300 194 196

 giftsinwills@strokefoundation.org.au

 strokefoundation.org.au/giftsinwills

Stroke Foundation (ABN 42 006 173 379)