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# ALBERT & MEYER FUNERAL DIRECTORS

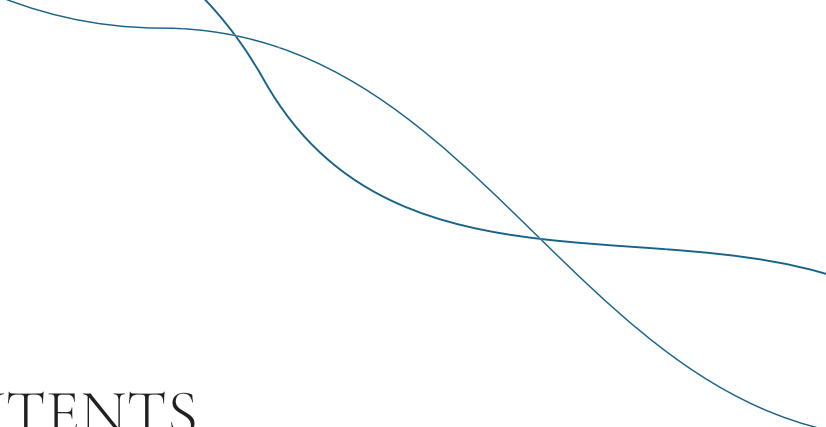
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AUSTRALIAN FAMILY OWNED & OPERATED

## Personal & Estate Information Pack (New South Wales)

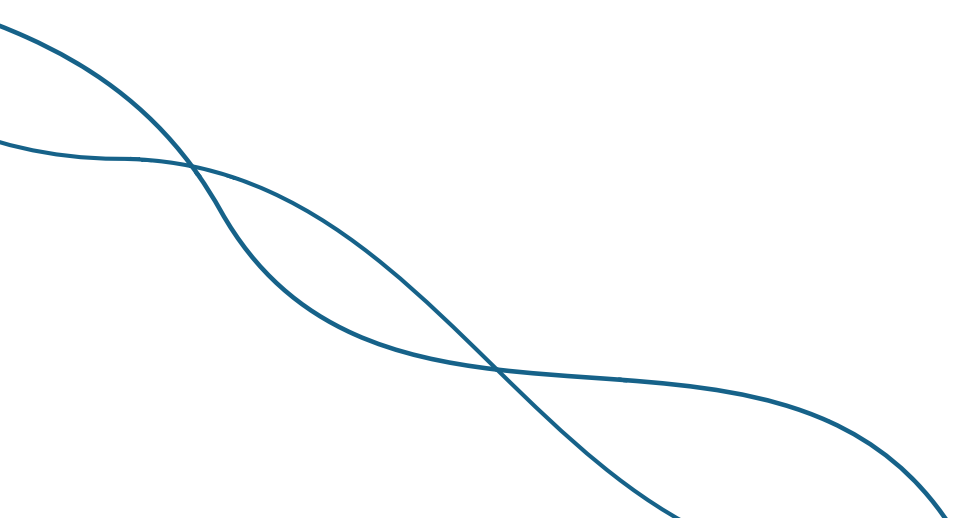


Last updated on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Prepared by: \_\_\_\_\_



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# Biographical Information

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Full legal name: \_\_\_\_\_

Known as / nickname: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Place of birth: \_\_\_\_\_

Spouse/Partner/Status: \_\_\_\_\_

Children: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Siblings: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Postal address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Education Primary: \_\_\_\_\_

Education Secondary: \_\_\_\_\_

Education post secondary: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Occupation: \_\_\_\_\_

Awards and notable accomplishments: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Medicare number: \_\_\_\_\_ (Ref #\_\_)

Centrelink CRN (if any): \_\_\_\_\_

Tax File Number (TFN): \_\_\_\_\_

MyGov status (Y/N): Login location (if noted): \_\_\_\_\_

Pension/Concession cards: (Type & Number) \_\_\_\_\_

Driver licence no.: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Passport no.: \_\_\_\_\_ Country: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Religious/cultural affiliation (if relevant): \_\_\_\_\_

## Where Are My Personal Papers Kept?

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**Tip:** List the *exact* location and any access details (key, code).

| Document / Item                           | Location<br>(Room/Drawer/Folder) | Access Details<br>(Key/Code/Contact) | Notes |
|-------------------------------------------|----------------------------------|--------------------------------------|-------|
| Birth certificate                         |                                  |                                      |       |
| Marriage/civil<br>partnership certificate |                                  |                                      |       |
| Passport                                  |                                  |                                      |       |
| Medicare & concession<br>cards            |                                  |                                      |       |
| Driver licence                            |                                  |                                      |       |
| MyGov / ATO letters                       |                                  |                                      |       |
| Superannuation<br>statements              |                                  |                                      |       |
| Insurance policies                        |                                  |                                      |       |
| Property titles / rates<br>notices        |                                  |                                      |       |
| Vehicle registration<br>papers            |                                  |                                      |       |
| Will (original)                           |                                  |                                      |       |
| Power of attorney/<br>Medical directives  |                                  |                                      |       |
| Funeral/prepaid records                   |                                  |                                      |       |
| Digital passwords list<br>(if any)        |                                  |                                      |       |

## Important Contacts

| Role / Relationship                    | Name | Phone | Email |
|----------------------------------------|------|-------|-------|
| Executor of Will                       |      |       |       |
| Solicitor / Law firm                   |      |       |       |
| Financial adviser                      |      |       |       |
| Accountant                             |      |       |       |
| Primary GP / Clinic                    |      |       |       |
| Specialist(s)                          |      |       |       |
| Enduring Power of Attorney             |      |       |       |
| Enduring Power of Attorney (financial) |      |       |       |
| Medical Treatment Decision Maker       |      |       |       |
| Next of kin (1)                        |      |       |       |
| Next of kin (2)                        |      |       |       |
| Superannuation fund(s)                 |      |       |       |
| Insurance provider(s)                  |      |       |       |
| Employer / HR                          |      |       |       |
| Funeral director (preferred)           |      |       |       |
| Centrelink contact (if applicable)     |      |       |       |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Insurance Policies & Superannuation

Include policy numbers, beneficiaries, and where the latest statement is kept.

### Insurance Policies:

| Type (e.g., Life, Home, Contents, Car, Private Health, Income Protection, Funeral) | Provider | Policy No. | Renewal Date | Beneficiary/Notes | File Location |
|------------------------------------------------------------------------------------|----------|------------|--------------|-------------------|---------------|
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |
|                                                                                    |          |            |              |                   |               |

### Superannuation:

Fund: \_\_\_\_\_

Member/Account No.: \_\_\_\_\_

Contact/Portal: \_\_\_\_\_

Insurance Through Super (Yes/No) \_\_\_\_\_

Binding Beneficiary Nomination (Yes/No) \_\_\_\_\_ Expiry: \_\_\_\_\_

File Location: \_\_\_\_\_

Notes: \_\_\_\_\_

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## Family Health History (for your GP and family)

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List major conditions (heart disease, diabetes, cancers, dementia, stroke), age at diagnosis if known.

| Relative<br>(e.g., Mother, Father,<br>Siblings, Grandparents) | Condition(s) | Notes |
|---------------------------------------------------------------|--------------|-------|
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |
|                                                               |              |       |

### Your current conditions & medications:

Conditions:

Medications & doses:

Allergies/adverse reactions :

## Location of Will, Medical Directives & Legal Documents

In Victoria, common documents include: *Will, Appointment of Medical Treatment Decision Maker, Advance Care Directive, Enduring Power of Attorney (financial/personal)*.

| Document                                     | Original Location | Copy Location(s) | Prepared By / Date |
|----------------------------------------------|-------------------|------------------|--------------------|
| Will (last signed version)                   |                   |                  |                    |
| Advance Care Directive                       |                   |                  |                    |
| Medical Treatment Decision Maker appointment |                   |                  |                    |
| Enduring Power of Attorney (personal)        |                   |                  |                    |
| Enduring Power of Attorney (financial)       |                   |                  |                    |
| Guardianship/ Administration orders (if any) |                   |                  |                    |
| Marriage/Divorce/De facto paperwork          |                   |                  |                    |

Notes: \_\_\_\_\_

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## Personal Property (Items & Instructions)

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Use this section to help your executor (what's meaningful, who it goes to, and where to find it).

| Item | Description/Identifier | Location | To Whom / Instructions | Notes (valuation, receipts, photos) |
|------|------------------------|----------|------------------------|-------------------------------------|
|      |                        |          |                        |                                     |

## Assets Overview

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List everything you own: bank accounts, investments, super, real estate, vehicles, valuables.

### Bank Accounts:

| Institution | Account Type | BSB | Account No.<br>(last 3–4 digits only) | Joint? | Approx. Balance | Access Notes |
|-------------|--------------|-----|---------------------------------------|--------|-----------------|--------------|
|             |              |     |                                       |        |                 |              |

### Investments (Shares/Managed Funds/Term Deposits/Other):

| Details | Account/Holder No. | Asset Type | Notes (portfolio ID, CHESS HIN, certificates) | Approx. Value |
|---------|--------------------|------------|-----------------------------------------------|---------------|
|         |                    |            |                                               |               |

### Superannuation:

(See Section 4 for details; summarise values here.)

| Fund | Member No. | Approx. Balance | Preservation (Y/N) | Notes |
|------|------------|-----------------|--------------------|-------|
|      |            |                 |                    |       |

## Assets Overview

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### Real Estate:

| Address | Ownership (Sole/<br>Joint/Trust) | Title/Volume | Mortgage? | Notes (Property<br>manager, rates) | File Location |
|---------|----------------------------------|--------------|-----------|------------------------------------|---------------|
|         |                                  |              |           |                                    |               |

### Vehicles & Registrable Assets:

| Type | Make/Model | Year | Rego | Ownership | Notes (loan, insurer) |
|------|------------|------|------|-----------|-----------------------|
|      |            |      |      |           |                       |

### Other Valuables (jewellery, art, collections):

| Item | Location | Notes (valuation, receipts) |
|------|----------|-----------------------------|
|      |          |                             |

| Creditor | Type (Mortgage, Credit Card, Personal Loan, ATO, Buy Now Pay Later) | Account/Loan No. (partial) | Interest Rate | Approx. Balance | Repayment Details |
|----------|---------------------------------------------------------------------|----------------------------|---------------|-----------------|-------------------|
|          |                                                                     |                            |               |                 |                   |

[illegible]

# Amounts Owed to Me

| Debtor (Person/<br>Organisation) | Reason (Loan,<br>Bond, Invoices) | Amount | Due Date | Evidence Location |
|----------------------------------|----------------------------------|--------|----------|-------------------|
|                                  |                                  |        |          |                   |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

# Banking & Digital Access Information

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**Security tip:** Do **not** write full passwords in this document if stored in an unsecured place. Consider a password manager and note the master password location or who can access it.

**Everyday bank:**

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**Branch (if used):**

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**Cards to cancel on passing:**

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**Direct debits & regular payments (summary):**

Rent/rates, electricity/gas/water, phone/internet, streaming, insurances, gym, clubs, donations, etc.

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**Online accounts & portals:**

(ATO/MyGov, Super funds, Share registries, Utilities, Email, Cloud storage)

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**Where are credentials stored?**

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**MFA device/backup codes location:**

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# First Things To Do At The Time of My Passing

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This is a **practical checklist** to support your executor or family.

## 1. Make initial calls

- ☐ Call immediate family / the person listed as **Next of Kin**
- ☐ Call **Executor** and **Solicitor**
- ☐ Contact **preferred funeral home** (Section 15)
- ☐ If employed, **notify employer/HR**

## 2. Care for dependants and pets

- ☐ Ensure any dependants are safe and supported
- ☐ Arrange pet care (location of vet records/food: \_\_\_\_\_)

## 3. Documents & formalities

- ☐ Locate **ID, Will, and medical directives** (see Sections 2 & 6)
- ☐ Arrange **Medical Certificate of Cause of Death** (usually via doctor or hospital)
- ☐ Funeral director to apply for **Death Certificate**

## 4. Notify key organisations (as applicable)

- ☐ **Centrelink** (age pension, carer, etc.)
- ☐ **Australian Taxation Office** (via MyGov or accountant)
- ☐ **Superannuation funds** (to initiate death benefit claims)
- ☐ **Insurance companies** (life, funeral, health, home/contents, car, income protection)
- ☐ **Banks/credit unions** (freeze accounts as required, open estate account)
- ☐ **Utilities & services** (electricity, gas, water, rates)
- ☐ **Phone/Internet/Streaming** (cancel/transfer)
- ☐ **Clubs & memberships** (sporting/community—see Section 14)
- ☐ **Transport for NSW** (licence, vehicle registration)
- ☐ **Electoral roll** (Australian Electoral Commission)

## 5. Financial administration

- ☐ Gather asset & liability lists (Sections 8–10)
- ☐ Set up **Estate bank account** if advised by the solicitor
- ☐ Keep receipts & records for the estate (funeral, notices, fees)

## 6. Legal guidance

- ☐ Work with the **solicitor** to apply for **Probate** (if required) or **Letters of Administration**
- ☐ Executor to follow Will instructions and this document's notes

Notes: \_\_\_\_\_

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## Sporting and/or Community Groups

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| Club/Group | Membership No. | Contact | Fees (auto-renew?) | Notes (keys, uniforms, roles) |
|------------|----------------|---------|--------------------|-------------------------------|
|            |                |         |                    |                               |

Notes: \_\_\_\_\_

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## Preferences for Funeral / Celebration of Life

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Funeral home (preferred): \_\_\_\_\_

Prepaid funeral (Y/N): \_\_\_\_\_ Provider & Contract No.: \_\_\_\_\_

Type: ☐ Burial ☐ Cremation ☐ Either

Service style: ☐ Religious ☐ Non religious ☐ Memorial only ☐ Private ☐ Public

Venue(s): \_\_\_\_\_

Officiant/Celebrant: \_\_\_\_\_

Music/Readings/Hymns: \_\_\_\_\_

\_\_\_\_\_

Speakers/Eulogies: \_\_\_\_\_

Flowers/Donations in lieu: \_\_\_\_\_

Dress code / Colours: \_\_\_\_\_

Pallbearers (if any): \_\_\_\_\_

\_\_\_\_\_

Ashes (if cremation): \_\_\_\_\_

Obituary/Death notice preferences: \_\_\_\_\_

Special rituals/cultural customs: \_\_\_\_\_

Other wishes: \_\_\_\_\_

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\_\_\_\_\_

## Additional Instructions

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Anything not covered on previous page (e.g., online photo albums, social media memorialisation, special bequests, messages).

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## Digital & Privacy Considerations (Recommended)

- Consider a **password manager**; store the master password access notes with your solicitor or a sealed envelope in a safe.
- Note any **two factor authentication** devices (phone, security keys) and backup codes.
- Provide instructions for **email, social media, and cloud storage** (close, memorialise, or transfer).
- Keep a clean **“final copy”** of this document and **shred old versions**.

## Annual Review Checklist

- ☐ Contact details & cards up to date
- ☐ Insurance policies renewed / beneficiaries checked
- ☐ Super funds & binding nominations reviewed
- ☐ Asset & liability balances refreshed
- ☐ Direct debits/subscriptions audited
- ☐ Will & directives still reflect your wishes
- ☐ Funeral preferences still correct
- ☐ Trusted person knows where this document is

### Disclaimer

Albert & Meyer Funeral Directors Pty Ltd has prepared this document as a helpful guide and inventory. It is **not legal advice**. In New South Wales, estate law and advance care planning are specific. Please consult a **solicitor** for your Will, probate queries, and formal directives.



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**ALBERT & MEYER**  
**FUNERAL DIRECTORS**

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