Moksha
FUNERALS
Gulding Souls Home

Presents

# Life & Legacy Planner



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# Table of Contents


| | |
|---|---|
| Welcome | 3 |
| Why Use This Planner? | 4 |
| Terms of Use | 5 |
| What's Inside This Planner | 7 |
| Keeping Your Sensitive Information Safe | 9 |
| Personal Section | 28 |
| Contacts Section | 37 |
| Documents Section | 62 |
| Medical Section | 68 |
| Finance Section | 86 |
| Expenses Section | 108 |
| Property Section | 120 |
| Online Section | 136 |
| End of Life Sections of | 153 |
| Blank Pages | 167 |

# Welcome

Congratulations on making one of the most thoughtful and impactful decisions for your loved ones. By choosing the Life & Legacy Planner, you have taken a significant step in ensuring peace of mind for both yourself and your family, no matter what the future holds.

We understand how important it is to have everything in order, and by planning ahead, you are giving your family the gift of clarity and comfort. In times of uncertainty, they will not have to worry or make difficult decisions – instead, they will be able to act quickly or honour your wishes with ease and focus on what matters most.

You can feel confident knowing that the Life & Legacy Planner will guide them through each step, providing them with the support they need when the time comes.

~ Moksha Funerals Team

# Why Use the Planner?

1. **Peace of Mind**: With the Life & Legacy Planner, you can have peace of mind knowing that your personal, financial, and legal matters are organised and easily accessible. This reduces stress and confusion for your loved ones during a challenging time.
2. **Clarity and Communication**: Clearly outlining your wishes helps prevent misunderstandings and ensures that your instructions are followed as intended. This planner facilitates open communication with your family and advisors, helping everyone understand your desires and plans.
3. **Comprehensive Coverage**: Our Life & Legacy Planner covers all essential areas, including personal information, financial assets, legal documents, healthcare directives, funeral arrangements, and more. This thorough approach ensures that nothing is overlooked.
4. **Ease of Use**: Designed with simplicity in mind, the planner is user-friendly and easy to navigate. You can complete it at your own pace, making updates and revisions as needed.
5. **Legacy Preservation:** By documenting your values, beliefs, and stories, you can pass down a rich legacy to future generations. The Life & Legacy Planner provides space for you to share your personal history, wisdom, and cherished memories.
6. **Support for Your Loved Ones**: A well-prepared life & legacy plan can significantly ease the burden on your family. It provides clear guidance on your wishes, helping them make informed decisions during a difficult time.
7. **Digital Footprint Management**: In our increasingly digital world, managing your online presence is essential. The Life & Legacy Planner includes a section dedicated to your digital footprint, allowing you to document online accounts, social media profiles, and digital assets. This ensures that your digital legacy is handled according to your wishes, whether you want accounts memorialised, deleted, or transferred. Clear instructions help your loved ones navigate this aspect of your estate, providing them with the necessary information to manage your digital life responsibly.

We are committed to helping you create a lasting legacy that reflects your values and ensures your loved ones are cared for.

# Terms of Use

By purchasing or using our Life & Legacy Planner (the "Service"), you agree to the following terms and conditions (the "Terms of Use"). Please read these Terms carefully before purchasing or using our Service.

**1. Acceptance of Terms**

By purchasing and using the Life & Legacy Planner, you acknowledge that you have read, understood, and agreed to be bound by these Terms of Use, as well as any applicable laws and regulations.

**2. Service Description**

The Life & Legacy Planner is designed to assist you in planning and organising essential personal, financial, and funeral-related details to ensure your wishes are clearly documented. It is provided as a tool for informational purposes only and does not constitute legal, financial, or professional advice.

**3. No Guarantee of Accuracy**

The information provided through the Life & Legacy Planner is dependent on the data you input. Moksha Funerals is not responsible for errors, inaccuracies, or omissions in the information you provide. It is your responsibility to ensure the information is accurate and up-to-date.

**4. Use of the Life & Legacy Planner**

By using the Service, you agree to:

- Use of product and support materials is limited to purchasing customer only for a single household.
- Not reproduce, distribute, or modify the contents of the Life & Legacy Planner for commercial purposes.
- Keep your login credentials and personal information secure, if applicable.

**5. Purchasing & Payments**

You may purchase the Life & Legacy Planner through our website. Payment is due at the time of purchase.

We offer a 7-day money-back guarantee. If you are not satisfied with the Life & Legacy Planner for any reason, you may request a full refund within 7 days of your purchase. To initiate a refund, please contact us at info@mokshafunerals.com.au with proof of purchase. Refunds will be processed within 5 business days. After the 7-day period, all sales are final, and no refunds will be issued.

**6. Disclaimer of Warranties**

Moksha Funerals makes no representations or warranties, express or implied, regarding the accuracy, reliability, or completeness of the Life & Legacy Planner or its suitability for your needs. The Service is provided "as is" without any warranties of any kind.

**7. Limitation of Liability**

To the maximum extent permitted by law, Moksha Funerals will not be liable for any direct, indirect, incidental, special, consequential, or punitive damages arising out of your use of the Life & Legacy Planner. This includes, but is not limited to, theft of data, loss of data, or emotional distress.

**8. Modification of Terms**

Moksha Funerals reserves the right to modify these Terms of Use at any time. Any changes will be effective immediately upon posting the revised Terms of Use on our website. Your continued use of the Service following any such changes indicates your acceptance of the modified Terms.

**9. Breach of Terms and Legal Action**

In the event of any breach or violation of these Terms of Use, Moksha Funerals reserves the right to take appropriate legal action, including but not limited to seeking injunctive relief, damages, and recovery of legal costs incurred. This includes any unauthorised use, reproduction, or distribution of the Life & Legacy Planner, or any other conduct that violates the rights of Moksha Funerals or its users.

By agreeing to these Terms of Use, you acknowledge and accept that any breach may result in legal proceedings being initiated against you, and you consent to the exclusive jurisdiction of the courts in Australia to resolve any disputes arising from such breaches.

**10. Governing Law**

These Terms of Use are governed by and construed in accordance with the laws of Australia. Any disputes arising under these Terms shall be subject to the exclusive jurisdiction of the courts in that region.

**11. Contact Information**

If you have any questions regarding these Terms of Use, please contact us at:
Moksha Funerals
info@mokshafunerals.com.au

By purchasing and using the Life & Legacy Planner, you acknowledge that you have read, understood, and agree to these Terms of Use.

# What's Inside the Planner?

The Moksha Planning Life & Legacy Planner is designed to help you organise and document essential information, ensuring that your wishes and details are clearly recorded. Our planner is divided into 9 key sections, each covering a critical aspect of your life. Here's an overview of what you can expect:

**1. Personal Details**

This section captures the most fundamental information about you, including your full name, date of birth, nationality, marital status, and any other key identifiers. It's the foundation for your personal records and is essential for emergencies or end of life.

**2. Contacts**

Keep track of important contacts such as family members, close friends, healthcare providers, legal advisors, and clergy. This section helps your loved ones easily reach those who are associated with you.

**3. Documents**

Organise all of your important personal documents in one place, including your birth certificate, marriage certificate, passports, and other legal paperwork. This section ensures that your loved ones can easily locate these documents when needed.

**4. Medical**

In this section, list your medical history, any ongoing treatments, medications, allergies, and your healthcare providers. It's also the place to note if you have an advance healthcare directive, living will, or organ donation preferences.

**5. Finance**

Record all of your financial information, including bank accounts, retirement funds, investments, insurance policies, and any other assets. This helps ensure that your finances are handled smoothly, avoiding unnecessary delays or confusion.

**6. Expenses**

Track your regular expenses, including bills, subscriptions, memberships, and loans. This section allows your family or executor to manage or cancel ongoing obligations and understand your financial commitments.

**7. Property**

Detail your property holdings, including real estate, vehicles, and any other significant assets. This section is vital for estate planning, helping to streamline the management or transfer of ownership of your belongings.

**8. Online**

Document your digital presence by noting online accounts, passwords, and instructions for handling your social media, email, and other online platforms. This section helps your loved ones manage or close your digital accounts.

**9. End of Life**
Outline your end-of-life wishes, including funeral preferences, burial or cremation instructions, and any personal requests you have for your memorial. This section allows you to ensure that your final arrangements are carried out according to your desires.

By organising your details across these 10 sections, the Life & Legacy Planner ensures that your loved ones have access to all the information they need, making difficult times more manageable. Each section is designed with simplicity in mind, guiding you through what can otherwise be a complex process.

It is important to update the planner a minimum of once a year. It is recommended that you update passwords as and when new passwords are created or when new accounts are created requiring a password.

# Keeping Your Sensitive Information Safe

To protect a document containing confidential personal information and passwords from online threats, follow these best practices.

**Strong Password Protection**
Use a strong, unique password to protect the document. Ensure the password is complex, including a mix of upper and lower case letters, numbers, and special characters.

**Encryption**
Encrypt the document using reliable software. Encryption ensures that even if unauthorised parties gain access to the document, they cannot read its contents without the decryption key.

**Secure Storage**
Store the document in a secure, encrypted cloud service known for strong security practices, such as iDrive, Google Drive, Dropbox, or Microsoft OneDrive. Alternatively, keep the document on a secure, encrypted external storage device (like a USB drive) and store it in a safe place.

**Two-Factor Authentication (2FA)**
Enable 2FA on all accounts where the document might be stored. This adds an extra layer of security by requiring a second form of verification, such as a code sent to your phone, in addition to your password.

**Regular Backups**
Regularly back up the document to a secure location. This ensures you have a copy available in case of data loss or ransomware attacks.

**Limited Sharing**
Only share the document with trusted individuals. Use secure sharing methods, such as encrypted email services or secure cloud sharing options that require authentication.

**Software Updates**
Keep your software, operating system, and antivirus programs up to date to protect against the latest security vulnerabilities and threats.

**Digital Hygiene**
Avoid accessing the document over unsecured Wi-Fi networks. Be cautious of phishing attempts and suspicious emails that could compromise your security.

**Physical Security**
If the document is stored on a physical device, keep it in a secure location, such as a locked drawer or safe.

**Professional Advice**
Consider seeking advice from a cybersecurity professional to ensure your practices are robust and to get tailored recommendations based on your specific needs.

# Personal Section



# Personal Section Includes

1. Personal Profile
2. Partner Profile
3. Child Profile
4. Pet Profile
5. Notes & Instructions

# Personal Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

LICENCE NO.

PASSPORT NO.

BIRTHPLACE

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER

PRIMARY EMAIL

SECOND EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE

WEIGHT

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

## WORK INFORMATION

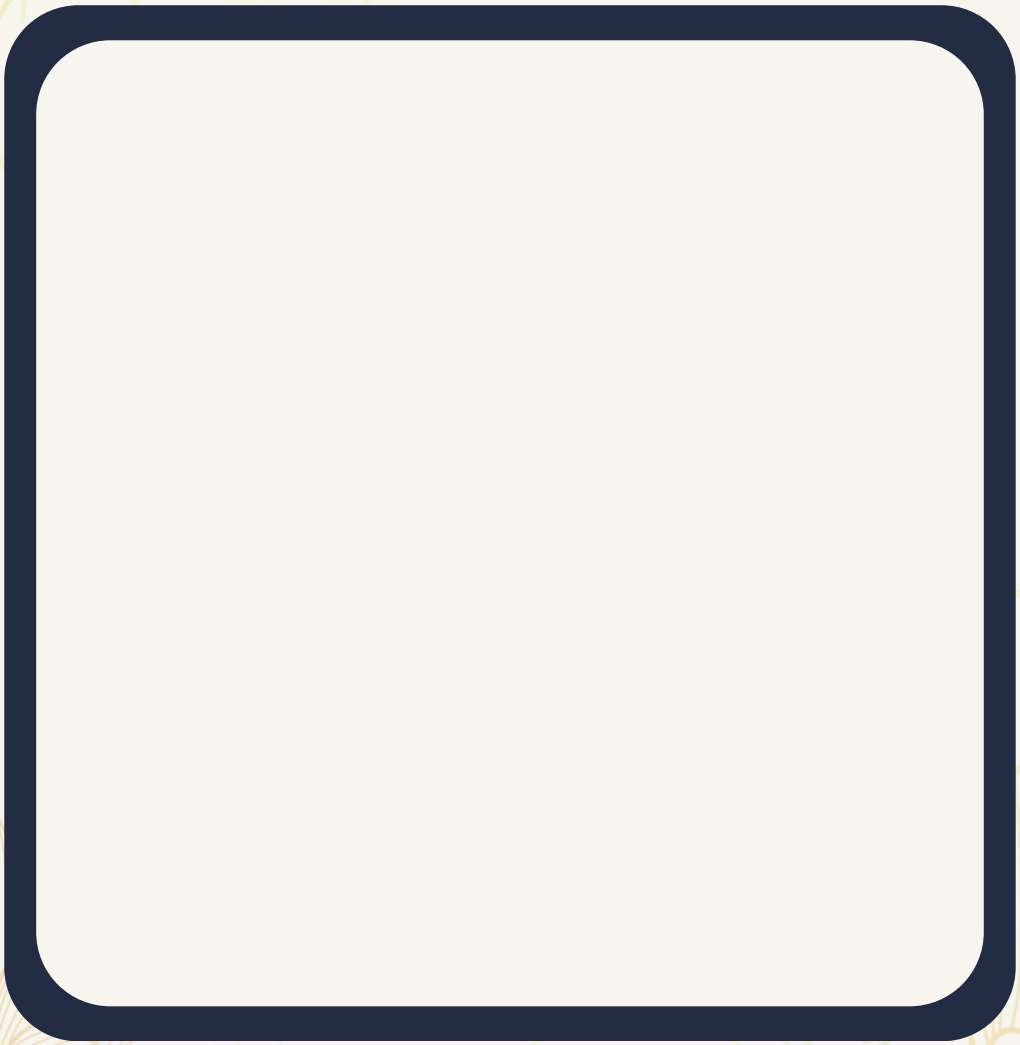
| | |
|---|---|
| COMPANY | |
| ROLE TITLE | |
| WORK PH NO. | |
| WORK WEBSITE | |
| NOTES | |
| | |

## ADDITIONAL WORK INFORMATION

| | |
|---|---|
| COMPANY | |
| ROLE TITLE | |
| WORK PH NO. | |
| WORK WEBSITE | |
| NOTES | |
| | |

## ADDITIONAL INFORMATION

| | |
|---|---|
| | |
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| | |
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| | |
| | |



# Partner Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

BIRTHPLACE

LICENCE NO.

PASSPORT NO.

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER

PRIMARY EMAIL

SECOND EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE

WEIGHT

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

## WORK INFORMATION

COMPANY

ROLE TITLE

WORK PH NO.

WORK WEBSITE

NOTES

## WORK INFORMATION

COMPANY

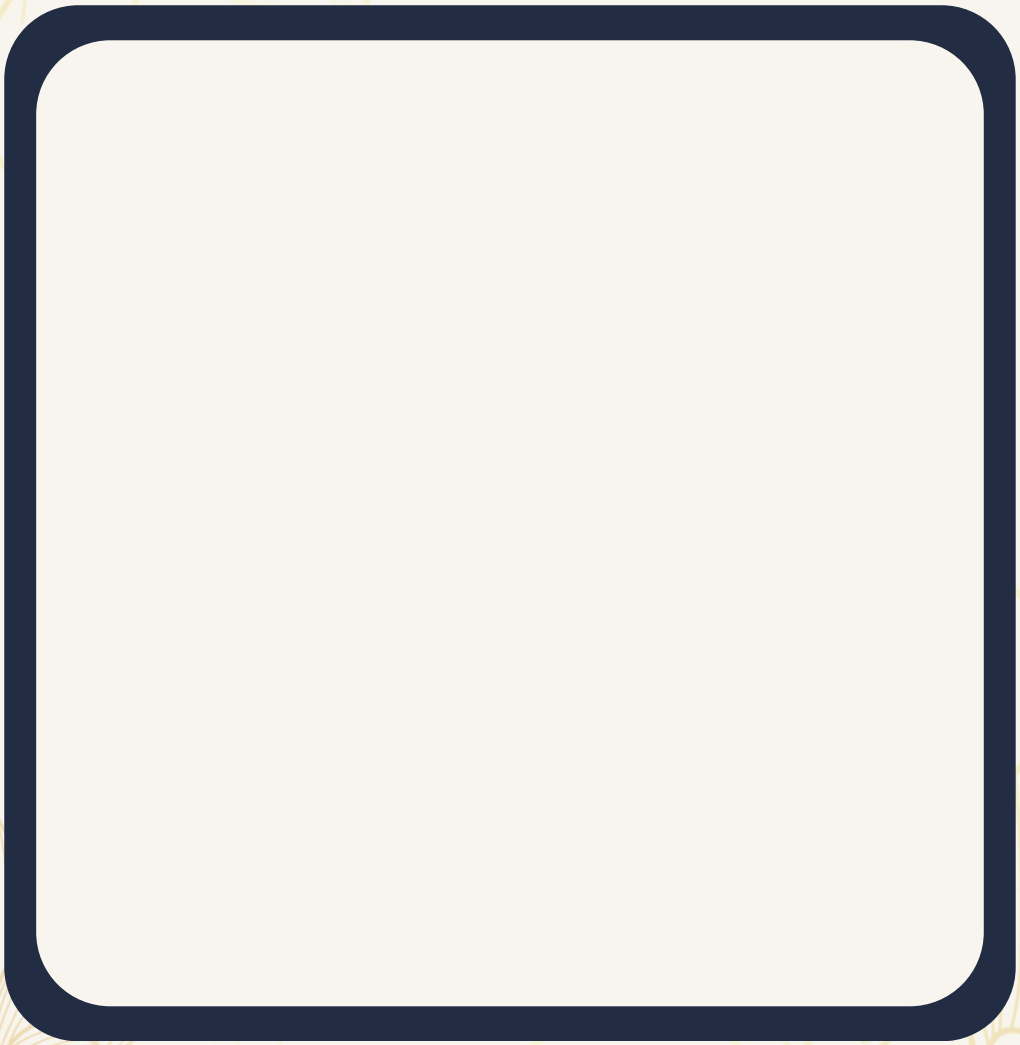
ROLE TITLE

WORK PH NO.

WORK WEBSITE

NOTES

## ADDITIONAL INFORMATION



# Child Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

BIRTHPLACE

MOTHER

FATHER

CHILD HISTORY

☐ BIOLOGICAL ☐ ADOPTED ON

☐ FOSTER CARE SINCE

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER

PASSCODE

EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE

LAST UPDATED

WEIGHT

ETHNICITY

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

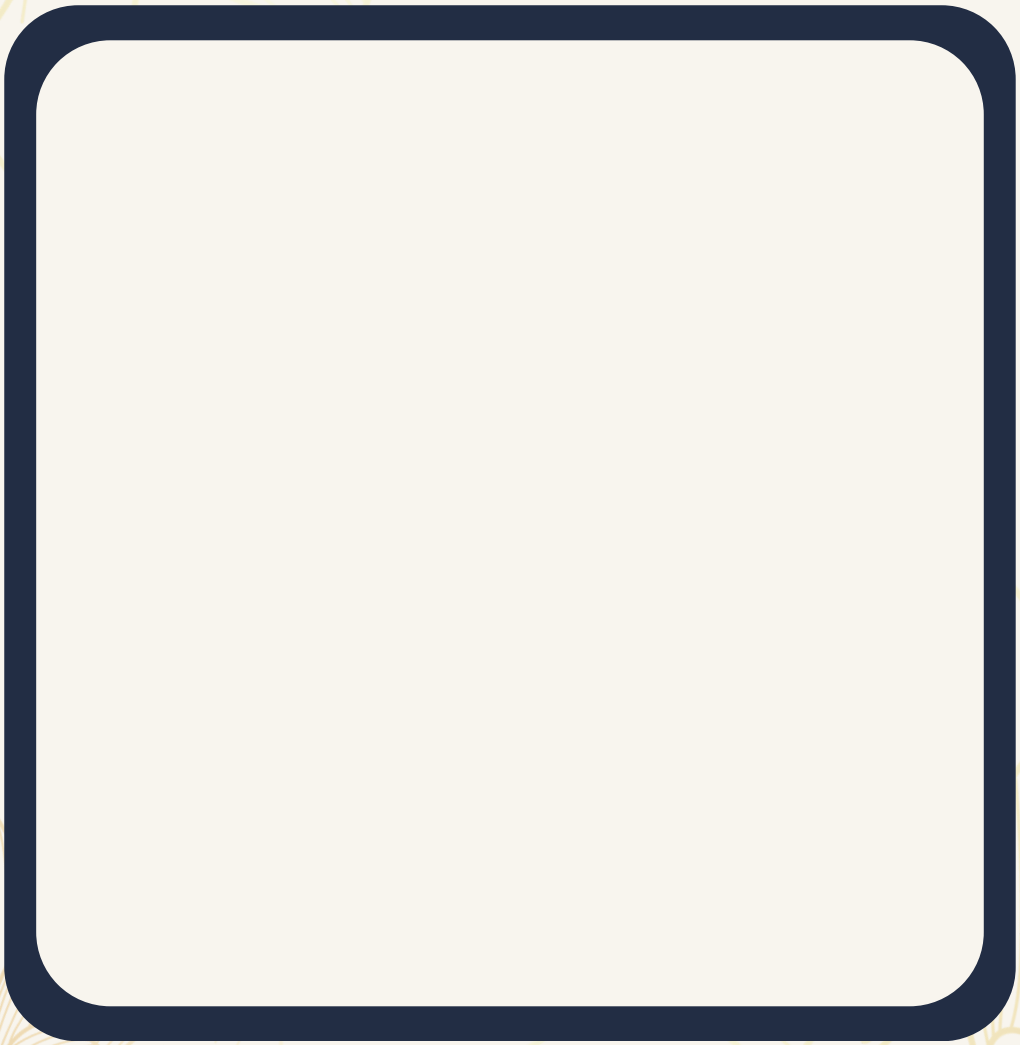
## EDUCATION INFORMATION

INSTITUTION

PHONE

NOTES

## ADDITIONAL INFORMATION



# Child Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

BIRTHPLACE

MOTHER

FATHER

CHILD HISTORY ☐ BIOLOGICAL ☐ ADOPTED ON

☐ FOSTER CARE SINCE

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER PASSCODE

EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE LAST UPDATED

WEIGHT ETHNICITY

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

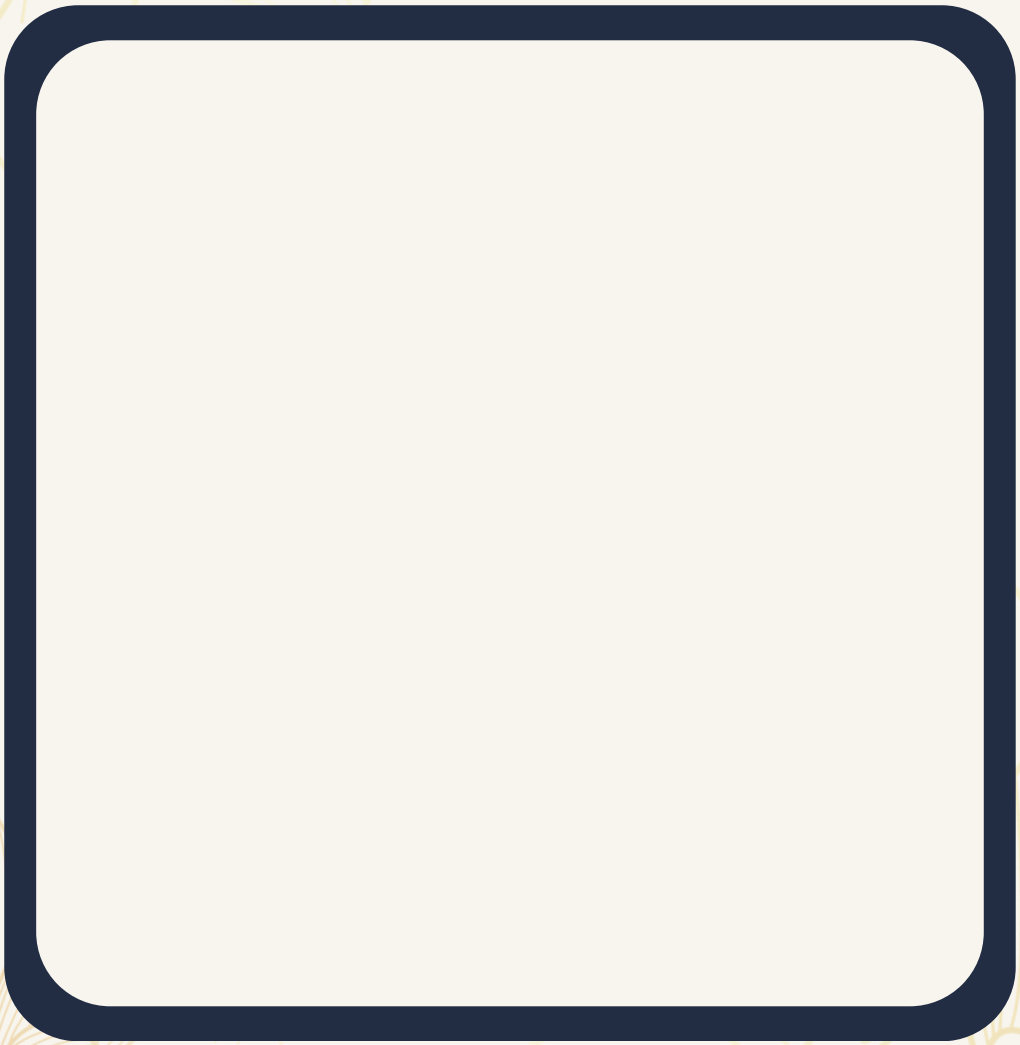
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INSTITUTION

PHONE

NOTES

## ADDITIONAL INFORMATION



# Child Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

BIRTHPLACE

MOTHER

FATHER

CHILD HISTORY ☐ BIOLOGICAL ☐ ADOPTED ON

☐ FOSTER CARE SINCE

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER PASSCODE

EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE LAST UPDATED

WEIGHT ETHNICITY

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

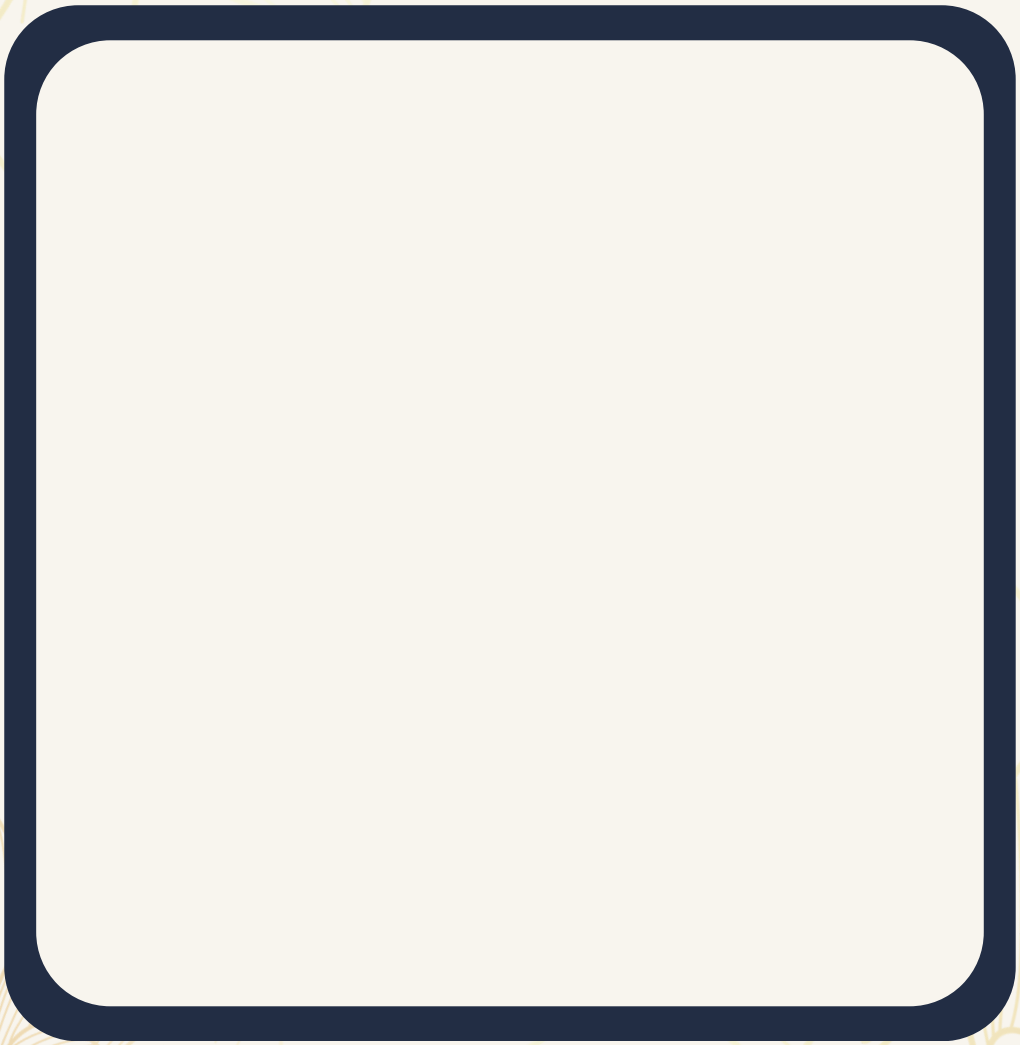
## EDUCATION INFORMATION

INSTITUTION

PHONE

NOTES

## ADDITIONAL INFORMATION



# Child Profile

## GENERAL INFORMATION

FULL NAME

DATE OF BIRTH

BIRTHPLACE

MOTHER

FATHER

CHILD HISTORY

☐ BIOLOGICAL ☐ ADOPTED ON

☐ FOSTER CARE SINCE

## CONTACT INFORMATION

CURRENT ADDRESS

PHONE NUMBER

PASSCODE

EMAIL

## IDENTIFYING INFORMATION

BLOOD TYPE

LAST UPDATED

WEIGHT

ETHNICITY

HEIGHT

HAIR COLOUR

EYE COLOUR

IDENTIFYING MARKS

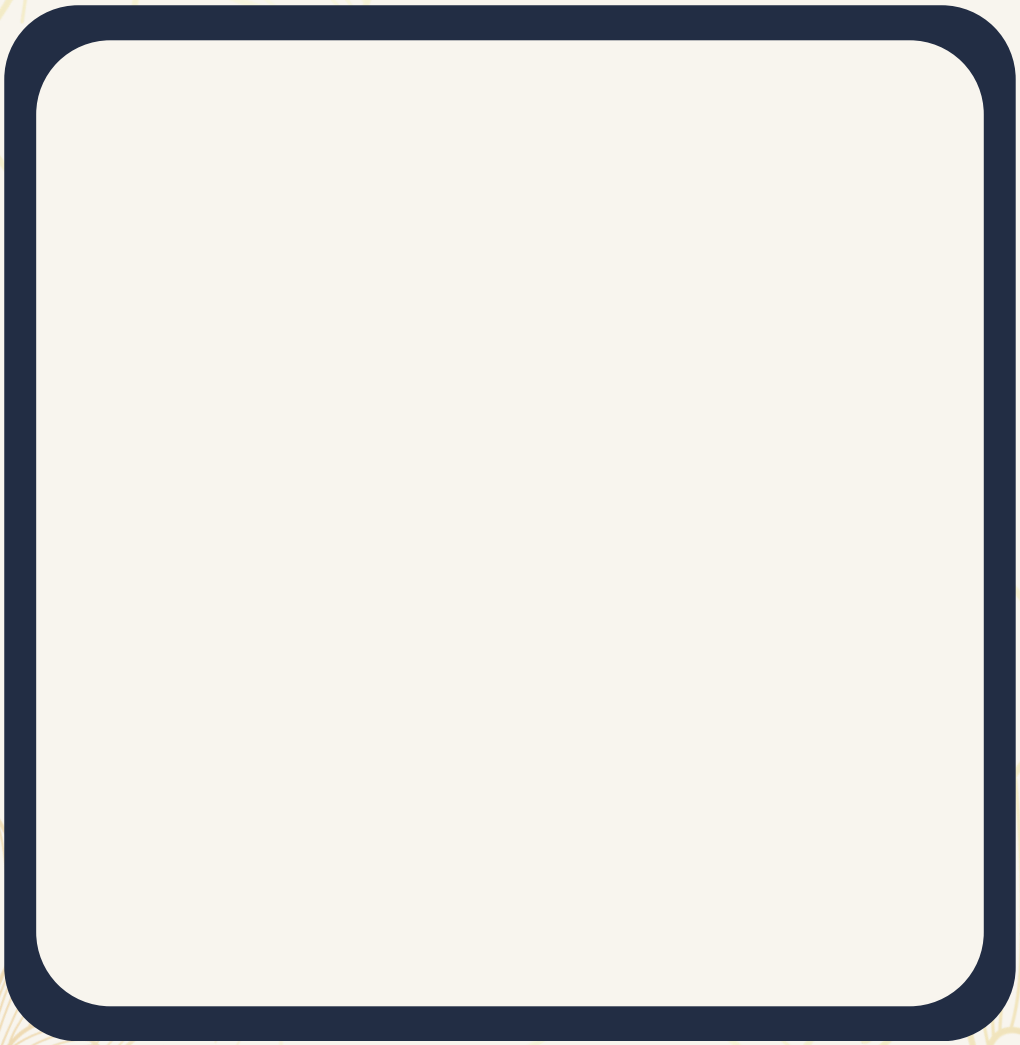
## EDUCATION INFORMATION

INSTITUTION

PHONE

NOTES

## ADDITIONAL INFORMATION



# Pet Profile

## GENERAL INFORMATION

NAME

GENDER

TYPE/BREED

DATE BORN

MICROCHIP

VETERINARIAN

PHONE NO.

## CARE INSTRUCTIONS

PREFERRED FOOD

FEEDING DIRECTIONS

HYGIENE DIRECTIONS

GROOMER

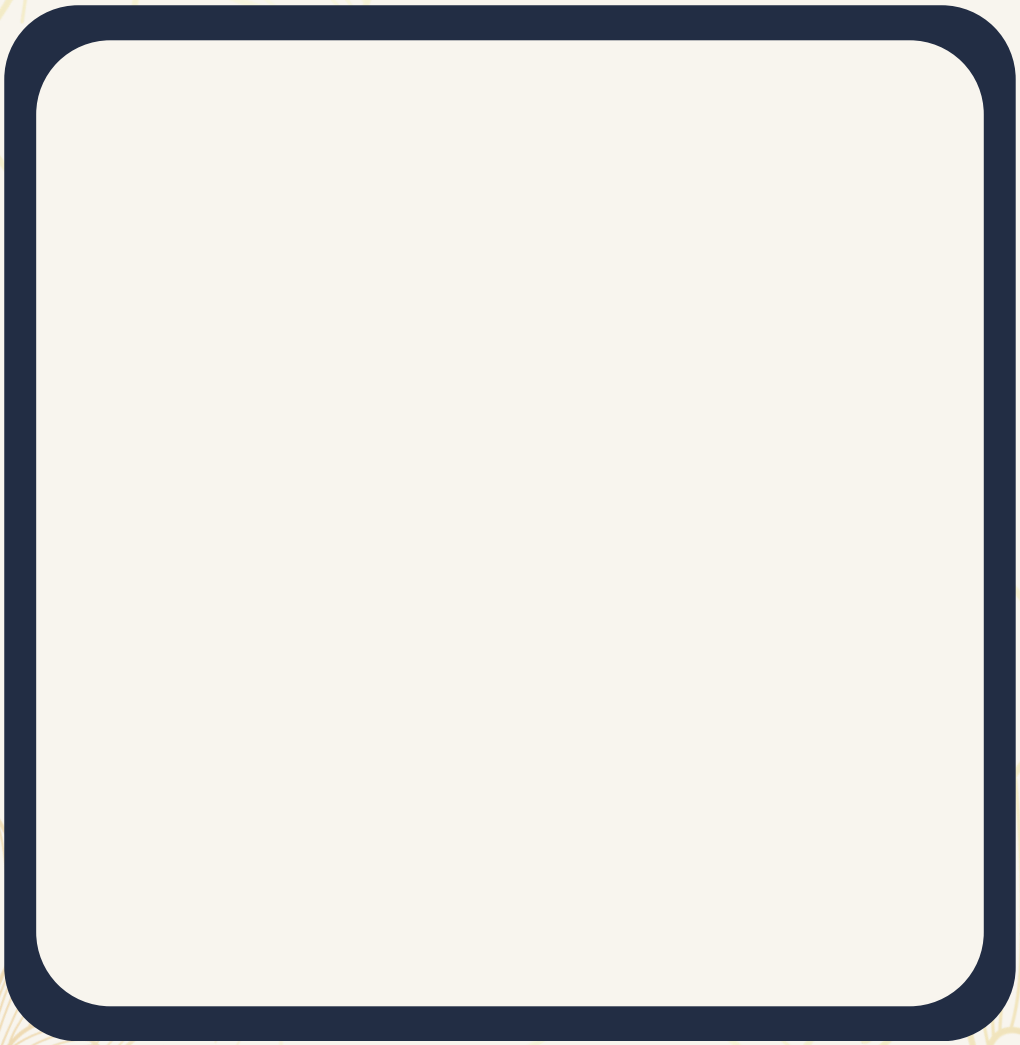
PHONE NO.

## MEDICAL INFORMATION

HISTORY

MEDICATIONS

## ADDITIONAL INFORMATION



# Pet Profile

## GENERAL INFORMATION

NAME

GENDER

TYPE/BREED

DATE BORN

MICROCHIP

VETERINARIAN

PHONE NO.

## CARE INSTRUCTIONS

PREFERRED FOOD

FEEDING DIRECTIONS

HYGIENE DIRECTIONS

GROOMER

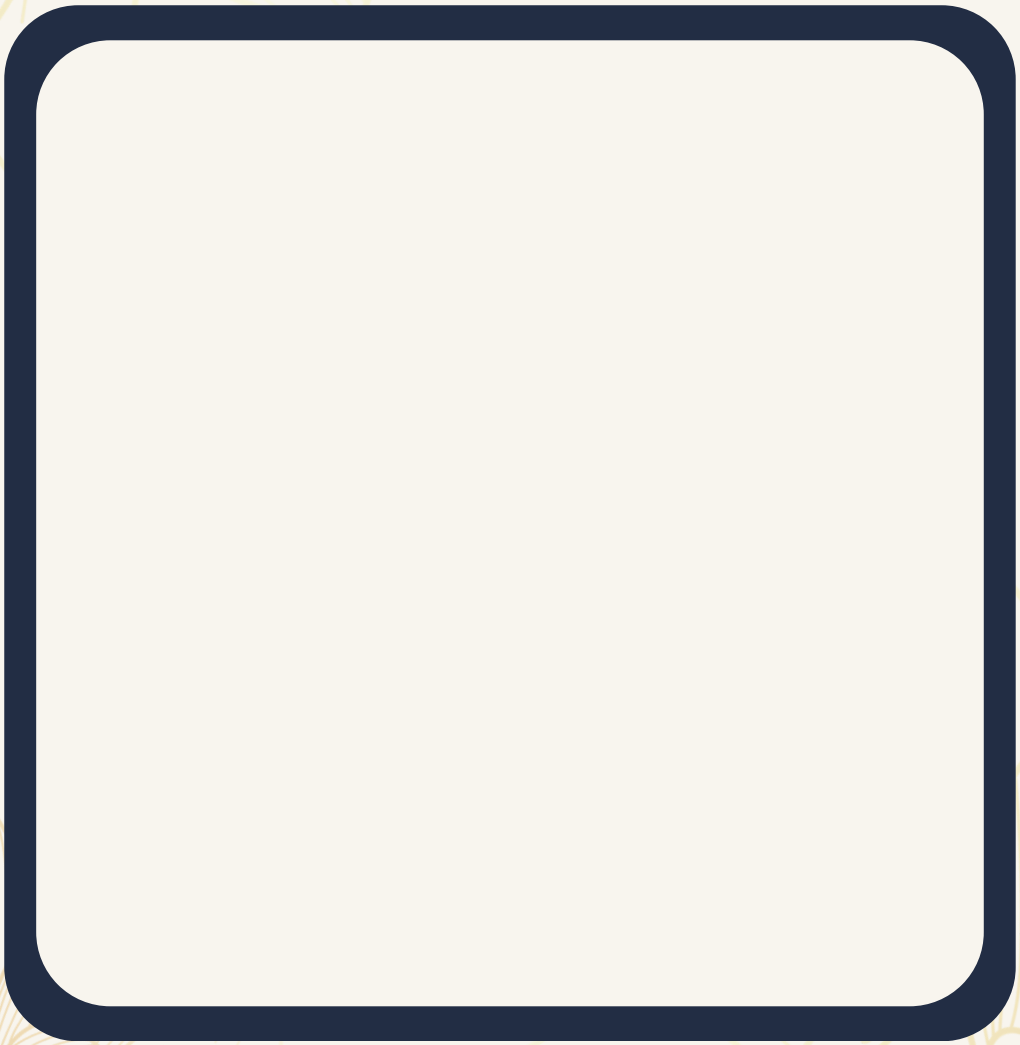
PHONE NO.

## MEDICAL INFORMATION

HISTORY

MEDICATIONS

## ADDITIONAL INFORMATION



# Notes & Instructions

# Contacts Section



# Contacts Section Includes

1. Emergency
2. Medical
3. Vision Provider
4. Wellness Provider
5. Personal Provider
6. Professional Provider
7. Tradesmen Provider
8. Other
9. Notes & Instructions

# Emergency Contacts

| | |
|---|---|
| **EMERGENCY** | |
| PHONE NO. | |
| **LOCAL POLICE** | |
| PHONE NO. | |
| **FIRE DEPT.** | |
| PHONE NO. | |
| **POISON CENTRE** | |
| PHONE NO. | |
| **LOCAL HOSPITAL** | |
| PHONE NO. | |
| ADDRESS | |
| **FAMILY DOCTOR** | |
| PHONE NO. | |
| ADDRESS | |
| **VET HOSPITAL** | |
| PHONE NO. | |
| ADDRESS | |
| **ELECTRICITY** | |
| PHONE NO. | |
| **GAS** | |
| PHONE NO. | |
| **WATER** | |
| PHONE NO. | |

# Emergency Contacts

NAME

DESCRIPTION

PHONE NO.

NAME

DESCRIPTION

PHONE NO.

NAME

DESCRIPTION

PHONE NO.

NAME

DESCRIPTION

PHONE NO.

NAME

DESCRIPTION

PHONE NO.

NAME

DESCRIOTION

PHONE NO.

NAME

DESCRIPTION

PHONE NO.

# Medical Contacts

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

# Medical Contacts

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

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DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

# Medical Contacts

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

DOCTOR NAME

PRACTICE NAME

PROVIDER TYPE ☐ PRIMARY ☐ SPECIALIST

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

# Vision Provider Contacts

PROVIDER NAME

CLINIC NAME

PROVIDER TYPE ☐ OPTHAMOLOGIST ☐ OPTOMETRIST ☐ OTHER

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

PROVIDER NAME

CLINIC NAME

PROVIDER TYPE ☐ OPTHAMOLOGIST ☐ OPTOMETRIST ☐ OTHER

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

# Vision Provider Contacts

PROVIDER NAME

CLINIC NAME

PROVIDER TYPE ☐ OPTHAMOLOGIST ☐ OPTOMETRIST ☐ OTHER

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

PROVIDER NAME

CLINIC NAME

PROVIDER TYPE ☐ OPTHAMOLOGIST ☐ OPTOMETRIST ☐ OTHER

PROVIDER FOR

PHONE NO.

ADDRESS

WEBSITE

PHONE NO.

USERNAME

PASSWORD

# Wellness Provider Contacts

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| USERNAME | |
| PASSWORD | |

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| PHONE NO. | |
| USERNAME | |
| PASSWORD | |

# Wellness Provider Contacts

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| USERNAME | |
| PASSWORD | |

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| PHONE NO. | |
| USERNAME | |
| PASSWORD | |

# Wellness Provider Contacts

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| USERNAME | |
| PASSWORD | |

| | |
|---|---|
| PROVIDER NAME | |
| CLINIC NAME | |
| PROVIDER TYPE | |
| PROVIDER FOR | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| PHONE NO. | |
| USERNAME | |
| PASSWORD | |

# Personal Contacts

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

# Personal Contacts

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

# Personal Contacts

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

**NAME**

RELATIONSHIP

PHONE NO.

EMAIL

# Professional Contacts

LAWYER

LAW FIRM

PHONE NO.

EMAIL

ADDRESS

NOTES

FINANCIAL ADVISOR

COMPANY

PHONE NO.

EMAIL

ADDRESS

NOTES

ACCOUNTANT

COMPANY

PHONE NO.

EMAIL

ADDRESS

NOTES

# Professional Contacts

BANKER NAME

BANK

PHONE NO.

EMAIL

ADDRESS

NOTES

NAME

PROFESSION

PHONE NO.

EMAIL

ADDRESS

NOTES

NAME

PROFESSION

PHONE NO.

EMAIL

ADDRESS

NOTES

# Professional Contacts

NAME

PROFESSION

PHONE NO.

EMAIL

ADDRESS

NOTES

NAME

PROFESSION

PHONE NO.

EMAIL

ADDRESS

NOTES

NAME

PROFESSION

PHONE NO.

EMAIL

ADDRESS

NOTES

# Tradesmen Contacts

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

# Tradesmen Contacts

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

# Tradesmen Contacts

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

NAME

TRADE

COMPANY

PHONE NO.

ADDRESS

WEBSITE

USERNAME

PASSWORD

NOTES

# Other Contacts

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

# Other Contacts

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

**NAME**

DESCRIPTION

PHONE NO.

EMAIL

NOTES

# Notes & Instructions

# Documents Section



# Documents Section Includes

1. Important Documents
2. Notes & Instructions

# Important Documents

Fill in and include documents with this document or note the alternate location on the line.

| | Location | Tick if Included |
|---|---|---|
| BIRTH CERTIFICATE | | ☐ |
| PASSPORT | | ☐ |
| DRIVER'S LICENCE | | ☐ |
| PENSION CARDS | | ☐ |
| MARRIAGE CERTIFICATE | | ☐ |
| DIVORCE PAPERS | | ☐ |
| LAST WILL & TESTAMENT | | ☐ |
| LIVING WILL | | ☐ |
| POWER OF ATTORNEY | | ☐ |
| TRUST DOCUMENTS | | ☐ |
| VISAS & IMMIGRATION | | ☐ |
| CHILD BLUE BOOK | | ☐ |
| IMMUNISATION | | ☐ |
| PRESCRIPTIONS | | ☐ |
| LAND TITLES | | ☐ |
| MORTGAGES | | ☐ |
| LEASES | | ☐ |
| PROPERTY PHOTOS | | ☐ |
| INSURANCES | | ☐ |
| VEHICLE REGISTRATIONS | | ☐ |
| COURT ORDERS | | ☐ |
| PROTECTION ORDERS | | ☐ |

# Important Documents

Fill in and include documents with this document or note the alternate location on the line.

| | Location | Tick if Included |
|---|---|---|
| POLICE RECORD | | |
| PET MICROCHIP | | |
| EDUCATION DOCUMENT | | |
| BANK ACCOUNT DETAILS | | |
| SUPERANNUATION | | |
| INVESTMENTS | | |
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# Important Documents

Fill in and include documents with this document or note the alternate location on the line.

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# Notes & Instructions

# Medical Section



# Medical Section Includes

1. General Medical Profile
2. Health Conditions
3. Medications & Supplements
4. Important Medical History
5. Medical Providers
6. Health Insurance
7. Detailed Medication / Supplement List
8. Family Medical History
9. Treatment & Therapy
10. Notes & Instructions

# Medical Profile

## GENERAL INFORMATION

| | |
|---|---|
| PRIMARY DOCTOR | |
| PRACTICE NAME | |
| PHONE NO. | |
| ADDRESS | |
| WEBSITE | |
| USERNAME | |
| PASSWORD | |

## HEALTH CONDITIONS

| | |
|---|---|
| ALLERGIES | |
| | |
| CONDITIONS | |
| | |
| | |
| | |

## MEDICATIONS & SUPPLEMENTS

| MEDICATION / SUPPLEMENT | DOSAGE | PRESCRIBED BY |
|---|---|---|
| | | |
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## MEDICATIONS & SUPPLEMENTS

| MEDICATION / SUPPLEMENT | DOSAGE | PRESCRIBED BY |
|---|---|---|
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## IMPORTANT MEDICAL HISTORY

| DATE | DESCRIPTION |
|---|---|
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## IMPORTANT MEDICAL HISTORY

| DATE | DESCRIPTION |
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## MEDICAL PROVIDERS

| PROVIDER | SPECIALITY | PHONE |
| --- | --- | --- |
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## HEALTH INSURANCE

POLICY ATTACHED ☐

INSURER

ADDRESS

PHONE NO.

POLICY NO.

WEBSITE

USERNAME

PASSWORD

MONTHLY PREMIUM

PAYMENT SCHEDULE

AUTOMATIC PAYMENT ☐

PAYMENT METHOD

## DETAILED MEDICATION / SUPPLEMENT LIST

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

## DETAILED MEDICATION / SUPPLEMENT LIST

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

## DETAILED MEDICATION / SUPPLEMENT LIST

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

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MEDICATION / SUPPLEMENT

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PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

## DETAILED MEDICATION / SUPPLEMENT LIST

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

MEDICATION / SUPPLEMENT

REASON FOR TAKING

DOSAGE

FREQUENCY

PRESCRIBING DOCTOR

## FAMILY MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| DATE | | | | | |
| RELATION | | | | | |
| YEAR BORN | | | | | |
| ALCOHOLISM/ADDICTION | | | | | |
| ALLERGIES - FOOD | | | | | |
| ALLERGIES - OTHER | | | | | |
| ALZHEIMER'S | | | | | |
| ANAPHYLAXIS | | | | | |
| ANAESTHESIA PROBLEMS | | | | | |
| ANXIETY / PANIC ATTACKS | | | | | |
| ASTHMA | | | | | |
| ARTHRITIS | | | | | |
| BIRTH DEFECTS | | | | | |
| BLOOD CLOTTING DISEASE | | | | | |
| BREATHING PROBLEMS | | | | | |
| BONE / JOINT PROBLEMS | | | | | |
| CANCER | | | | | |
| CHEMOTHERAPY | | | | | |
| CHEST PAINS | | | | | |
| CHICKEN POX | | | | | |
| COLD SORES / BLISTERS | | | | | |
| DEPRESSION | | | | | |
| DIABETES TYPE 1 | | | | | |

## FAMILY MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| DATE | | | | | |
| RELATION | | | | | |
| DIABETES TYPE 2 | | | | | |
| DIGESTIVE PROBLEMS | | | | | |
| EAR/NOSE/THROAT ISSUES | | | | | |
| EATING DISORDER | | | | | |
| ECZEMA | | | | | |
| EPILEPSY | | | | | |
| FERTILITY PROBLEMS | | | | | |
| GALLBLADDER/GALLSTONES | | | | | |
| GYNAECOLOGY PROBLEMS | | | | | |
| HAY FEVER | | | | | |
| HEADACHES - FREQUENT | | | | | |
| HEARING PROBLEMS | | | | | |
| HEART ATTACK - OVER 60 | | | | | |
| HEART ATTACK - UNDER 60 | | | | | |
| HEART MURMUR | | | | | |
| HEART DISEASE | | | | | |
| HEPATITIS A, B OR C | | | | | |
| HIGH BLOOD PRESSURE | | | | | |
| HIGH CHOLESTEROL | | | | | |
| HIV | | | | | |
| INTELLECTUAL DISABILITIES | | | | | |

## FAMILY MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| DATE | | | | | |
| RELATION | | | | | |
| KIDNEY PROBLEMS | | | | | |
| LIVER DISEASE | | | | | |
| LOW BLOOD PRESSURE | | | | | |
| LUNG DISEASE | | | | | |
| MIGRAINES | | | | | |
| PANCREATITIS | | | | | |
| PARKINSON'S DISEASE | | | | | |
| REFLUX | | | | | |
| SEIZURES | | | | | |
| STROKE | | | | | |
| SCHIZOPHRENIA | | | | | |
| THYROID DISEASE | | | | | |
| TUBERCULOSIS | | | | | |
| ULCERS | | | | | |
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## FAMILY MEDICAL HISTORY

| | | | | | |
|---|---|---|---|---|---|
| DATE | | | | | |
| RELATION | | | | | |
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## ADDITIONAL INFORMATION

## TREATMENT AND THERAPY

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

## TREATMENT AND THERAPY

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

## TREATMENT AND THERAPY

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

## TREATMENT AND THERAPY

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

TREATMENT TYPE

REASON(S)

PROVIDER

CLINIC NAME

PHONE NO.

FREQUENCY

INSURANCE ☐ COVERED ☐ NOT COVERED

COST

PAYMENT INFO

# Notes & Instructions

# Finance Section



# Finance Section Includes

1. Bank Accounts
2. Credit / Debit Cards
3. Investments / Superannuation
4. Loans
5. Income
6. Notes & Instructions

# Bank Accounts

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

## BANK ACCOUNTS

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

## BANK ACCOUNTS

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ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

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BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

## BANK ACCOUNTS

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ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

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BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

## BANK ACCOUNTS

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

BANK

ACCOUNT TYPE ☐ SAVINGS ☐ CHEQUE ☐ OTHER

ACCOUNT NO. BSB

NICKNAME

BANK ADDRESS

BANK PHONE NO.

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

SECURITY INFO.

## CREDIT / DEBIT CARDS

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

## CREDIT / DEBIT CARDS

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

## CREDIT / DEBIT CARDS

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

## CREDIT / DEBIT CARDS

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

## CREDIT / DEBIT CARDS

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

CREDITOR

ACCOUNT TYPE ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DEBIT ☐ OTHER

CARD NUMBER

EXPIRY CVV

AUTO DEBITS

WEBSITE

CUSTOMER NO. PASSWORD

## INVESTMENTS / SUPERANNUATION

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

## INVESTMENTS / SUPERANNUATION

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

## INVESTMENTS / SUPERANNUATION

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

COMPANY

AGENT / ADVISOR

EMAIL

PHONE NO.

WEBSITE

USERNAME PASSWORD

ACCOUNT NO.

CONTRIBUTIONS ☐ AUTOMATIC CONTRIBUTION

OTHER DETAILS

## LOANS

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

## LOANS

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

## LOANS

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

LENDER

LOAN PURPOSE

LOAN NO.

BORROWERS

LOAN TERM

PAYMENT AMOUNT

PAYMENT METHOD

WEBSITE

USERNAME PASSWORD

## INCOME

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

## INCOME

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

## INCOME

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

SOURCE ☐ EMPLOYER ☐ PENSION ☐ SOCIAL SECURITY ☐ OTHER

COMPANY

PAYMENT DUE AMOUNT

PH0NE NO.

WEBSITE

USERNAME PASSWORD

# Notes & Instructions

# Expenses Section



# Expenses Section Includes

1. Household Expenses
2. Memberships / Subscriptions
3. Notes & Instructions

# Household Expenses

**GAS COMPANY**

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

**ELECTRICITY COMPANY**

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

**INTERNET / HOME PHONE**

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

# HOUSEHOLD EXPENSES

## WATER COMPANY

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## MOBILE PHONE COMPANY

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## CLEANING SERVICE

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## HOUSEHOLD EXPENSES

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## HOUSEHOLD EXPENSES

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## HOUSEHOLD EXPENSES

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## HOUSEHOLD EXPENSES

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

COMPANY

ACCOUNT NO.

WEBSITE

USERNAME PASSWORD

PHONE NO.

PAYMENT INFO AUTOMATIC PAYMENT

## MEMBERSHIPS / SUBSCRIPTIONS

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

## MEMBERSHIPS / SUBSCRIPTIONS

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

## MEMBERSHIPS / SUBSCRIPTIONS

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

COMPANY

DESCRIPTION

PAYMENT ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY ☐ OTHER

AUTOMATIC PAYMENT ☐

AMOUNT

RENEWAL DATE AUTOMATIC PAYMENT ☐

WEBSITE

USERNAME PASSWORD

PH0NE NO.

PAYMENT DUE AMOUNT

# Notes & Instructions

# Property Section



# Property Section Includes

1. Home Owner Profile
2. Access Number & Codes
3. Mobile Phones
4. Home Inventory & Valuables
5. Location of Essential Items
6. Vehicle Profile
7. Notes & Instructions

# Home Owner Profile

## GENERAL INFORMATION

ADDRESS

OWNERS

PURPOSE ☐ PRIMARY RESIDENCE ☐ OTHER

PROPERTY TAX ☐ PAYABLE ☐ NOT REQUIRED

## INSURANCE INFORMATION

COMPANY

INSURANCE TYPE ☐ HOME OWNERS ☐ CONTENT ☐ OTHER

POLICY NO.

WEBSITE

USERNAME PASSWORD

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

BROKER

PH0NE NO.

## LOAN INFORMATION

LENDER

ACCOUNT NO. BSB

BORROWERS

LOAN TERM

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

WEBSITE

USERNAME PASSWORD

## OTHER INSURANCE

COMPANY

INSURANCE TYPE ☐ HOME OWNERS ☐ CONTENT ☐ OTHER

POLICY NO.

WEBSITE

USERNAME PASSWORD

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

BROKER

PH0NE NO.

# Home Owner Profile

## GENERAL INFORMATION

ADDRESS

OWNERS

PURPOSE ☐ PRIMARY RESIDENCE ☐ OTHER

PROPERTY TAX ☐ PAYABLE ☐ NOT REQUIRED

## INSURANCE INFORMATION

COMPANY

INSURANCE TYPE ☐ HOME OWNERS ☐ CONTENT ☐ OTHER

POLICY NO.

WEBSITE

USERNAME PASSWORD

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

BROKER

PH0NE NO.

## LOAN INFORMATION

LENDER

ACCOUNT NO. BSB

BORROWERS

LOAN TERM

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

WEBSITE

USERNAME PASSWORD

## OTHER INSURANCE

COMPANY

INSURANCE TYPE ☐ HOME OWNERS ☐ CONTENT ☐ OTHER

POLICY NO.

WEBSITE

USERNAME PASSWORD

AMOUNT

PAYMENT DUE ☐ ANNUAL ☐ HALF YEARLY ☐ QUARTERLY ☐ MONTHLY

☐ OTHER

BROKER

PH0NE NO.

# ACCESS NUMBERS & CODES

**GARAGE**

CODE

**HOME ENTRY**

CODE

**SECURITY SYSTEM**

CODE

SECURITY INFO

**MAILBOX**

LOCATION

ACCESS INFO

**SAFE**

LOCATION

CODE/KEY

**SAFE DEPOSIT BOX**

LOCATION

KEY

## MOBILE PHONES

**WIRELESS CARRIER**

NAME

PHONE NO.

PASSCODE

APP STORE USERNAME

APP STORE PASSWORD

SECURITY INFO

**WIRELESS CARRIER**

NAME

PHONE NO.

PASSCODE

APP STORE USERNAME

APP STORE PASSWORD

SECURITY INFO

**WIRELESS CARRIER**

NAME

PHONE NO.

PASSCODE

APP STORE USERNAME

APP STORE PASSWORD

SECURITY INFO

Tick box if paperwork such as receipts or warranties are included in this file.

## HOME INVENTORY & VALUABLES

| DESCRIPTION | VALUE | NOTES | |
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Tick box if paperwork such as receipts or warranties are included in this file.

## HOME INVENTORY & VALUABLES

| DESCRIPTION | VALUE | NOTES | |
|---|---|---|---|
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# LOCATION OF ESSENTIAL ITEMS

| DESCRIPTION | LOCATION |
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# LOCATION OF ESSENTIAL ITEMS

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# Vehicle Profile

## GENERAL INFORMATION

MAKE / MODEL

TYPE ☐ CAR ☐ MOTORCYCLE ☐ CAMPERVAN ☐ BOAT ☐ OTHER

VEHICLE YEAR

OWNERS

VIN NO.

REGISTRATION DUE

## INSURANCE INFORMATION

COMPANY

POLICY NO.

ACCOUNT OWNERS

WEBSITE

USERNAME PASSWORD

PREMIUM

PAYMENT AMOUNT

PAYMENT METHOD AUTOMATIC PAYMENT ☐

AGENT PH0NE NO.

## LOAN INFORMATION

LENDER LOAN NO.

BORROWERS LOAN TERM

WEBSITE

USERNAME PASSWORD

PAYMENT AMOUNT PAYMENT METHOD

# Vehicle Profile

## GENERAL INFORMATION

MAKE / MODEL

TYPE ☐ CAR ☐ MOTORCYCLE ☐ CAMPERVAN ☐ BOAT ☐ OTHER

VEHICLE YEAR

OWNERS

VIN NO.

REGISTRATION DUE

## INSURANCE INFORMATION

COMPANY

POLICY NO.

ACCOUNT OWNERS

WEBSITE

USERNAME PASSWORD

PREMIUM

PAYMENT AMOUNT

PAYMENT METHOD AUTOMATIC PAYMENT ☐

AGENT PH0NE NO.

## LOAN INFORMATION

LENDER LOAN NO.

BORROWERS LOAN TERM

WEBSITE

USERNAME PASSWORD

PAYMENT AMOUNT PAYMENT METHOD

# Vehicle Profile

## GENERAL INFORMATION

MAKE / MODEL

TYPE ☐ CAR ☐ MOTORCYCLE ☐ CAMPERVAN ☐ BOAT ☐ OTHER

VEHICLE YEAR

OWNERS

VIN NO.

REGISTRATION DUE

## INSURANCE INFORMATION

COMPANY

POLICY NO.

ACCOUNT OWNERS

WEBSITE

USERNAME PASSWORD

PREMIUM

PAYMENT AMOUNT

PAYMENT METHOD AUTOMATIC PAYMENT ☐

AGENT PH0NE NO.

## LOAN INFORMATION

LENDER LOAN NO.

BORROWERS LOAN TERM

WEBSITE

USERNAME PASSWORD

PAYMENT AMOUNT PAYMENT METHOD

# Notes & Instructions

# Online Section



# Online Section Includes

1. Social Media Accounts
2. Email Accounts
3. Other Accounts
4. Photo Storage
5. Security Questions
6. Streaming Accounts
7. Website Accounts
8. Notes & Instructions

# SOCIAL MEDIA ACCOUNTS

**FACEBOOK**

USERNAME

PASSWORD

**INSTAGRAM**

USERNAME

PASSWORD

**TWITTER**

USERNAME

PASSWORD

**INSTAGRAM**

USERNAME

PASSWORD

USERNAME

PASSWORD

USERNAME

PASSWORD

# Email Accounts

## PRIMARY EMAIL

PROVIDER ☐ GMAIL ☐ OUTLOOK ☐ AOL ☐ iCLOUD ☐ YAHOO ☐ OTHER ☐

EMAIL

PASSWORD

NOTES

## WORK EMAIL

PROVIDER ☐ GMAIL ☐ OUTLOOK ☐ AOL ☐ iCLOUD ☐ YAHOO ☐ OTHER ☐

EMAIL

PASSWORD

NOTES

## OTHER EMAIL

PROVIDER ☐ GMAIL ☐ OUTLOOK ☐ AOL ☐ iCLOUD ☐ YAHOO ☐ OTHER ☐

EMAIL

PASSWORD

NOTES

## OTHER EMAIL

PROVIDER ☐ GMAIL ☐ OUTLOOK ☐ AOL ☐ iCLOUD ☐ YAHOO ☐ OTHER ☐

EMAIL

PASSWORD

NOTES

## OTHER ACCOUNTS

WEBSITE

DESCRIPTION

USERNAME

PASSWORD

NOTES

WEBSITE

DESCRIPTION

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WEBSITE

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## OTHER ACCOUNTS

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NOTES

## PRIMARY PHOTO STORAGE

TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

☐ OTHER

SYNCED DEVICES

USERNAME

PASSWORD

NOTES

TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

☐ OTHER

SYNCED DEVICES

USERNAME

PASSWORD

NOTES

TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

☐ OTHER

SYNCED DEVICES

USERNAME

PASSWORD

NOTES

## PRIMARY PHOTO STORAGE

TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

☐ OTHER

SYNCED DEVICES

USERNAME

PASSWORD

NOTES

TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

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SYNCED DEVICES

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TYPE ☐ HARD DRIVE ☐ GOOGLE PHOTOS ☐ APPLE iCLOUD ☐ ONE DRIVE

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SYNCED DEVICES

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## SECURITY QUESTIONS

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## STREAMING ACCOUNTS

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# Notes & Instructions

# End of Life Section



# End of Life Section Includes

1. Directives Summary
2. Life Insurance
3. Obituary Information
4. Service Preparations
5. Notes & Instructions

# Directives Summary

## LAST WILL & TESTAMENT

EXECUTOR | INCLUDED IN DOCUMENT ☐

PHONE NO.

BENEFICIARIES

PREPARED BY | PHONE NO.

NOTES

## HEALTH CARE POWER OF ATTORNEY

NAME | INCLUDED IN DOCUMENT ☐

PHONE NO.

PREPARED BY | PHONE NO.

NOTES

## FINANCIAL POWER OF ATTORNEY

NAME | INCLUDED IN DOCUMENT ☐

PHONE NO.

PREPARED BY | PHONE NO.

NOTES

## TRUST AGREEMENT

NAME | INCLUDED IN DOCUMENT ☐

PHONE NO.

PREPARED BY | PHONE NO.

NOTES

# IMMEDIATELY AFTER MY DEATH OR INCAPACITATION

# IMMEDIATELY AFTER MY DEATH OR INCAPACITATION

# Life Insurance

## GENERAL INFORMATION

NAME OF INSURED

POLICY INCLUDED

COMPANY

POLICY NUMBER

COVERED AMOUNT

INCLUSIONS

START DATE

END DATE

## PAYMENT INFORMATION

PREMIUM

PAYMENT METHOD

AUTOMATIC PAYMENT

PAYMENT SCHEDULE

MONTHLY

QUARTERLY

HALF YEARLY

YEARLY

OTHER:

## ACCESS INFORMATION

WEBSITE

USERNAME

PASSWORD

PHONE NO.

## CONTACT INFORMATION

NAME

PHONE NO.

# Life Insurance

## GENERAL INFORMATION

FULL NAME

MAIDEN NAME | DATE OF BIRTH

BIRTHPLACE

## BIOGRAPHICAL INFORMATION

Note important achievements, career information, community involvement, activities etc

## PREDECEASED BY

SPOUSE | YEARS OF MARRIAGE

PARENTS / SIBLINGS

CHILDREN

GRANDCHILDREN

## SURVIVED BY

SPOUSE

YEARS OF MARRIAGE

PARENTS / SIBLINGS

CHILDREN

GRANDCHILDREN

## MEMORIAL FUNDS

PREFERRED MEMORIAL OR CHARITY

NOTES

# Service Preparations

## GENERAL INFORMATION

RELIGION

PLACE OF WORSHIP

## FINAL RESTING PLACE

SPOUSE ☐ BURIAL ☐ CREMATION ☐ OTHER

CEMETERY / CREMATORIUM

ADDITIONAL DETAILS

## SERVICE ARRANGEMENTS

FUNERAL HOME

CONTACT PHONE NO.

PREPAYMENT ☐ SERVICE PREPAID ☐ SERVICE TO BE PAID

ADDITIONAL DETAILS

## SERVICE REQUESTS

PERFORMED BY

PHONE NO.

MUSIC

FLOWERS

READINGS

PHOTOGRAPHS / MEMORABILIA

RECEPTION

ADDITIONAL REQUESTS / INFORMATION

# Notes & Instructions

# LETTER TO MY LOVED ONES

# LETTER TO MY LOVED ONES

# LETTER TO MY LOVED ONES

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# Moksha

FUNERALS

*Gulding Souls Home*

Moksha Funeral
+61  410 649 646

mokshafunerals.com.au
info@mokshafunerals.com.au