



GEORGE CONSULTANCY

Creating Legacies of Success

Your Complete Life and Legacy Guide

Everything you need to know to easily
put your affairs in order

Name..... **Date**.....

www.georgeconsultancy.co.nz

About this Book

Making plans for the end stage of life can be overwhelming and it can be hard to know where to start.

We all want to leave things in order to make it easier for those we leave behind.

We also want to capture our unique story and think about the impact we made in our life and how we want to be remembered.

This book is designed to not only make this an easy process but also a fun one as you take a trip down memory lane, consider what/who is important to you and think about ways to keep your memory alive.

Take your time to fill this in, then pop it somewhere safe with a copy of your will, EPOA's, end of life documents and you have a complete guide for family, loved ones and your executor.

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Personal Information

Title Miss Ms Mrs Mr Dr Professor Sir Lady
Other.....

Full name.....

Address.....

Suburb..... City..... Postcode.....

Home phone..... Mobile phone.....

Date of Birth..... Place of Birth.....

If born overseas, date of NZ residency/Arrival NZ
.....

Religion.....

Tribe/Iwi affiliations.....
.....

Occupation.....

Previous Occupations.....

.....
.....
.....

NZ Pension Number.....

Overseas Pension
Number/country.....

Tax Number.....

NHI Number.....

Passport Number..... Expiry.....

Drivers Licence Number.....

Expiry.....

Relationships

Married Defacto Single Widowed Seperated Divorced

Full name of spouse/partner.....

Date of marriage.....

Place of marriage.....

Previous marriage/Relationship (if applicable)

Full name of spouse/partner.....

Date of marriage.....

Place of marriage.....

Date of divorce/death.....

Previous marriage/Relationship (if applicable)

Full name of spouse/partner.....

Date of marriage.....

Place of marriage.....

Date of divorce/death.....

Previous marriage/Relationship (if applicable)

Full name of spouse/partner.....

Date of marriage.....

Place of marriage.....

Date of divorce/death.....

Previous marriage/Relationship (if applicable)

Full name of spouse/partner.....

Date of marriage.....

Place of marriage.....

Date of divorce/death.....

Family Tree

Parents

Birth Father's full name

.....
Date of birth..... Place of Birth.....
Date of death..... Place of death.....
Occupation.....
Grave/memorial site.....

Birth Mother's full name

.....
Date of birth..... Place of Birth.....
Date of death..... Place of death.....
Occupation.....
Grave/memorial site.....

Adopted/Step Father's full name

.....
Date of birth..... Place of Birth.....
Date of death..... Place of death.....
Occupation.....
Grave/memorial site.....

Adopted/Step Mother's full name

.....
Date of birth..... Place of Birth.....
Date of death..... Place of death.....
Occupation.....
Grave/memorial site.....

Siblings

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Siblings

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Name..... Full Half Step Deceased
Address.....
Email..... Phone.....
Date of death.....

Children

In order of birth/step-children

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Children

In order of birth/step children

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Name..... Step Deceased
Address.....
Email.....
Phone..... Date of death.....

Medical History

Medical information can be vitally important to following generations

My GP/Doctor

Name.....

Address.....

Phone..... Email.....

Other medical specialists

Name.....

Address.....

Phone..... Email.....

Name.....

Address.....

Phone..... Email.....

Name.....

Address.....

Phone..... Email.....

Health Insurance company

Name.....

Address.....

Phone..... Email.....

Type of Cover.....

Policy number.....



Medical History

I have had treatment for the following conditions

Cancer – Type..... Year

Heart Disease – Type..... Year

Circulatory disorder –Type..... Year

Lung Disorder – Type..... Year

Diabetes – Type..... Year

Kidney disorder – Type..... Year

Other..... Year

Treatment details

.....

.....

.....

.....

Hereditary Illnesses in the Family

.....

.....

.....

I have/had the following allergies

.....

.....

.....

I am a registered Organ Donor

Yes/No

*If **yes**, please ensure your next of kin are aware of your wishes*

Personal History

These are the special details that help people prepare the celebration of your life

School Name.....

Years attended.....

Special memories.....

.....

Awards won.....

.....

.....

School Name.....

Years attended.....

Special memories.....

.....

Awards won.....

.....

.....

School Name.....

Years attended.....

Special memories.....

.....

Awards won.....

.....

.....

Qualifications

.....

.....

.....

Personal History

These are the special details that help people prepare the celebration of your life

Alumini societies I belonged to

.....

.....

Special memories

.....

.....

.....

Public Office/Civic positions I held

.....

.....

Special memories

.....

.....

.....

Special achievements/Awards

.....

.....

.....

Hobbies/Interests

.....

.....

.....

.

.

Clubs and Organisations

These are the clubs and organisations that have been important in
my life

Club Name.....

Membership number

.....

Roles held

.....

.....

Awards won

.....

.....

Club Name.....

Membership number

.....

Roles held

.....

.....

Awards won

.....

.....

Club Name.....

Membership number

.....

Roles held

.....

.....

Awards won

.....

.....

Service record

Police, Traffic, Air Force, Army, Navy, Customs, Prison

Branch of Service.....

Service number.....

Date entered service..... Place.....

Date of discharge..... Place.....

Rank attained.....

War/Conflicts served in

.....

.....

.....

Awards won

.....

.....

.....

.....

Memories/Additional Information

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Estate Information

Solicitor/Trustee Company

Name.....

Address.....

Phone..... Email.....

I have a Will

Yes/No

Location of will.....

Will dated..... Will held with lawyer Yes/No

I have a Power of Attorney for Welfare Yes/No

I have a Power of Attorney for Property Yes/No

EPOA's held with Lawyer Yes/No

My Power of Attorneys are:

Name.....

Address.....

Phone..... Email.....

Name.....

Address.....

Phone..... Email.....

We recommend having EPOA's in place to avoid difficulties in the future

Executor

Name.....

Address.....

Phone..... Email.....

Accountant/Financial Advisor

Name.....

Address.....

Phone..... Email.....

Bank Insurance details

Bank Accounts

Including Overseas Accounts

Bank.....
Account Number.....

Bank.....
Account Number.....

Bank.....
Account Number.....

Trust
Trust details.....
.....
.....

Life Insurance Policies

Company.....
Policy Number..... Value.....

Company.....
Policy Number..... Value.....

Company.....
Policy Number..... Value.....

Insurance details

Insurance Policies

Company.....
Type.....
Policy Number..... Value.....

Company.....
Type.....
Policy Number..... Value.....

Company.....
Type.....
Policy Number..... Value.....

Company.....
Type.....
Policy Number..... Value.....

Company.....
Type.....
Policy Number..... Value.....

Funeral Insurance

Company.....
Policy Number..... Value.....

Company.....
Policy Number..... Value.....

Investments

Funds held by

Company.....
Reference Number.....

Company.....
Reference Number.....

Company.....
Reference Number.....

Company.....
Reference Number.....

Company.....
Reference Number.....

Bitcoin/Cryptocurrency.....
Account Number.....
Password held:.....

Other Investments including
Shares/Bonds/Superannuation/Collections (loans)
.....
.....
.....
.....
.....
.....
.....

.

Investments

Properties

In New Zealand and Overseas

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Address.....

.....

Mortgaged Yes/No If yes, who with.....

Gifting Wishes

If you would like certain items to go to specific people you can list them here. Items of significant value should be listed in your will

[illegible]

End of Life Instructions

Most hospitals have a free Advanced Care Plan booklet to help you to plan ahead for what is important to you as you reach the end of your journey.

It is important to think about:

- What treatment you would like
- What would bring you comfort and
- Where you would like to take your last breath.

Having end of life instructions makes it easier on you and your loved ones as they will not have to second guess what you want.

You can put a personal plan together and some areas now have Death Doulas (coaches) to help people with these decisions.

Palliative care organisations also have many resources available.

On the next page is a basic template for a Living Will document that you can use and modify if you want a DNR (Do Not Resuscitate) order.

If you require information on euthanasia it can be found at:

<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/assisted-dying-service>

A conversation with your family, GP and other medical team members about your wish to be resuscitated or not is a vital conversation to have.

Your GP and hospital can hold a copy of your written wishes.

End of Life Instructions

Living Will Template

If I suffer from an incurable, irreversible, illness, accident, disease or condition and my attending physician determines that my condition is terminal, or I would be left in a vegetative state, I direct that life sustaining measures that would serve only to prolong my dying be withheld or discontinued.

I would like to be medicated for comfort, and artificial measures may be used for the limited purpose of preserving my life to allow for the harvesting of my organs for donation.

Then at the request of my agent, I would like all artificial life-sustaining measures to be removed or disabled, including but not limited to;

Breathing tubes, respirators, pacemakers and any other Implantable device such as an ICD.

I wish to donate my organs, tissue and other body parts when I die.

Name.....

Date.....

Witness

Date.....

Funeral Instructions

Funeral Director

Contact name.....

Phone Number.....

Email.....

Prepaid funeral cover Yes/ No

Pre arranged funeral details are held with

.....

My remains are to be

Buried Cremated

Name of Cemetary/Crematorium

.....

Details of burial plot/cremation memorial

.....

.....

I would like my ashes to be scattered

Yes/No

If yes, Where

.....

Religious service

Yes/No

If yes, which religion.....

Preferred person to conduct my service

Name.....

Phone..... Email.....

Funeral Instructions

Do you want a Funeral or a Remembrance/Celebration Service?

Funeral

Celebration of life service

Military service

Yes/No

NZ Flag

Yes/No

Other Flag.....

RSA Membership Number.....

RSA Branch/Contact person

Name.....

Branch.....

Masonic Service

Yes/No

If Yes, Lodge name.....

Contact details

.....

I would prefer

Flowers/Donations

If donations, my preferred charity is

.....

.....

.....

Funeral Wishes

Photos to use at my service

.....

.....

.....

Songs I would like played

.....

.....

.....

Poems I would like read

.....

.....

.....

Religious reading I would like read

.....

.....

.....

Additional Notes

.....

.....

.....

.....

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.....

.....

Instructions for my Executor

Thank you for taking on this vital role for me. This additional information should help make winding up my estate easier.

Social Media

Company	User name or email	Authorised person
---------	--------------------	-------------------

Facebook.....		
---------------	--	--

Instagram.....		
----------------	--	--

LinkedIn.....		
---------------	--	--

Twitter/X.....		
----------------	--	--

Other.....		
------------	--	--

Other.....		
------------	--	--

Instructions

I would like the authorised person to

- | | |
|---------------------------------|--------|
| • Close my profile | Yes/No |
| • Memorialise/RIP my page | Yes/No |
| • Write a message of my passing | Yes/No |

Subscriptions

Company	User name	Account number
---------	-----------	----------------

.....		
.....		
.....		
.....		
.....		

Instructions for my Executor

Utilities

Company

Account number

Power.....

Gas.....

Phone.....

Internet.....

TV providers.....

Garden waste collection.....

Other.....

Other.....

Pets

Name.....

Vet.....

Instructions for rehoming or other

.....

Name.....

Vet.....

Instructions for rehoming or other

.....

People to notify

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

Name..... Relationship.....
Address.....
Phone..... Email.....

.

Your Will

Having a valid and up to date will is important to ensure that your final wishes are carried out in a manner that is important to you.

It also makes it easier for those you leave behind.

If you pass away without a will the estate process becomes more complicated and costly.

Dying **Intestate** can mean that the High Court has to administer your estate which is time consuming and expensive.

If you have anyone you care for, the kindest thing you can do for them is to have a current will that is

Clear and concise

Accurately reflects your wishes

Adheres to Estate law

A lawyer can help ensure that your will is valid and your wishes can be carried out.

Arranging the administration of your estate and selecting a competent Executor is very important

How would you like to be Remembered?

What is the Legacy you are leaving behind?

Once you have taken care of family and loved ones, is there a community group, sports club, church, group or charity that you have been involved with that you would like to acknowledge with a gift in your will?

A gift in a will can be a game changer for groups to ensure their financial viability and longevity.

It also keeps your memory alive long after you have gone.

Think about the groups that have been influential and important in your life and consider leaving them a gift in your will and make a difference well into the future.

Keep your memory alive with a Gift in Your Will

If you are considering leaving a Gift in your will to Kids in Need Waikato, please contact us at: pauleen@kidsinneed.co.nz or phone 027 502 3891



How would you like to be Remembered?

Wording for leaving a Gift in your Will

Your lawyer can help you with wording and it can be kept simple with either

- a specific amount,
- a percent of your estate or
- the residue of your estate

i.e. *I give free of all duties to:*

The Kids in Need Waikato Charitable Trust
Charities Registration: CC55477

The sum of \$.....

or

.....% of my estate

or

The residue of my estate

or

A specific item

I direct that a receipt from an office holder of
The Kids in Need Waikato Charitable Trust
shall be a complete
discharge to my executors

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Additional Notes

