

# PERSONAL INFORMATION & ESTATE RECORD

STRICTLY PRIVATE &  
CONFIDENTIAL



**This document is important. It should be kept in a safe place known to your family or executor.**

This record is made available to enable you to store information and arrangements in advance that will assist your family to ensure everything is conducted with your wishes.

YOUR NAME:

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DATE COMPLETED:

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## Introduction

Taking time to organise your important papers and records may be the best investment you ever make. It is important for all responsible members of the household and designated family members who live elsewhere, to know where papers or records are kept and who to contact for advice in case of an emergency.

This Personal Information and Estate Record has been designed to assist you in preparing for such an occasion.

Planning ahead by completing this document can save time, stress and money if an emergency should arise or a death occur.

## Contact Us

If you would like an additional copy of this document or are seeking financial planning advice, please contact our office:

Stone Accountants & Advisors  
Suite 25, 50 New Street, Ringwood, Victoria 3134

T | (03) 9870 7247  
E | [admin@stoneaccountants.com.au](mailto:admin@stoneaccountants.com.au)



# Personal details

Family Name

First (given) Names

Preferred Name (for Obituary)

Address

Suburb

State & Postcode

Current Mobile No.

Date of Birth

Place of Birth (City / State / Country)

If Born Overseas, year arrived in Australia

Occupation during working life

# Person to take care of my arrangements

Name and address of person whom I would like to make any arrangements. For instance, contacting the funeral director, executor, solicitor, family members.

Name

Address

Phone No.

Email

# Next of kin

This information is needed when the death is registered.

Name

Address

Phone No.

Email

# Personal documents

Birth certificate	Location	<input type="text"/>	
Marriage certificate	Location	<input type="text"/>	
Medicare card	Number	<input type="text"/>	
Centrelink pension	Number	<input type="text"/>	Type of pension <input type="text"/>
Veterans affairs	Number	<input type="text"/>	
Drivers licence	Number	<input type="text"/>	State of issue <input type="text"/>

# Executor of my will

Please note, your executor will need certain financial information when applying for grant of probate.

Name	<input type="text"/>
Address	<input type="text"/>
Phone No.	<input type="text"/>
Email	<input type="text"/>

# Copy of my will

Where is your will located?

Date of will	<input type="text"/>
Deposited with (name)	<input type="text"/>
Address	<input type="text"/>
Phone No.	<input type="text"/>
Email	<input type="text"/>

# Solicitor

Name	<input type="text"/>
Address	<input type="text"/>
Phone No.	<input type="text"/>
Email	<input type="text"/>

# Family doctor

Name	
Address	
Phone No.	
Email	

# Passport

Passports should be returned to the passport office in your area, details are at the local Post Office.

Name on passport	
Passport number	
Expiry date	

# Rewards and store cards

Qantas Frequent Flyer	
Virgin Velocity	
FlyBuys	
Woolworths Rewards	
Other	
Other	
Other	

# Social media instructions

Provide instructions on whether you would like your social media accounts closed or memorialised.

Account description (e.g. Facebook, Twitter)	
Username	
Instructions	
Account description (e.g. Facebook, Twitter)	
Username	
Instructions	

Account description (e.g. Facebook, Twitter)

Username

Instructions


# Technology

Provide instructions as to locations and action you would like taken for any email accounts, websites, blogs, digital photo albums or data backups.


# Military information

Branch of service

Service number

Date entered

Entered place

Date discharged

Discharge place

Grade / rank

Wars / conflict served


The following information is required for the registration of death

## Family details

Father's surname

Father's first names

Father's occupation

Mother's maiden surname

Mother's first names

Mother's occupation

Spouse surname

Spouse first names

## Relationship details

Type

- Married
- Divorced
- Separated
- Widowed
- Never married
- De facto

First marriage place / city / town

Age at date of marriage

Name of spouse

Second marriage place / city / town

Age at date of marriage

Name of spouse

## Children

List all children in order of date of birth, including legally adopted, deceased, still born or if no children write "none".

Name

Date of birth

- Male
- Female

Name

Date of birth

- Male
- Female

Name

Date of birth

Male  Female

Name

Date of birth

Male  Female

Name

Date of birth

Male  Female

Name

Date of birth

Male  Female

## Financial information

The following information is required for the registration of death

## Financial planner

Name

Address

Phone No.

Email

## Accountant

Name

Address

Phone No.

Email

## Bank account details

Bank / institution name

Account number

Bank branch

Location of statements, etc.

Bank / institution name

Account number

Bank branch

Location of statements, etc.

# Income tax records

Tax file number

Location of records

# Safe deposit box

Box number

Box location

Location of keys

# Property

Property address

Location of records

Lender

<input type="text"/>	Loan No.	<input type="text"/>
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Insurer

<input type="text"/>	Policy No.	<input type="text"/>
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Property address

Location of records

Lender

<input type="text"/>	Loan No.	<input type="text"/>
----------------------	----------	----------------------

Insurer

<input type="text"/>	Policy No.	<input type="text"/>
----------------------	------------	----------------------

Property address

Location of records

Lender

<input type="text"/>	Loan No.	<input type="text"/>
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Insurer

<input type="text"/>	Policy No.	<input type="text"/>
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# Self-managed superannuation fund

Name

Trustees

Date of Trust Deed

Members

# Superannuation funds

Name of Fund

Account number

Name of Fund

Account number

# Investments

Location of records (i.e. with financial planner)

If you don't have a financial planner, please list details of the funds below:

Investment fund name

Investment fund name

Investment fund name

Investment fund name

# Insurance

This section is for other insurance (not including property and cars) such as income protection, life, trauma, phone and contents insurance.

Location of records (i.e. with financial planner)

If you don't have a financial planner, please list details of the insurance below:

Insurer & insurance type	<input type="text"/>	Policy No.	<input type="text"/>
Insurer & insurance type	<input type="text"/>	Policy No.	<input type="text"/>
Insurer & insurance type	<input type="text"/>	Policy No.	<input type="text"/>
Insurer & insurance type	<input type="text"/>	Policy No.	<input type="text"/>

## Credit cards & personal loans

Credit card / Loan provider		Card/Loan No.	
Credit card / Loan provider		Card/Loan No.	
Credit card / Loan provider		Card/Loan No.	
Credit card / Loan provider		Card/Loan No.	

## Car details

Registration number			
Reg. Document location			
Purchase receipt location			
Finance / Lease provider		Loan No.	
Insurance provider		Policy No.	
Registration number			
Reg. Document location			
Purchase receipt location			
Finance / Lease provider		Loan No.	
Insurance provider		Policy No.	

## Subscriptions

Provide details of subscriptions for magazines, newspapers, online articles, games, software (e.g. Microsoft 365).

Provider		Account No.	
Provider		Account No.	
Provider		Account No.	
Provider		Account No.	

## Other providers

Landline carrier		Account No.	
Mobile phone carrier		Account No.	
Mobile phone carrier (2)		Account No.	
Gas provider		Account No.	

Electricity provider

	Account No.	
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Internet (fixed line)

	Account No.	
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Internet (wireless)

	Account No.	
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Roadside assistance

	Account No.	
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Gardener

	Phone No.	
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Cleaner

	Phone No.	
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Plumber

	Phone No.	
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Electrician

	Phone No.	
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Mechanic

	Phone No.	
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## Companies & businesses

Name

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Address

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ABN

	TFN	
--	-----	--

Business accountant

	Phone No.	
--	-----------	--

Business insurance provider

	Policy No.	
--	------------	--

Please detail premises information below:

Key contact

	Phone No.	
--	-----------	--

Property manager

	Phone No.	
--	-----------	--

Name

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Address

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ABN

	TFN	
--	-----	--

Business accountant

	Phone No.	
--	-----------	--

Business insurance provider

	Policy No.	
--	------------	--

Please detail premises information below:

Key contact

	Phone No.	
--	-----------	--

Property manager

	Phone No.	
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## Additional information

Every individual is deserving of a meaningful obituary written in their memory.

It is here that you may list those achievements and accomplishments that have been of pride to you and your family that are not mentioned earlier in this document.

## Education

Name of primary school

Date attended (from / to)

Name of secondary school

Date attended (from / to)

Name of tertiary institution

Date attended (from / to)

Qualifications obtained


## Memberships & achievements

Membership

Position held

Awards

Membership

Position held

Awards


Achievements in your life that you would like mentioned.




Name




Are there special photos you would like used?

Cultural traditions required?

Would you like a DVD presentation of photos/memories?

No  Yes

Do you have any preferences on where your wake will be held?

No  Yes (please detail)

Do you want a viewing prior to funeral service?

No  Yes:  Family only  Others by request:

Newspaper preference...

Death notice  Funeral notice  None

Do you wish to be...

Buried  Cremated

Type of coffin / casket

Coffin  Casket  Wood  Metal  
 Biodegradable  Australian flag covered

Clothing and accessories (please detail preferences)

Clothing required

Jewellery required

Glasses required

Other

## Pallbearers to carry coffin / casket

Name

Email

Phone No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Special instructions – for funeral service

We suggest that you use these lines to keep your instructions and information current. We also recommend that you always date these entries to avoid any possible confusion later. Please staple in extra pages if necessary.

Date

Date

Date

Date

Date

Date





# Other notes

We suggest that you use these lines to keep your instructions and information current. We also recommend that you always date these entries to avoid any possible confusion later. Please staple in extra pages if necessary.

Date

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