KEEP
SECURE

PERSONAL JOURNAL

For use by estate executors or attorneys under Enduring Powers of Attorney.

SMART LAW.
INTELLIGENT ADVICE.

HARRIS
TATE
Lawyers ▪ Notaries

HARRIS TATE
Lawyers • Notaries

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Introduction

The information contained in this booklet will be of great help to those who take control of your affairs – either on your death, or if you become unable to manage your own affairs.

WHEN YOU HAVE FILLED IN THIS BOOKLET

1. Go through it with family members and others who will need to have access to information contained in it if you die, or need to have your affairs managed by someone else.
2. Put the booklet in a safe place and tell others where to find it, should the need arise.
3. Get it out and update it every year. Harris Tate will send you a new one on request, or you can download it from the website www.harristate.co.nz

Please note: This is not a legal document. The information provided in this booklet is a suggested guide to help you make information readily available. Before filling it in, be sure you have made a will, have Enduring Powers of Attorney and that they are all up-to-date.

Make sure to review your details in this journal from time to time, especially if your personal circumstances change.

If you require advice, contact the team at Harris Tate for further information.

Harris Tate Lawyers
Phone: 07 578 0059
29 Brown Street
PO Box 1147
Tauranga 3140

This booklet was filled in by me on (day/month/year)	

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Lawyers • Notaries

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Contents

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PERSONAL PROFILE

This information is needed by the funeral director so accurate details are recorded on the death certificate:

My full name	
My address is	
My occupation	
My birth date	
Birth place	
Full name of father	
Occupation of father	
Full name of mother	
Maiden name of mother	
Occupation of mother	

MY FIRST MARRIAGE

Place

Age at time

To whom married

Date of birth of spouse

Names of children and dates of birth

MY SECOND MARRIAGE

Place

Age at time

To whom married

Date of birth of spouse

Names of children and dates of birth

Names of any other children and date(s) of birth

EX-SERVICEMAN OR WOMAN

My service no.

Rank

Unit

If served overseas, which war?

My national super/war pension no.

Any honours or awards

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WILLS & BEQUESTS

SOLICITORS, ACCOUNTANTS, FINANCIAL ADVISORS

My solicitor is	
Address	
Phone	
My accountant is:	
Address	
Phone	
My IRD no. is	
My investment advisor is	
Address	
Phone	

PRESENT FAMILY LIVING

Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone

MY WILL

Prepared by	
Date	
Where located	

MY ENDURING POWER OF ATTORNEY

Who appointed	
Personal care and welfare	
Property	
Living will / advance directive	
Regarding medical treatment located at	

LIST OF PERSONAL ITEMS TO BE GIVEN TO SPECIFIED PEOPLE

Item	
Where located	
To whom	
Item	
Where located	
To whom	
Item	
Where located	
To whom	
Item	
Where located	
To whom	
Item	
Where located	
To whom	

BIRTH AND MARRIAGE CERTIFICATES

Where located	

FIXED ASSETS – PROPERTIES

Present home address	
Rental houses addresses	
Holiday home address	
Buildings addresses	
Other addresses	

MOTOR VEHICLES, CARAVAN AND BOAT

Registration numbers or descriptions

1.

2.

3.

SOURCES OF INCOME (PLEASE CROSS-OUT THOSE NOT APPLICABLE)

National superannuation / Pension / Interest / Dividends / Rent from property / Salary / Wages / Self employment

Details

Other (please state)

BANK ACCOUNTS

Bank	
Branch	
Account no.	
Bank	
Branch	
Account no.	
Bank	
Branch	
Account no.	

TERM DEPOSIT AND SAVINGS ACCOUNTS

Bank	
Branch	
Account no.	
Bank	
Branch	
Account no.	

CREDIT CARDS

Bank	
Card no.	
Bank	
Card no.	

BONUS BONDS

Bond no.	

INVESTMENTS, SHARE CERTIFICATES, SUPERANNUATION

Script, share certificates – where located	
FIN and investor numbers	
Kiwisaver / superannuation funds	

LIFE INSURANCE POLICIES

Held with	
Policy no.	
Held with	
Policy no.	

PREPAID FUNERAL ACCOUNT

Held with	
Account details	

MEDICAL INSURANCE POLICIES

Held with	
Policy no.	
Held with	
Policy no.	

OTHER INSURANCE POLICIES

HOUSE AND CONTENTS	
Held with	
Policy located	
Date due	
RENTAL HOUSES	
Held with	
Policy located	
Date due	
HOLIDAY HOME	
Held with	
Policy located	
Date due	
OTHER PROPERTIES	
Held with	
Policy located	
Date due	

OTHER INSURANCE POLICIES

MOTOR CAR 1	
Held with	
Policy located	
Date due	
MOTOR CAR 2	
Held with	
Policy located	
Date due	
CARAVAN	
Held with	
Policy located	
Date due	
BOAT	
Held with	
Policy located	
Date due	
OTHER	
Held with	
Policy located	
Date due	

MORTGAGES, LOANS OWING TO ME

(by family members and other persons)

Name	Amount
Name	Amount
Name	Amount
Documentation located	

MORTGAGES, LOANS OWING BY ME

Name	Amount
Name	Amount
Name	Amount
Documentation located	

GUARANTEES GRANTED BY ME

To whom	
Amount	
Documentation located	

I HAVE A SAFE DEPOSIT/CUSTODY BOX

Its held by	

COMPUTER AND DIGITAL INFORMATION

(see next page)

Is recorded and stored with	

CARE SHOULD BE TAKEN TO ENSURE THIS INFORMATION IS KEPT SECURE

It is recommended that you detach this page and leave in a sealed envelope with a trusted person or in a secure place e.g. with your will at your lawyer's office, so access is restricted to your estate executors or persons holding a power of attorney for you.

PERSONAL COMPUTER

User login	
Username	
Password	

EMAIL

Service provider	
Username	
Password	

INTERNET BANKING, INVESTMENT AND OTHER IMPORTANT WEBSITES

Web address	Web address
Username	Username
Password	Password

IMPORTANT KEYS AND ACCESS CODES

(eg. To vehicles, boats, security systems etc.)

Type	Location or CODE
Type	Location or CODE
Type	Location or CODE

TRUSTS

NAME OF TRUST	
Other trustees	
Lawyer	
Accountant	
IRD No	
Bank account	
NAME OF TRUST	
Other trustees	
Lawyer	
Accountant	
IRD No	
Bank account	

COMPANIES

Name of companies of which I am a director or shareholder

MY DOCTOR IS

Phone	

MY NEXT OF KIN who would be expected to make the funeral arrangements

Name	
Relationship	
Address	
Phone	

MY EXECUTOR

Name	
Relationship	
Address	
Phone	

FUNERAL DIRECTORS desired is/are

Name	
Address	
Phone	
Burial or cremation	

I WISH MY FUNERAL SERVICE TO BE HELD AT

Please cross out those that are not applicable

Church	
Funeral directors chapel	
Crematorium	
Graveside	

MY MINISTER/CELEBRANT

Name	
Phone	
Church/denomination	

LISTS of persons, clubs, societies and organisations who should be advised of my death

ORGAN DONOR

Yes / No	If yes, have you updated your Driver's Licence/notified your family? Yes / No

ANY OTHER INFORMATION

e.g. music at funeral, speakers, donation to charities etc

Date information completed

NOTES

Use this page for other notes that you want to leave for your family

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