



The aim of this document is to provide your loved ones with an easy to use, all-in-one reference, when it comes to the latter stages of your life. We hope it reduces the tension and burden that people often feel around discussing these issues. We are happy to keep a copy on your file in our office. You should place the original where it can be easily located.

This document is NOT a substitute for a Legal Will, an Enduring power of Attorney nor a Medical Decision Maker / Medical Power of Attorney. You need to have your Will revised and make sure it reflects your current estate objectives and desires. Make sure the Executors are still able to fulfil their role easily, and that you have considered any change in your family structure, or allowance for grand-children in the event that one of your children pre-deceases you.

We have left the space below blank for you to add any other instructions or notes for your loved ones. We hope this document is not required for a long time to



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**TALK TO
YOUR FAMILY
AND
TELL THEM
YOUR WISHES**

Here are the conversations you need to have with your family. Don't leave it until it is too late.

Celebration of My Life Arrangements



Too often the conversations we need to have with our loved ones are not had, and before we know it, it's too late. Leishman Financial Services has put together this brochure to help you.

Name: _____

In the event of my death, I would like to be buried / cremated.

I would like a civil / religious service / other _____

My preferred venue is: _____

I do / do not have a pre-paid funeral plan with _____

I would like the following music / poems / readings at my funeral service:

I have a preference for flowers / balloons / other:

I would like my last remains to be placed at:

Other specifics requests I make for the celebration of my life are:

Important Information

WHERE ARE IMPORTANT DOCUMENTS KEPT?

My Will is held at: _____

The Title of my home is held at: _____

My Accountant is: _____

My Financial Planners are: _____

My Lawyer is: _____

My Enduring Power of Attorney is held by: _____

The Alternate Power of Attorney is: _____

The original power of Attorney Document is kept at: _____

I have appointed my Medical Decision Maker (Medical PoA) to: _____

The original Medical Decision Masker / Medical PoA Document is kept at:

Passwords for my computer and bank accounts are safely stored:

My choices for Advanced Care Arrangements are as follows: _____

(For more information refer to: <http://www.publicadvocate.vic.gov.au/medical-consent/advance-care-directive>)