MY LIFE AND LEGACY RECORD

Mar Vert





With compliments from:

For you, from us

Here at New Zealand Red Cross, we understand how important family, friends and loved ones are and we wanted to find a way to capture what is important for you to share with them at the end of your life. This booklet gives you the opportunity to tell your story and make your end of life plans so that when the time comes all the information is in one place.

This helps to ensure that your wishes are known and all the arrangements faced by your loved ones are made easier at a difficult time.

This booklet is designed to sit alongside your Will and Power of Attorney documents to give a comprehensive and holistic guide to your family, friends and/or executors.

We do recommend you review your will every few years, particularly if your circumstances change.

We hope that as you fill in this booklet you take the opportunity to recall the important people, organisations and memories from your life and think about how you would like to be remembered.

We all have a story to tell and we genuinely hope this gives you a template to capture your story and history for those you love.

Once completed, keep this booklet somewhere safe.

When the time comes, those who will oversee your estate/funeral will appreciate your thoughts and guidance on how you wish to be remembered

Index

Personal Information
Family Information
Memberships
Medical History
Legal Documents
Property/Insurance/Shares9
Personal History
Funeral Instructions
Personal Property and Gifting Register
Instructions for Executor
Creating a Legacy

Personal Information

Full name	
Address	
Suburb	
City	Postcode
Home phone	Mobile phone
Email	
Social media profile	
Facebook Instagram Twitter Link	edIn Other
Date of birth	Place of birth
If born overseas, date of NZ residency/arrived in I	ΝZ
Religion	
Occupation	
Previous occupations	
NZ Pension Number	Overseas Pension Number
Tax Number	NHI Number
Relationship status	
Married De Facto Single Widowed	Separated Divorced
Full name of spouse/partner	
Date of marriage	Place of marriage
Previous marriage (IF APPLICABLE)	
Full name of spouse	
Date of marriage	Date of divorce
Place of marriage	

 Previous marriage (IF APPLICABLE)

 Full name of spouse

 Date of marriage

 Place of marriage

Family Information

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 Father/Stepfather's full name	
Date of birth	Place of birth
Date of death	Place of death
Occupation	
Grave/memorial site	
Adopted Mother/Stepmother's full name	
Date of birth	Place of birth
Date of death	Place of death
Occupation	
Grave/memorial site	

Family Information Continued

Si	blings				
1.	Name	Full	Half	Step 🔵	Deceased
	Address				
	Email				
	Phone	Date of o	death (IF AI	PPLICABLE)	
2.	Name	Full	Half	Step	Deceased
	Address				
	Email				
	Phone	Date of o	death (IF AI	PPLICABLE)	
3.	Name	Full	Half	Step	Deceased
	Address				
	Email				
	Phone	Date of death (IF APPLICABLE)			
4.	Name	Full	Half	Step	Deceased
	Address				
	Email				
	Phone	Date of o	death (IF AI	PPLICABLE)	
5.	Name	Full	Half	Step	Deceased
	Address				
	Email				
	Phone	Date of o	death (IF AI	PPLICABLE)	
6.	Name	Full	Half	Step	Deceased
	Address				
	Email				
	Phone	Date of o	death (IF AI	PPLICABLE)	

Additional space for family can be found on page 24

C	hildren in order of birth (living and decease	d/stepchildren)		
1.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	
2.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	
3.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	
4.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	
5.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	
6.	Name		Step	Deceased
	Address			
	Email	Phone		
	Date of birth	Date of death (IF APP	LICABLE)	

Additional space for family can be found on page 24

Membership of Organisations

New Zealand Red Cross, Lions,	Rotary, Probus, U3A, Sporting clubs
1. Club name	
Membership number	
Roles held	
Awards won	
2. Club name	
Membership number	
Roles held	
Awards won	
3. Club name	
Membership number	
Roles held	
Awards won	
4. Club name	
Membership number	
Roles held	
Awards won	
5. Club name	
Membership number	
Roles held	
Awards won	
6. Club name	
Membership number	
Roles held	
Awards won	

Additional space can be used on pages 22 and 23 to expand on involvement

Military service record	
Branch of service	Service number
Date entered service	Place
Date of discharge	Place
Rank/rating or grade	
Wars/conflicts served	
Additional information (awards won)	

Additional information/memories

Red Cross International Delegate service record	
Branch	Role
Location	Deployment date
Placement location	Date of service
Placement location	Date of service
Placement location	Date of service

Additional information/memories

Additional space can be used on pages 22 and 23 to expand on involvement

Medical History

My general practitioner (doctor)		
Address		
Phone	Email	
Other medical professional		
Address		
Phone	Email	
Health insurance company		
Policy number	Type of cover	
Phone	Email	
Address		
I had medical treatment for the following		
Cancer		Year
Heart Disease		Year
Circulatory disorder		Year
Diabetes		Year
Kidney disorder		Year
Lung disorder		Year
Other		Year
Other		Year
Type of treatment/details		
Registered organ donor	Yes	No
If Yes, please ensure that your next of kin are a	ware of your wishes	

I have/had the f	ollowing allergies
1.	2.
3.	4.
	This information can be very important for your children and their children

Estate Information

Solicitor/Trustee company		
Address		
Phone	Contact person	
I have a will	Yes	No
Will dated	Will held with law	vyer
Location of will		
I have a power of attorney for welfare and property	,	
Yes No Held with lawyer		
Executor		
Address		
Phone	Contact person	
Accountant/Financial Advisor		
Address		
Phone	Contact person	
Investment company		
Address		
Phone	Contact person	
Bank details		
1. Name		
Address		
Phone	Contact person	
2. Name		
Address		
Phone	Contact person	
Safe deposit box location		

Estate Information *Continued*

Real Estate/ Vehicles
Address of property 1
Address of property 2
Address of property 3
Location of deeds
Vehicle 1 - make/model/year
Registration
Vehicle 2 - make/model/year
Registration
Other assets

Life Insurance policies	
Company	Value
Policy number	
Company	Value
Policy number	
Company	Value
Policy number	
Company	Value
Policy number	

Other Insurance policies

Value
Value
Value
Value

Investments including Superannuation Funds		
Fund held by	Reference number	
Address		
Phone	Contact person	
Fund held by	Reference number	
Address		
Phone	Contact person	
Other investments (Shares/Bonds/Collections)		

Personal History

When your family/friends pay remembrance to your life this gives them an outline.

Education	
Primary school	
From:	То:
Primary school	
From:	То:
Secondary school	
From:	То:
Secondary school	
From:	То:
Tertiary education	
From:	То:
Other education	
From:	То:
Other education	
From:	То:

Qualifications

School memories/special mentions

I belong to these education alumni societies

Community/Civic/Public Office

Special achievements/awards

Hobbies/interests

Funeral Instructions

Funeral director			
Contact name	Phone		
Address	Email		
Pre paid funeral contract number			
Pre-arranged funeral details are held by			
My remains are to be	Buried	Crem	nated 🔘
Name of cemetery/crematorium			
Details of burial plot/cremation memorial			
I would like my ashes to be scattered		Yes	No
If yes, where			
Service to be held at			
Address			
Preferred person to conduct my service			
Email	Phone		
Religious service		Yes	No
Military service Yes No	NZ Flag	Yes	No
Other flag			
If yes, RSA membership number			
If yes, RSA branch name/contact details			
Masonic service		Yes 🔵	No 🔿
If yes, lodge name			
Contact details			
I would prefer	Flowers 🔘	Dona	tions 🔘
If flowers, my preference would be			
If donations, my preferred charity/charities would be			

Funeral Wishes

Personal Property Inventory and Gifting Register

It is recommended that items of significant value (whether monetary or sentimental) are recorded together with serial numbers/identifying features.

If you want items to go to a specific person (if not specified in your will) it may be helpful to list them here.

1. Item	
Description	
Serial Number	Gifted to
2. Item	
Description	
Serial Number	Gifted to
3. Item	
Description	
Serial Number	Gifted to
4. Item	
Description	
Serial Number	Gifted to
5. Item	
Description	
Serial Number	Gifted to
6. Item	
Description	
Serial Number	Gifted to
7. Item	
Description	
Serial Number	Gifted to
8. Item	
Description	
Serial Number	Gifted to

Personal Property Inventory and Gifting Register Continued

9.	Item	
	Description	
	Serial Number	Gifted to
10.	Item	
	Description	
	Serial Number	Gifted to
11.	Item	
	Description	
	Serial Number	Gifted to
12.	Item	
	Description	
	Serial Number	Gifted to
13.	Item	
	Description	
	Serial Number	Gifted to
14.	Item	
	Description	
	Serial Number	Gifted to
15.	Item	
	Description	
	Serial Number	Gifted to
16.	Item	
	Description	
	Serial Number	Gifted to

Instructions For Executor

Thank you ______ for taking care of my estate. Here is some extra information that may help make this easier for you.

Social Media	Log-in details	
Company	User name or email address	Password
Facebook		
Instagram		
LinkedIn		
Twitter		
Instructions	I'd like my profiles closed Please p	ost a message of my passing

If I haven't written my passwords above, they can be found:

Subscriptions	Log-in details	
Company	User name or email address	Password

If I haven't written my passwords above, they can be found:

Utilities/type	Company	Account number
Power		
Phone		
Internet		
Gas		

Poople to potify	
People to notify	
1. Name	Relationship
Address	
Email	Phone
2. Name	Relationship
Address	
Email	Phone
3. Name	Relationship
Address	
Email	Phone
4. Name	Relationship
Address	
Email	Phone
Pets	
1. Name	
Vet name	Phone

Address

Special requirements

- 2. Name
- Vet name Address

Special requirements

3. Name

Vet name

Address

Phone

Phone

Special requirements

Your Will

Having a current legal will is Important and makes life easier for those you leave behind. It also ensures that your final wishes are carried out.

If you die without a will a Court will determine who will administer your estate, handle your financial affairs and act as a guardian for any minor children you may have.

When it comes to making a will we recommend you speak to a lawyer who can ensure:

- It is clearly worded
- It accurately reflects your wishes
- Its administration is professionally carried out
- Your beneficiaries will be fully consulted and informed on matters that affect their interests

What Legacy Would You Like To Leave Behind?

In preparing your will, your immediate family and loved friends will, quite rightly, be the ones that you first take care of when dividing up your estate.

Once family and friends are taken care of many people choose to create a legacy to an organisation they value and respect to ensure they can continue to offer the services that were meaningful to you.

You may wish to consider a gift in your will to New Zealand Red Cross to enable us to continue to serve humanity wherever the need is greatest.

New Zealand Red Cross have a long history of helping those in need and it is through the generosity of our supporters that we are able to be "Here For Good".

When you make or update your will, the inclusion of a gift to New Zealand Red Cross – after taking care of family and friends – will ensure our work continues.

If you would like more information about leaving a gift in your will to New Zealand Red Cross

Please contact us:

New Zealand Red Cross, Bequests, PO Box 12140, Wellington

Email: bequests@redcross.org.nz (© 0800 697 277

Wording For Leaving A Gift In Your Will To New Zealand Red Cross

You can specify an amount, a percentage, or the residue of your estate. Your solicitor or trustee company can advise you.

The wording required to include New Zealand Red Cross in your will is as follows:

"I give free of all duties to New Zealand Red Cross Incorporated, Registered Charity No CC21860, PO Box 132140, Wellington 6144

The sum of	
OR	
The residue of my estate	
OR	
% of the residue of my estate	
OR	
Specific Items	
To be used and applied for general purposes	

OR

I direct that the receipt of the Secretary General or other proper officer of New Zealand Red Cross shall be a complete discharge to my executors."

When you choose to leave a gift in your will to New Zealand Red Cross we would love to know about it so that we can acknowledge and thank you.

This also gives you a chance to share your stories of any connection to Red Cross as these are an important part of the fabric of our ongoing history.

Notes

Special memories from the past they would like remembered about yourself, family or friends i.e. a family occasion, teenage prank, neighbourhood activity etc.

My Life and Legacy Record | Notes 23

Family Information Additional

1.	Sibling	Child	Full	Half	Step	Deceased
	Name					Phone
	Address					
	Email					
	Date of birth				Date of death (IF APPLICABLE)	
2.	Sibling	Child	Full	Half	Step	Deceased
	Name					Phone
	Address					
	Email					
	Date of birth				Date of death (IF APPLICABLE)	
3.	Sibling	Child	Full	Half	Step	Deceased
	Name					Phone
	Address					
	Email					
	Date of birth				Date of death (IF APPLICABLE)	
4.	Sibling	Child	Full	Half	Step	Deceased
	Name					Phone
	Address					
	Email					
	Date of birth				Date of death (IF APPLICABLE)	
5.	Sibling	Child	Full	Half	Step	Deceased
	Name					Phone
	Address					
	Email					
	Date of birth					Date of death (IF APPLICABLE)

Click here to save







OF VULNERABLE PEOPLE

through mobilising the **POWER OF HUMANITY** and enhancing community resilience.

WHAT WE DO

Disaster Risk Management – always ready when disaster strikes:

Supporting people and communities before, during, and after the impact of natural or man-made disasters and emergencies.

Migration – helping new Kiwis settle into their new homes:

Supporting former refugees to rebuild their lives in Aotearoa New Zealand, by providing settlement and employment support in multiple locations across the country.

International Programmes – making a positive impact around the globe:

Working with the International Federation of the Red Cross (IFRC), the International Committee of the Red Cross (ICRC) and other National Red Cross and Red Crescent Societies to address global humanitarian needs by deploying New Zealanders with expertise and skills to provide practical support in locations of great need.

First Aid – helping people look out for each other:

Delivering First Aid training courses to thousands of New Zealanders, giving them the lifesaving skills and knowledge to help someone in need at home, in the workplace, and the wider community.

Thank you for considering making a gift in your will to New Zealand Red Cross

