

Best Years

2010
IS OUR 10th
BIRTHDAY!

Wills: Now, prepare for the worst

Planning for death is generally done by those who least need to worry about it - people in their 20s with nothing to leave and those who are older with adult and already self sufficient children.

Of the first, many use very simple wills often based on information from a newsagent and for most this is totally appropriate.

Unfortunately, many people do not update their wills for the next 40 years or more.

That means that something like 40% of Australians die each year without wills, and many of the remainder die with wills that do not reflect their current needs.

In particular people in their 30s, 40s and 50s are getting married, having children, taking on mortgages, saving for school and university fees - generally accumulating wealth, debt, responsibilities, aspirations and goals.

Family conflict: It's tough

The great family conflict arises when our parents become our dependents.

"It's tough for both parties," says a leading psychologist.

At the outset, before ill-health takes over, the carer should inform his or her dependent what will happen if they become infirm or incapacitated and are not able to be cared for at home.

"No amount of planning . . . will ever be enough," says the psychologist. "One of the biggest problems . . . is denial about aged care and the impact this has on the family."

If the carer raises this fact early there is every opportunity to find a solution that will suit everyone's needs.

Despite their infirmity some older people refuse to budge from their home, no matter what pressure it brings to bear on the family carers.

As carer X says: "Although she realises the current situation is unworkable, my mother flatly refuses to contemplate moving to a nursing home." - Frank Morris



**James
Kelly**

In this period of life for many people the question of what happens to earthly wealth, should life be cut short, is far more significant for the well being of loved ones than it was earlier in life or will be later when children are self sufficient.

For those in business and particularly partnerships the issues are more complex.

It is recommended that a review of a will take place after every significant relational event in life.

The marriage, birth of a child, births of further children and death of a close family member such as a spouse, child or parent.

Trusts and guardianship issues need to be considered for children under 18 years and others who may be dependant on you.

While many people can have this issue addressed by a simple will, there are other possible complications with assets such as trusts, companies, superannuation, shares and so on.

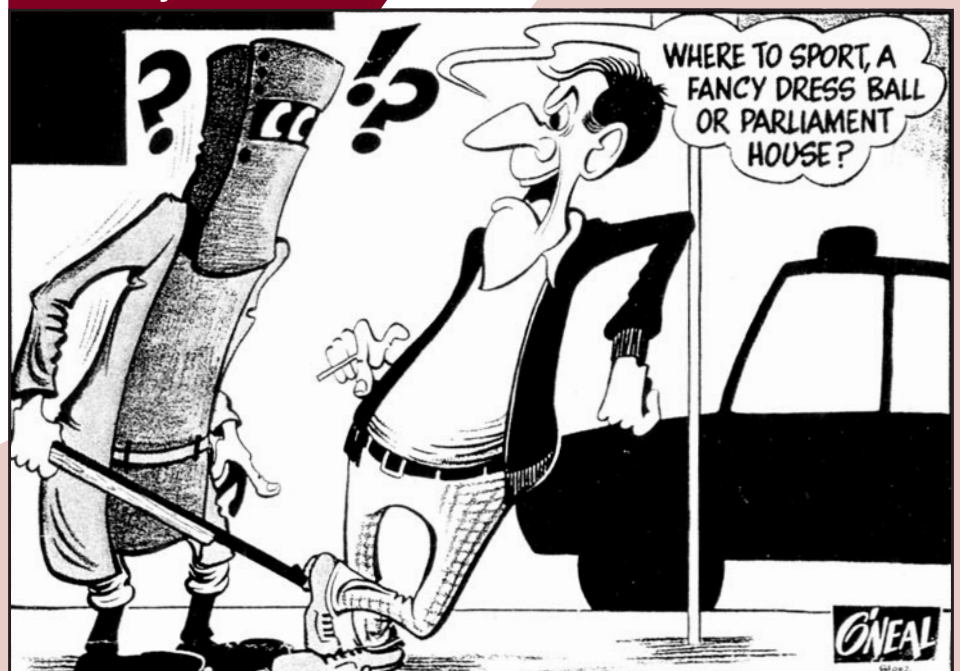
In addition to wills, issues such as capital gains tax, joint ownership of assets, protection of assets, second marriages and the guardianship of children also form part of the estate planning review.

Estate planning is often left by people until it is too late. It is useful tool for you and your estate to provide certainty and save expense in the long term.

SIGHT RESTORED

Patients blinded in one or both eyes by chemical burns regained their vision after healthy stem cells were extracted from their eyes and reimplanted, say researchers.

CABBIE by JOHN NEAL



Money, money, money - but when?

IT TAKES A LOT OF MONEY TO SUPPORT THE ELDERLY

“Our shame in failing our elderly,” reported the newspaper.

What is going happen to our nursing home industry if it is allowed to be treated like a school kid.

It’s hard to believe that such a period could be back on the door step.

The only “grief” I feel at the moment is the lack of hard cash submitted by our Federal Government. Yes, I realise it’s more than Howard gave, but it is still paltry.

If I were in Finland, I would be as happy as a lark.

When the Fins get aged and infirm they are automatically covered; medical and aged care costs are extracted from poker machines and other gaming taxes.



The main ingredient is money.

After all the palaver in the newspaper they manage to get something right. In their editorial, they said: “That’s why we publicly fund nursing homes.”

In 2001, I gambled on this issue when I was the national correspondent for *About Seniors* website, and I almost got stoned for it.

Australians gave the idea of a “user-pays” aged care system a comprehensive thumbs down, according to a poll conducted by *About Seniors*.

About 20.8% reckoned it was the way to go, 7.2% said they were “unsure”, and 72% said they didn’t want hear of it again.

“But the user-pays system is as certain as night follows day,” I said at the time.



I went on say: “The system has been playing catch-up for the past 60 years because successive governments brushed the looming ageing population problems under the carpet. That’s why the system is chronically under-funded and under-staffed – and struggling. The system is failing the elderly and the vulnerable.

“In my opinion there is no point demanding a system of superior standards of care on one hand and not being prepared to foot the bill on the other.”

But I’m glad I did it.

The main ingredient is MONEY - more money than you poke a stick at.

Money, money, money. The right time is now.

There’s no easy route.

Our system may be unwieldy. It may be deficient in certain areas.

But it doesn’t matter who you are, or how well connected you are, it works the same way for all Australians.

SHE DOESN’T RECOGNISE THE FAMILY

“If only Hazel could speak for herself,” says daughter

In the statement on Hazel and Bob Hawke’s marriage in the book, *Hawke: The Prime Minister*, Ms Sue Pieters-Hawke said “I take particular offence to comments about my mother.”

Ms Pieters-Hawke said she had previously “declined” to comment “on her family.”

She said: “I’d like to set a few things straight.”



Hazel Hawke is suffering from advanced dementia and no longer recognises the family.

On her mother, she said: “My mother is entitled, on the basis of the life she has lived and the way she has lived it, to be recognised as a person of deep conviction and principled choices.

“She was consistently motivated by far more noble concerns than money, where she lived, or the ‘reputation du jour’ of her ex-husband.”

On her father, she said: “Her support of my father throughout his career . . . she shared the values and aspirations for living in the country of the ‘fair go’ that so inspired and drove dad . . . dad’s roles in public life are the key memories that endure in people minds, I hope.”

Hazel Hawke is suffering from advanced dementia and no longer recognises the family.

In 2003, Sue Pieters-Hawke and Hazel Hawke released the book *Hazel’s Journey: A personal experience of Alzheimer’s*.

The book covered the full story of Hazel’s split with the former PM Bob Hawke, the early sign of dementia, her fear and anger, and the “gentle happiness” of her life now.

On dementia, Pieters-Hawke wrote: “Although mum is naturally reticent about personal difficulties, and also worried that people might see her as a ‘silly old thing, losing her marbles’ she was drawn to the idea of going public if it would decrease the stigma of the disease and help others.

“She just wasn’t convinced it really would do any good. It’s that terminal modesty again! We told her we were sure it would be helpful.

“She listened to us, thought about it and finally said, ‘I think you’re probably overrating the difference I could make, but if you really think it could be useful then yes, bugger it, I’ll do it.’”



MACQUARIE LEFT MILES BEHIND

When Governor Bligh was arrested in 1808 and ingloriously shipped off to England, the Government decided to replace him

with a “more military” type. Miles Nightingell, a soldier who had served in India and commanded a brigade in Portugal, was chosen as Bligh’s successor. But Miles had second thoughts. He put up all sort of reasons why he shouldn’t go - from a rheumatic right hand to “violent pain” in the wrist, which made it impossible to hold a pen. However, the Government took quick action and sent Lt-Col Lauchlan Macquarie off to the beleaguered colony. As it turned out, Macquarie was the right man for the job.

A CRISIS CAN HAPPEN AT ANY TIME

Some key points about aged care

By FRANK MORRIS

The working carer is rapidly becoming a growing cohort in the workforce. This is because Australia's population is ageing, and 92% of older Australians - 65 years and over - are "ageing at home". That means in the family home.

Australians 65 years and over represent about 13% of the population.

The period 2011 to 2029 will experience the "most dramatic growth" as baby-boomers reach retirement age. The "boomers" were born between 1946 and 1964.

That explains why the "working carer" is one of the most important links in the socio-economic chain.

A crisis can happen at any time and it usually does.

Invariably, it happens at the worst possible time. This is one of the warnings that will crop up several times throughout conversations.

The condition of a person can deteriorate quickly after a fall, a "mini" stroke, or even a minor mishap.

The main causes of death in men and women are heart diseases, cancer and respiratory problems.

Arthritis afflicts 10% of Australia's population over 60.

Case by case

The fact is a crisis does not work to a timetable.

CASE A: "I operate a rather hectic stationery business as well as care for both parents. Both mum and dad are 82. Caring for both of them is a full-time job.

"My husband and I are regularly awoken in the small hours of the morning by a telephone call from my father, asking for help in lifting his wife back into bed after yet another fall.

"She does not want to leave their house.

"Although she realises the current situation is unworkable, she flatly refuses to move into a nursing home."

CASE B: "I was overseas when dad had a blackout and went into hospital for a check-up. His condition had deteriorated so much that the doctors and social workers suggested he go into respite care."



"The condition of a person can deteriorate quickly after a fall, a 'mini' stroke, or even a minor mishap," reports the writer.

CASE C: "My mother has been quite fortunate. At 88 she lives alone and enjoys almost complete independence. All her life she has enjoyed good health and believes it will stand by her later on.

"Although her husband died 16 years ago, she hasn't had time to be lonely. When you call her up she is never at home.

"And that's the problem. Lately I've been on tenterhooks. How long can this last, I wonder?"

Who cares?

A large chunk of the population 65 years and over "ageing at home" actually live alone, while others live with a spouse, a relative or friend.

Even when there's a "primary" carer (usually a spouse) involved, it pays for the working carer to stay in touch with what is going on.

Eventually, he or she will be called upon to pick up the pieces after some mishap.

81% of eldercare is provided by a spouse or sibling, of whom 12% are daughters and 2% sons.

The latter make up the ranks of the working carer, of which 65% work full-time and 35% part-time.

Moving into a retirement village should not be seen as an investment in real estate. Remember, you are buying facilities to help you cope with changes in lifestyle as you get older. The most important point to realise is that when you purchase a stake in a retirement village you are buying a way of life and NOT an investment.

UPDATE

CIGS NOW HIDDEN



Cigarettes are now hidden from sight at small shops in NSW under the July 2010 phase of the State Government tobacco reform. Large retailers have always been required to remove cigarettes from display. But small retailers must meet the July ban. The government said the reforms were aimed at reducing the prevalence of smoking in the community. All retailers need to ensure that tobacco and smoking accessories are not visible to the general public.

PUFFED OUT

About one in five NSW adults smoke. Smoking fell 19% in males and 15% in females, 1977 to 2007. This caused 6507 deaths and 56,000 hospitalisations in NSW in 2004. Smoking is the leading health risk for men, and fifth for women.

WHICH VILLAGE? By Frank Morris

Intending residents • Families • Carers

ACCREDITATION: THAT MEANS ALL THE VILLAGES!

The assurance of a high quality of accommodation, care and security - that's what the accreditation symbol means for prospective residents.

Each of the RVAA (Retirement Village Association of Australia) member villages must pass an accreditation process which serves two purposes; it guarantees a prescribed level of facilities and care; and it ensures those villages continue to enhance their standards through ongoing monitoring and self assessment.

While accreditation cannot create quality, it does mean that a retirement village has met certain standards and is committed to upgrading them.

The accreditation process is extensive. The RVAA village regularly undergoes a rigorous assessment by a team of qualified professionals with no financial or other interest in any village.

Accreditation offers advantages for all parties. Residents are able to identify retirement villages that have been extensively assessed and conform to general expectations in the industry.

They've got better trained staff, higher standards, full disclosure of financial arrangements and an emphasis on the sponsors of villages maintaining long-term responsibilities to all residents.

TAKE YOUR TIME TO CHOOSE

Finding a retirement village that will suit your needs and your budget is not an easy task.

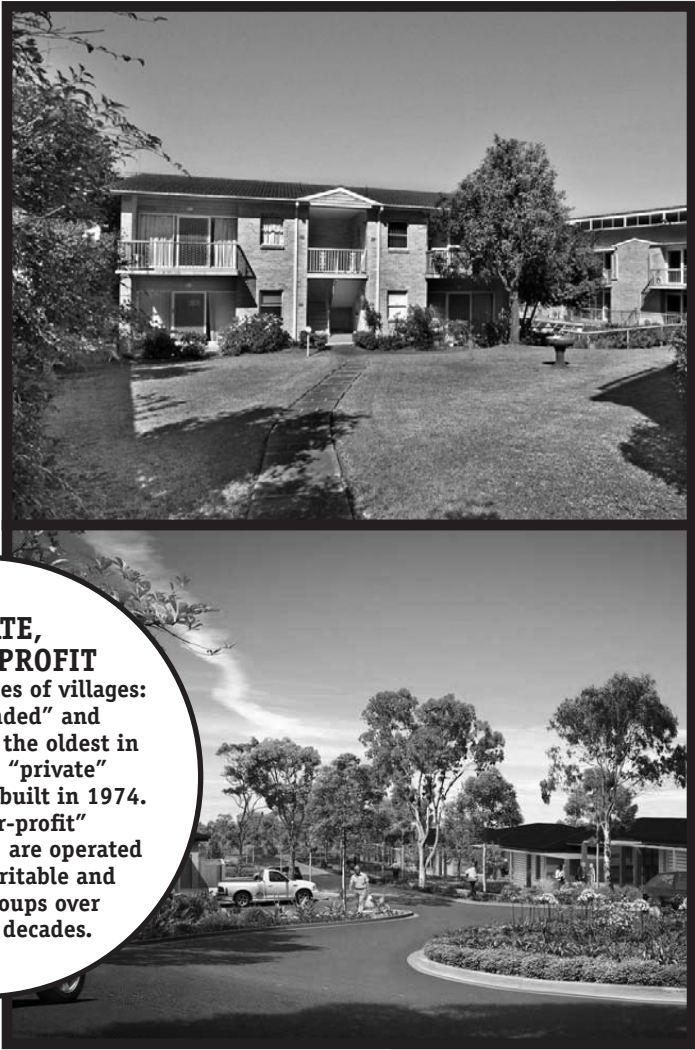
The best approach is to take it a step at a time.

But it can't be stressed too much how important it is for people to discuss their move to a retirement village with their solicitor and family.

After all, it is one of the most critical moves a person can make in later life.

Here are some other points to keep in mind:

PRIVATE, NOT-FOR-PROFIT
There are two types of villages: "resident funded" and "not-for-profit", the oldest in Australia. The "private" village (top) was built in 1974. The "not-for-profit" villages (bottom) are operated by church, charitable and communal groups over many, many decades.



LIFESTYLE, SECURITY - GONE ARE THE HAZARDS OF LIVING

When they move into a retirement village community many people believe that they lose their independence.

Not true.

Village life offers a worry-free lifestyle. Depending on their mobility, residents can come and go as they please.

In many cases, residents are completely revitalised by the move to their new home in a village.

Sometimes living in a suburban home can eventually become too demanding.

In an ordinary street something might happen to you and the people around you would hardly know.

The decision to move to a village community is one of the most critical decisions a person can make in later life.

But it should not be left too late to make the move.

Nothing substitutes for spending time in several villages assessing the atmosphere and talking to residents and staff about the lifestyle, the care and the security offered by a modern retirement village.

**RETIREMENT VILLAGE:
BUY THE eBook, P6**

Home away from home

The differences between the 3 levels of care are “very distinctive”

A retirement village provides a range of self-care accommodation and services that enable over 55s to continue living in the community just like the rest of us.

They have independence, companionship and security as well as a “safety net” of care services to tap into as they get older and their lifestyle changes.

Some villages offer two and three-tier accommodation, and have nursing homes attached. In these villages, residents still have to be assessed for admission to the hostel or nursing home.

In the marketing of the village the sponsor or operator cannot guarantee the resident automatic entry into the high-level aged care facility, even though it is in the same complex.

Level 1 and 2 are ACAT approved

Entry to a nursing home is by ACAT assessment. There are two levels of care.

Level One: For people who need assistance with walking, showering and therapy services.

Level Two: Acute care for people who are totally dependent on an intensive level of nursing and care 24 hours a day. Often they are stroke victims and almost totally incapacitated. Services at this “extra care” level also include pain or wound management, special feeding and medication, or intensive therapies.

Many of the high care (nursing home) facilities have dementia-specific units for people with Alzheimer’s disease.

Hostel admission is also by ACAT assessment, and is somewhere between self-sufficiency and nursing home accommodation.

People have a lot of assistance given to them by staff (walking, showering), but they are not totally dependent. They are still relatively independent people.

PARKS GET A SHRUB UP

Royal National Park will undergo a \$600,000 refurbishment. Picnic and barbecue areas will all be improved.

LOOKING AFTER THE ELDERS

The elderly are some of our society’s most vulnerable members, especially those suffering dementia or Alzheimer’s disease.

Physical, psychological, financial, sexual neglect or violence, which takes advantage of this vulnerability, are all forms of elder abuse.

Many find it hard to admit that the perpetrators of elderly abuse can be, and often are, those closest to the person, whether their professional or personal carer, their family or trusted friend.

Elderly people may also feel isolated from society or live alone, making them easy prey for perpetrators.

Elder abuse is a social problem, the reality of which many find difficult to accept. The forms which elder abuse can take are many. For instance:

Physical abuse, which may range from pushing and kicking to biting and burning.

Emotional or psychological abuse, in which the victim is treated with aggression, or bullied, coerced or forced into a fearful or distressed state of mind.

Financial abuse, which includes misuse of

funds, forgery of documents, embezzlement, stealing, denial of access to funds, forced changes to financial arrangements and the use of the elderly person’s money to purchase items without their knowledge.

Sexual abuse, which may range from forced, inappropriate nudity, touching and other sexual behaviour to rape.

There are other forms of elder abuse such as general neglect of the elderly person’s basic needs, especially when left in care. The

degree of neglect can be subtle but if left to compound over time, can be considered an abuse of fundamental human rights, such as respect, equality and freedom of choice.

The issue of elder abuse concerns all levels of society: individuals, families, communities, the Police and legal fraternity, public and private aged care providers, including retirement villages, and State and Federal Governments.

These people are “violent, vulnerable”

STUDY SHOWS ABUSE

Josie was married for 39 years and suffered regular physical and emotional abuse until she kicked her husband out. By then she was 58 and he 66. But a study shows that one in four women who report physical violent from there is 45 or over.

DEMENTIA FUNDING

Funding for dementia research is disproportionately low compared with other conditions such as cancer, and the ethics of a health policy with little focus on reducing its impact are questionable, according to a British expert who begins a lecture tour of Australia this month. Dementia is the third leading cause of death in Australia and it is estimated 245,000 Australians have dementia.



Do you own your home?

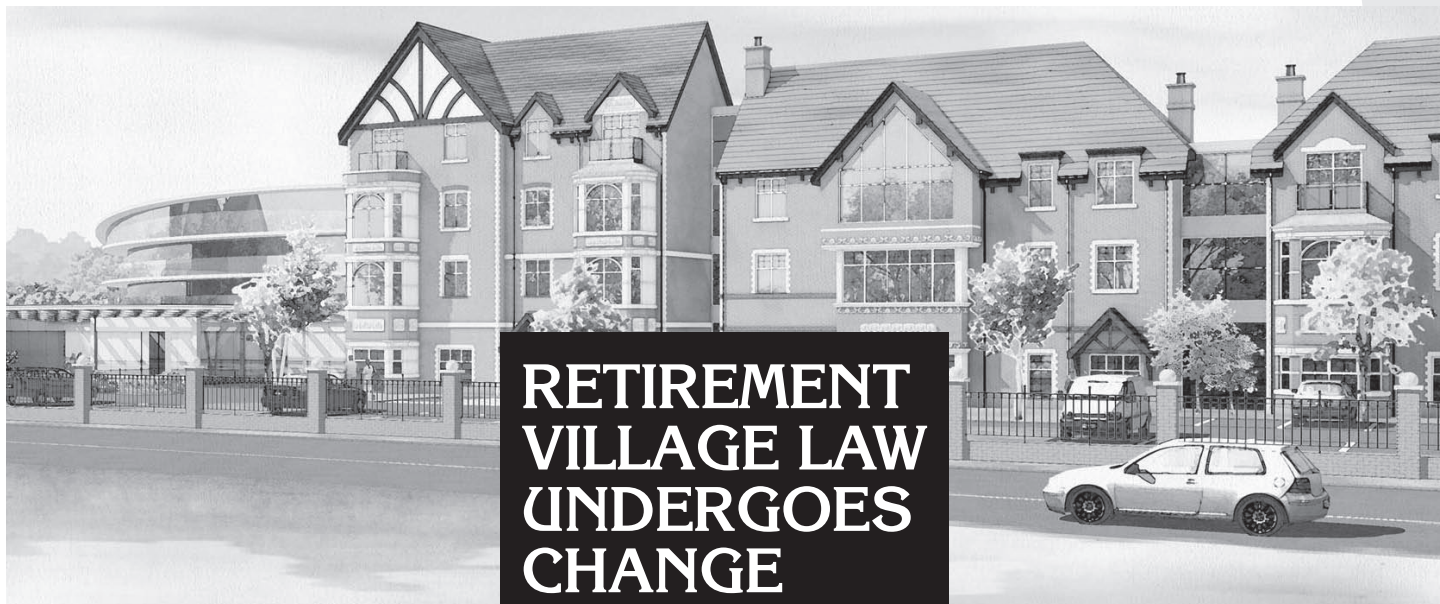
Are you 65 years or over?

Would you like to free up some of the equity in your home for some worthwhile purpose such as a car, holiday, renovations?

If you answered “yes” to any of the above a ‘Reverse Mortgage’ may be the answer for you. With a reverse mortgage you are able to access equity in your home now, with payment of the loan not due until you sell your home or once you have passed away.

For further information and advice on whether this type of loan is suitable for you, please contact our lending expert Neil Lewis on 9570 7844 or email nlg@owenhodge.com.au

Enjoy your retirement - after all you’ve earned it!



RETIREMENT VILLAGE LAW UNDERGOES CHANGE

By JAMES KELLY

A number of changes to the Retirement Villages Act and Regulations took place on March 1, 2010. The changes affect both new and existing residents.

This information is intended to provide a brief overview of some of the changes. If you have any specific questions please contact our Seniors Department for further information.

New residents now have a "settling-in period". This gives new residents a 90 day period in which they can permanently vacate the retirement village accommodation should they wish to do so. They will be required to pay a fair market rent for the period they are in occupation. This is in addition to the cooling off period which already exists.

Operators who increase recurrent charges at a rate that is less than the CPI can do so without obtaining the residents approval. This is expected to commence in the year 2011-12.

For residents who have a licence or leasehold interest in their unit ie not strata title, the maximum period a former resident or their estate can be charged the recurrent charges has been reduced from 6 months to 6 weeks. For residents who "own" their unit, after 6 weeks the recurrent charge must be shared equally between the outgoing resident or their estate and the operator in the same way they would share capital gain under their contract.

Operators continue to pay for capital items, the residents recurrent charges fund capital maintenance. Recurrent charges now cannot be used to pay for improvements to capital

items or repeatedly maintain an item which would be cheaper to replace.

Operators cannot sell capital items to residents or pass on the responsibility of maintaining or replacing capital items. Residents who have previously bought capital items from operators or agreed to be responsible for those items can notify the operator and pass those items back.

Village operators are now required to conduct annual management meetings. They are required to answer questions either submitted before or at the meeting. There are several fixed agenda items which must be discussed.

Village operators are generally now required to make good any budget deficit, however there are some prescribed circumstances where the residents can be asked to fund the deficit.

The operator is required to prepare a writ-

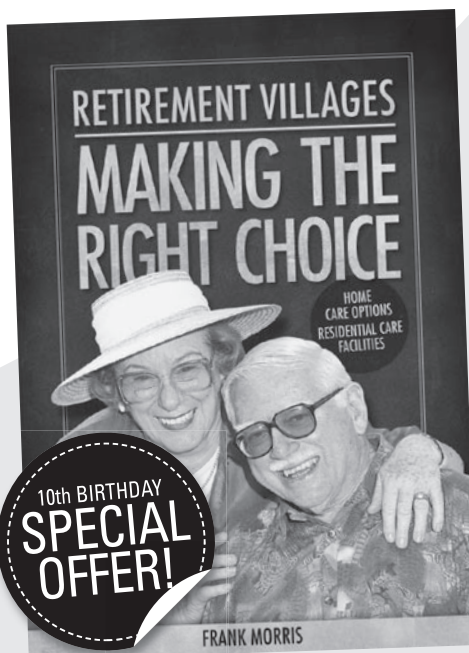
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The end of World War I

The Armistice of November 11, 1918, sees the end of the war, in which 59,342 Australians were killed in action with a further 166,819 casualties. Prime

Minister Hughes was in London when peace was declared and ensured that Australia became a delegate in its own right to the Peace Conference. Hughes said: "I am filled with greater admiration than ever for these glorious men." Lest we forget.



JUST RELEASED! THE eBook THAT PULLS NO PUNCHES!

Written by Frank Morris, a leading spokesman and journalist on retirement villages and aged care, this book covers some of the important issues that relate to private and not-for-profit aged care facilities and retirement housing options. It will serve you as a "road map" through the aged care system. ALL YOU NEED IS A COMPUTER.

To purchase your copy send a cheque or money order to:

Owen Hodge Lawyers, PO Box 187, Hurstville BC NSW 1481.

Cost is \$15 per copy.

Includes postage and handling.

UNDERSTAND AGED CARE FEES AND CHARGES

By **BEN GRAHAM**

The rules and regulations regarding aged care experiences constant change.

These changes make it hard to make the best decision for loved ones when the time comes to move. This article hopes to outline some of the steps involved in moving into aged care and to clarify the associated costs.

There is a four step process to aged care:

- Approval
- Finding a home
- Finances
- Moving in

We will comment on the first three steps.

Approval

The Aged Care Assessment Team (ACAT) is required to assess an individual before they are eligible for aged care. ACAT will deem a person appropriate for:

- High level care (formally called a nursing home),
- Low level care (formally called a hostel), or
- Respite (a short term stay in a hostel)
- No care required at this stage.

An ACAT assessment is normally organised via your family doctor.

Finding a home

There are many homes that offer high, low and respite care. Whilst the level of care should all meet the same minimum standards, some facilities offer extra services.

When looking for a home, consideration should be given to:

- Entry fees - size of the bond

▲ CONTINUED FROM P6

ten safety and emergency procedures plan and make these details available to the residents. An annual safety inspection is required with a report back to residents of the findings.

Residents may require the operator to pay for some urgent repairs if the operator fails to act within a reasonable time. These repairs include things like: burst water pipe, blocked toilet, serious roof leak, dangerous electrical fault, serious fire or storm damage.

Readers are reminded of the complexity of retirement village documents as no standard agreement exists within the retirement village industry. Prudent checking an investigation of the practical, legal and financial issues involved is strongly recommended before you sign any documentation.



Keep track of outgoings – approval, finding a home and moving in!

- Proximity to family / friends / support networks and required services
- Standard of accommodation (large / medium / small room / television etc)
- Rules of the facility
- Rights of the residents
- Length of the waiting list

Once you find a home, it is important to note that it is not necessarily a matter of 'first in best dressed'. Your ability to pay the associated costs is also considered.

Finances

The cost of aged care varies subject to your care needs, marital status, income and assets. The costs can be broken into entry fees and ongoing fees.

Entry fees

The entry fee associated with low level care is referred to as an accommodation bond. The size of the bond is set by the home and can vary considerably.

A typical bond could be anywhere from

\$200,000 to \$450,000. However, some bonds are much higher than this figure.

When the resident leaves the home, all but the retention amount will be returned to the resident. The retention amount is around \$3,588 per annum capped at \$17,940 over five years.

The entry fee for high level care is referred to as an accommodation charge. This figure is set by the government and is currently \$26.88 per day (\$9,811 per annum).

Ongoing fees

There are three potential ongoing fees associated with low and high level care.

- Basic daily care fee: set at 85% of the maximum age pension
- Income tested fee: up to \$62 per day
- Extra / additional services fee: varies from home to home.

Family home

People often ask what happens to the family home when it is vacated by a person moving into aged care. There are a number of options in relation to the family home.

The treatment by Centrelink / Department of Health and Aging varies depending on the course of action you take.

Before you or a loved one moves into aged care, we always recommend they seek independent financial advice to ensure there are no unintended financial implications. For further information, Owen Hodge Financial Planning can be contacted on Tel 02 9570 7844.

LINK TO DEPRESSION

Greater screening of cardiac patients for depression and anxiety could reduce deaths and hospital readmissions, say Australian researchers. Previous heart or serious heart surgery in terms of the risk it presented is published in the Aust/NZ Journal of Psychiatry.

'CINDERELLA' DIES

Ilene Woods, who provided the speaking and singing voice for Walt Disney's classic 1950 animated feature *Cinderella*, has died in Los Angeles. She was 81. Woods was a singer on radio in 1948 when she recorded a "demo" of a few songs and as a result was offered the historic role.

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FINANCIAL
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PLANNING

Superannuation, Retirement, Investment, Insurance and Centrelink planning.

We can work together to implement an effective financial and investment strategy to minimise tax, create and protect wealth and maximise your retirement savings. Importantly, we provide ongoing service and advice to our clients.



Ben Graham
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A Corporate Authorised Representative of Australian Financial Services Limited
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Contact Ben Graham on 9570 7844
email Ben.Graham@ohfp.com.au or visit www.ohfp.com.au

Located at Owen Hodge Lawyers Hurstville Office
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THE GOOD OLD DAYS!

Dawn of a 'new era'

The State Theatre Building, in Market Street, is one of the "architectural land-marks of modern Sydney," according to Frank Clune in his book, *Saga of Sydney*.

Opened on June 7, 1929, on the site of the old Evening News publishing offices, it, along with the Capitol Theatre, heralded a new era in movie presentation.

Clune attended the gala opening with the Governor-General, the State Governor, the Premier and "the elite of Sydney." He writes: "The invited guests marvelled at the golden dome, the chandeliers, the art gallery and all the gilt and glitter of the grand auditorium."



ELITE: When the State Theater Building was opened in 1929 it attracted the "elite of Sydney". It was the idea of Stuart Doyle, who hailed from motion movie fame.

The State Theatre Building and Greater Union Theatres, the group which built and owns it, was the brainchild of Stuart Frank Doyle.

Doyle, one of the pioneers of motion pictures in Australia - and the man who, according to Clune, "made good in spectacular fashion" - started out in vaudeville at 15; at nineteen he had his own touring show.

A few years later he was broke.

In 1910, he joined J.D. Williams at the Old Colonial Theatre, which later became the Plaza, where his job was "operating the three-penny film show."

Soon after the formation of Union Theatres in 1911, he was appointed manager and then

managing director, a position which he held until he retired in 1937.

Under Doyle's leadership, Union Theatres began a "large-scale" rebuilding programme, converting old-time halls, sheds and skating rinks into modern cinema palaces of luxury and comfort. - Frank Morris

▲ **The television show with a clean image. Which show was it? Its 14 year run was the end of an era. Next issue.**

NEXT ISSUE

MENTAL ILLNESS

The only person John didn't help was himself. In the last 15 years of his life he found it impossible to find a way out of his depression. John took his own life. A powerful story.

STRESS IS AT THE EDGE

Although psychological stress happens at every age, it tends to have a greater impact on our lives as we get older. From the time we turn 50, each decade presents a range of unexpected lifestyle changes that can tip us into significant emotional states - depression, anxiety and stress.



Where were the **FIRST** World Titles held?

Australia is a leading surfing nation. "Midget" Farrelly was **World Champion** in May, 1964. Farrelly surfed

against a tough field. Was it **BONDI, MANLY** or **BELL'S** (Victoria)? Send your entry and address to: Email jdk@owenhodge.com.au; or Owen Hodge Lawyers, PO Box 187, Hurstville BC NSW 1481. Entries close December 1, 2010.

FRANK MORRIS

FOODFROLICO

Brush up on your table manners, please!

Here are the facts. I loath bad table manners at any age, but especially in adults. Over the years, as a journalist, I attended a host a functions, dinners and breakfasts and I must admit I am appalled at the type of frightening 'tableau' that goes on. Some adults simply don't know how eat. Maybe this series of illustration, done by an expert, will fill the bill.

Next: Serving soup.



The place for the napkins is on the lap; don't tie it around your neck. Don't stick your elbow out. Inset: Each time you take a mouthful, lean over your plate.

HAVE FUN WITH FOOD!



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