



Australian Government



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NAA: J34, C47312 PART 1

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LEANE, Albert Edmond [born 10 March 1898] - Service Number: 2973; [box 456]

REPATRIATION DEPARTMENT

Folio No.	Referred To	Clearing Officer's Initials and Date	Folio No.	Referred To	Clearing Officer's Initials and Date	Folio No.	Referred To	Clearing Officer's Initials and Date	Folio No.	Referred To	Clearing Officer's Initials and Date	Folio No.	Referred To	Clearing Officer's Initials and Date
	R59	1/19/70												
	F													
	P65	1/24/70												
	Oil	1/30/70												
	P31	1/15/70												
	180	1/15/70												
	↓													
	R69	1/29/70												
	P34	1/3/70												
	P65													
	P65	1/16/70												
	P100	1/16/70												
	180	1/23/70												
	P13	1/27/70												
	F													

DECEASED

DECEASED

DECEASED

SURNAME **LEANE.**

CHRISTIAN NAMES **ALBERT EDMOND.**

C
47312.

2973

PTE.

2ND. PNR. BN.

RECORD OF DISABILITIES

DUE To War Service	Date Accepted	NOT Due To War Service	Date Rejected	Signature
G.S.W. RIGHT THIGH:	D.C.W.P.	APPENDICECTOMY SCAR:	R.B. 8.9.33	A. Amery 18/6/70
G.S.W. CHEST:		DEATH.	R.B. 23.5.67	

DECEASED

G.O.P. 26(18)

	Date	Initials	Date	Initials	Date	Initials	Date	Initials
P.F. 23 TO TREATMENT SECTION	/ /19		/ /19		/ /19		/ /19	

P.F. 24 TO TREATMENT SECTION	/ /19		/ /19		/ /19		/ /19	
------------------------------	-------	--	-------	--	-------	--	-------	--

The Repatriation Act

C. No. 47317
P65D

***Marriage**
Search for Particulars of *Birth
***Death**

From the Deputy Commissioner of Repatriation at BRISBANE

To ~~the Government Statist at~~ District Registrar of Births, Deaths and Marriages

R.G.O.

Please cause search to be made in order to verify ***Marriage**
***Birth**
***Death**

Member
Name of Claimant LEANE ALBERT EDMONDS (DEC'D)

JWL
Deputy Commissioner of Repatriation

Date 5.9.75

Full Names	Date of { *Marriage *Birth *Death	Place of { *Marriage *Birth *Death
<u>LEANE BARBARA ELLEN</u>	<u>1-9-75</u>	<u>DULCE DOMUN NURSING HOME</u> <u>COORPAROO</u> <u>BDbz690/75</u>

CHECKED One death
With Records of REGISTRAR
GENERAL'S OFFICE, Q.L.D.
Date: 6.10.75
Signed: M. Tracey
Officer, REPATRIATION DEPT.,
QLD.

From the Government Statist at

To the Deputy Commissioner of Repatriation at BRISBANE

Date of { *Marriage
*Birth
Death } verified as amended.

Government Statist

Date

EXAMINER'S REPORT

DEPARTMENT OF REPATRIATION AND COMPENSATION
GRANT OR VARIATION OF Disability PENSION

BRANCH

C. 47312
5249

VETERAN'S FULL NAME

LEANE Albert Edmund (Deed)

TITLE (IF ANY) SERVICE PARTICULARS

SERVED THEATP WAR - WHERE? WHEN? DATE OF BIRTH VERIFIED BY S.P. CLASS

WIFE'S FULL NAME MARRIED ON VERIFIED BY STANDARD MARRIED

LEANE Barbara Ellen (Deed)

TOTAL CHILDREN
STUDENT CHILD
T.M.T.
D.S.S.
MINER'S PENSION
CAP. SUPER.
GOVT. SUPER.
(TYPE _____) Yes No

NAMES OF CHILDREN OR OTHER DEPENDANTS RELATIONSHIP DATE OF BIRTH VERIFIED BY TRUSTEE

P.R.: W/W/I (30%)

NUMBER OF CHILDREN UNDER SIXTEEN OTHER THAN THOSE LISTED ABOVE (SP CASES ONLY) DEATH D.W.S.? DEPENDANTS ELIGIBLE SECT. 46?

REPORT: w/w/i died 1.9.75: Susp. Con. 4380
D415 NO. 4423.

ACTION CODE
D Z Z Z Z

FORMS TO ACCOMPANY ADVICE

AGENT FOR VETERAN TRUSTEE WIFE

EXAMINER fluman 16/9/75

ALL CARDS COL. 1-18 FILE No. AND SUFFIX 047312.DTEID60 NAME CHECK TEID Trans Pay Per Multi Ind.

FIRST PAYEE

COL. 20-30 CT METH 1 Time Ind. One Time Amount No. Segs. 1 1 2

TYPE 1 COL. 31-50 Entitle Cat Pens Code Old Rate New Rate
01 0024300000

COL. 20-80 2 71 0024300000

COL. 20-60 3

COL. 20-60 4

SECOND PAYEE

ALL CARDS COL. 1-18 File No. and Suffix Name, Check Trans Pay Per Multi Ind.

COL. 20-30 CT Meth. 1 Time Ind. One Time Amount No. Segs. 1

TYPE 1 COL. 31-50

COL. 20-80 2

COL. 20-60 3

METHOD OF PAYMENT BANK C.U. B.S. CHEQUE

DETERMINATION OF DELEGATE

DES.	OLD RATE	%	NEW RATE	%	DATE OF EFFECT
<u>44</u>	<u>2.43</u>	<u>0</u>	<u>died on 1.9.75</u>		
			<u>(Susp. Con. 4380 Refas)</u>		
\$	-		\$	-	
\$	-		\$	-	
\$	-		\$	-	
\$	-		\$	-	

PENSION BEING death according

REVIEW: (1) (2) (3) INCAP. OF MEMBER OR CIRCUMSTANCES 1st CHILD

\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-

EX: fluman 16/9/75
DELEGATE REPATRIATION-COMMISSION

FORM D.5515 CONSEC. NO. N/A

FORM LF1 SP4B TO D.S.S. (AWAIT CLEARANCE) NO

IS SUSTENANCE CLEARANCE REQUIRED? NO

IS RIGHT OF APPEAL TO BE INCLUDED IN COMPUTER ADVICE? N/A

REMARKS (OTHER PAYMENTS ETC.) trustee: Donald L. TEIN
85 Amarc Rd.
Carina

CODES CHECKED BY fluman 16/9
FORM D498 (1973) FORM PMS _____ No.

P420-150-P1374

Department of Repatriation and Compensation

DEATH EXTRACTION ADVICE

CERTIFYING OFFICER

NAME OF DECEASED

NAME OF PAYEE

CONSEC. NO. AND DATE
OF LAST PAYMENT
AUTHORITY ON FILE

ADVICE HAS BEEN RECEIVED THAT THE ABOVE NAMED DIED ON 1 / 9 / 75
Any pension payable to the deceased must be provisionally cancelled

REMARKS:

Death Register Clerk

PAYEE LIST CHECKED—place cross in appropriate box

Cheque

Spec. Reqr.

Bank

No Trace

Payee No.

Post or Ident Code

Cr. Un.

P. Bldg Soc.

CHEQUE FOR PAY DAY / / 19 REPAID

S.P.3 Not prepared this pay day
Extracted and schedule noted
Life Cert. Not prepared this pay day
Extracted and schedule noted

Bk, CU or PBS recall issue
Spec. Reqr. deleted

Suspension or cancellation verified—'Off' List dated / / 19

FILE NO. 47312
SERIAL NO. 4423

17

LEANE BARBARA E
MAX TEIN. (Krester)

1 / 9 / 75

29 / 75

2-9-75

REPATRIATION DEPARTMENT

File No. ¹⁶ 47312

ADVISE OF DEATH FROM OTHER THAN A REPATRIATION HOSPITAL

SECTION A : COMPLETE THIS SECTION IF DECEASED IS A MEMBER w/w1

1. Surname of Deceased Member		2. Christian Names		3. Service Number
5. Home Address				4. Branch of Service
3. Place of Death		9. Date of Death	10. Death registered at	
DULCE DOMUN N/H. COORBARDO.			on/...../.....	
11. Buried at (include date)	12. Cremated at (include date)	13. Name of Funeral Director		
	MT. THOMPSON.	JOHN HIZLOP.		
14. Name and Address of Next of Kin (if address the same as above, write "as above")				15. Relationship
16. If deceased in receipt of pension War <input type="checkbox"/> Service <input type="checkbox"/> (tick which)		17. Method of payment Bank <input type="checkbox"/> Cheque <input type="checkbox"/> (tick which)		18. Is Form 20 required? Now D.307 Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION B : COMPLETE THIS SECTION IF DECEASED IS A DEPENDANT

1. Surname of Deceased Dependant		2. Christian Names		3. Relationship to Member
LEANE		BARBARA BARBARA ELLEN		w/wow
5. Surname of Member		6. Christian Names		4. Date of Death
		Albert Edmund.		1-9-75
				7. Service Number
				2973
				8. Branch of Service
				2 PNR. BN.
9. Name, Address and Designation of person supplying information (Sections A or B)				
MATEIN 85 Angae Rd Carina (trustee)				

Special remarks : Post Mortem held : Coronal Inquiry, etc.

Dux
R69
2, 9/1975
 Signature of Officer receiving advice Designation Time

SECTION C : THIS SECTION TO BE COMPLETED BY DEATH REGISTER CLERK

~~SPEC. 24 TO R.G.O~~

8-9-75 *fr*

DECEASED

**REPATRIATION
DEPARTMENT**
QUEENSLAND BRANCH
Australian Government Centre,
295 Ann Street Brisbane 4000



P.O. Box 651 Brisbane 4001
Telegrams "Repatriation"
Telephone 25

In Reply Quote

P.O. Box 651 Brisbane 4001
Telegrams "Repatriation"
Telephone 25



**REPATRIATION
DEPARTMENT**
QUEENSLAND BRANCH
Australian Government Centre,
295 Ann Street Brisbane 4000

In Reply Quote

EXAMINER'S REPORT

REPATRIATION DEPARTMENT

REGULATION 9 ACTION *DISABILITY*

PENSION

BRANCH *(E)*

C #7312.

CONSEC. No. *19046*

MEMBER'S FULL NAME

LEANE Albert Edmond (Dec'd)

TITLE (IF ANY)

SERVICE PARTICULARS

2973 - Army

SERVED THEATRE OF WAR - WHERE?

WHEN?

DATE OF BIRTH

VERIFIED BY

S.P. CLASS

TOTAL CHILDREN

STUDENT CHILD

T.M.T.

D.S.S.

MINER'S PENSION

CAP. SUPER.

GOVT. SUPER.

(TYPE *9*) Yes No

WIFE'S FULL NAME

LEANE Barbara Ellen

MARRIED ON

14.12.28

VERIFIED BY

M.C.

STANDARD

MARRIED

NAMES OF CHILDREN OR OTHER DEPENDANTS

RELATIONSHIP

DATE OF BIRTH

VERIFIED BY

TRUSTEE

ACTION CODE

D E F Z1Z

FORMS TO ACCOMPANY ADVICE

L.F.4

NUMBER OF CHILDREN OTHER THAN THOSE LISTED ABOVE (SP CASES ONLY)

DEATH D.W.S.?

DEPENDANTS ELIGIBLE SECT. 46?

REPORT: *15.4.75: Form P.F.9R lodged (Feb. 14)*

DETERMINATION OF DELEGATE

REVOCAION OF APPOINTMENT OR AUTHORISATION UNDER REG. 9

The appointment/authorisation, by instrument in writing dated _____ of _____ of _____ to be Trustee in respect of the pension and/or allowance of/or to receive payment of the pension and/or allowance on behalf of _____ a pensioner within the meaning of the above regulation, is hereby revoked as from _____

Keagle 28/4/75

EXAMINER

AGENT

MEMBER

FOR

TRUSTEE

WIFE

METHOD OF PAYMENT:

BANK

CHEQUE

ALL CARDS

FILE No. AND SUFFIX

NAME CHECK

Trans

Pay Per

Multi Ind.

COL 1-18

A.O.473.12DT.F.I.D.0.1

COL 20-30

CT	METH	1 Time Ind.	One Time Amount	No. Segs.
<i>1</i>	<i>1</i>			<i>1</i>

TYPE 1

COL 31-50

Entitle	Cat.	Pens. Code	Old Rate	New Rate
<i>0.10.3.3.20.0.0000.02.43</i>				

COL 20-80

2

COL 20-60

3

COL 20-60

4

DES

OLD RATE

%

NEW RATE

%

DATE OF EFFECT

<i>W</i>	<i>\$ 2.43 D.P.</i>	<i>\$ cont'd</i>	<i>19.6.75</i>
<i>I</i>	<i>\$</i>	<i>\$</i>	<i>new personal payment - now</i>
<i>D</i>	<i>\$</i>	<i>\$</i>	<i>cheque to trustee</i>
<i>\$</i>	<i>-</i>	<i>\$</i>	<i>-</i>
<i>\$</i>	<i>-</i>	<i>\$</i>	<i>-</i>

APPOINTMENT OR AUTHORISATION UNDER REG. 9

Donald L. TEIN of *85 Angac Rd, CARWA 4152.* is hereby appointed to be Trustee in respect of the pension and/or allowance of/or authorised to receive payment of the pension and/or allowance on behalf of *Barbara E. TEIN LEANE.* a pensioner within the meaning of the above regulation, as from *19.6.75*

PENSION

FROM

BEING

<i>\$</i>	<i>-</i>	<i>\$</i>	<i>-</i>
<i>\$</i>	<i>-</i>	<i>\$</i>	<i>-</i>
<i>\$</i>	<i>-</i>	<i>\$</i>	<i>-</i>

ALL CARDS

File No. and Suffix

Name Check

Trans

Pay Per

Multi Ind.

COL 1-18

A.O.473.12BLEA.A.6.0

COL 20-30

CT	Meth.	1 Time Ind.	One Time Amount	No. Segs.
<i>1</i>	<i>1</i>			<i>1</i>

TYPE 1

COL 31-50

Entitle	Cat.	Pens. Code	Old Rate	New Rate
<i>0.1</i>			<i>0.02.4.30.0.0.0.0</i>	

COL 20-80

2

COL 20-60

3

REVIEW: (1)

(2)

(3)

INCAP. OF MEMBER OR CIRCUMSTANCES

1st CHILD

K. a. McDonnell
DELEGATE, REPATRIATION COMMISSION

29/4/75

FORM D.5515 CONSEC. No. *NIR*

FORM LF1 SP4B TO D.S.S. (AWAIT CLEARANCE) *No*

IS SUSTENANCE CLEARANCE REQUIRED? *No*

IS RIGHT OF APPEAL TO BE INCLUDED IN COMPUTER ADVICE? *No*

REMARKS (OTHER PAYMENTS ETC.)

CODES CHECKED

BY *Storbin 28.4.75*

FORM D. 409 (1973)

FORM PMS No.

PSA
1 MAY 1975
LC CARD NOTE

REPATRIATION DEPARTMENT

Form P.F. 98

File No. ⁽¹⁴⁾ C47312

APPLICATION FOR APPOINTMENT OF AGENT OR TRUSTEE

PLEASE READ THE FOLLOWING DEFINITIONS BEFORE COMPLETING FORM

- (i) An AGENT merely acts on behalf of the pensioner in receiving the pension or allowance and must pay it to the pensioner or deal with it in accordance with the pensioner's directions.
- (ii) A TRUSTEE has a legal right to receive and retain the pension or allowance. He is not bound by the pensioner's directions but has a discretion to disburse the moneys for the benefit of the pensioner, any member of the pensioner's family, or any person dependent on the pensioner.

I, BARBARA ELLEN LEANE (Full name of Pensioner in block letters) REF. C047312 B

of 14 Dorothy ST CAMP HILL (Full home address of Pensioner) 4152

request DONALD LESLIE TEIN (Full name of proposed Agent or Trustee in block letters) (POWER OF ATTORNEY HOLD.)

to be:—*(i) authorized to receive payment of my pension and/or allowance as AGENT;
(ii) ~~appointed TRUSTEE for my pension and/or allowance~~ *(Cross out where not applicable)

My pension and/or allowance is at present being paid *by cheque/~~to my bank account at~~
Mrs J. Bultitude (Witness)
(Full name, branch, address, and account number of bank)

Signature of Pensioner [Signature] 9/14/1975

Please Note:—If you are receiving this pension and/or allowance as a dependant please state the ex-serviceman's full name and give his service particulars, if you know them.

Full name (in block letters) Albert EDMUND LEANE
Service number..... Unit or Branch of Service.....



I, DONALD LESLIE TEIN (Full name of proposed Agent or Trustee in block letters)
of 85 ANZAC Rd CARINA (Full home Address) 4152

hereby consent to:—*(i) accept payment of the pension and/or allowance as AGENT; or
(ii) ~~be TRUSTEE for the pension and/or allowance~~
for BARBARA ELLEN LEANE (Full name of Pensioner in block letters)

and I request payment to be made *fortnightly by cheque, ~~or twelve weekly in arrears to my bank account~~
at P.O. Box 69 COORPAROO 4151
(Full name, branch, address, and account of bank)

Signature of proposed Agent or Trustee [Signature] 9/14/1975

SPECIMEN SIGNATURES OF PROPOSED AGENT OR TRUSTEE

2900-5.69 2614

Specimen Signature

[Signature]

Specimen Signature

[Signature]

Specimen Signature

[Signature]

Australian Department of Social Security



AUSTRALIAN GOVERNMENT CENTRE
 5 ANN STREET,
 BRISBANE,
 4001 144

28 February 1974

Deputy Commissioner
 Repatriation Department
 Brisbane 4000

REPATRIATION DEPARTMENT
 QUEENSLAND
 RECEIVED

- 5 MAR 1974 a.m.
 p.m.

Class	To	Loc.	Date
M			
H			

INDEX
 CHECKED
 4/5 MAR

A23-4-71

13

G.P.O. BOX 1088
 BRISBANE,
 QUEENSLAND, 4001.

15 MAR

In reply please quote
 P382A/L11268/JA

A claim for Means Test Free pension (over 75 years) has been received from the person named hereunder. Please check your records and advise if you have any record of the person named or his/her spouse being in receipt of or having claimed a Service pension from your Department.

C G Atkinson

C G Atkinson
 Director

Claimant's full name and address	Date of Birth	Husband's full name (including deceased husband).
LEANE Barbara Ellen 14 Dorothy Street Camp Hill Reference No L11268	4.1.1880	Albert Edmund (Deceased)

Result of search

- 1 No trace _____
- 2 Details of Service Pension claim (H)
 (W)
- 3 Repatriation reference Number _____

C47312

Initials

Date 28 / 2 / 74

\$2.43 per fortnight - GTP

P18

(12)

M.47312 M7:MPE:SR

Dear Mrs Leane,

Thank you for your letter of the 27th March,
1968.

As your husband's death was not accepted by the
Repatriation Board as being due to war service, you are
not eligible for medical benefits at the expense of this
Department.

Therefore, I regret that I cannot accede to
your request for an entitlement card.

Yours sincerely,

29 APR 1968

(B.R. LYNE)
Deputy Commissioner

Mrs B.E. Leane
14 Dorothy Street
CAMP HILL Q'LD 4152

WU

5

14 Dorothy St.
Camp Hill
Brisbane

C47312



To

Repatriation Dept.
320 Adelaide Street.
Brisbane

Dear Sir,

Could you kindly send
me an Entitlement Card for
Dr. Medical, Chemist Hospital, and oblige

Yours Truly
(Type) Barbara E. Lane

REPATRIATION DEPARTMENT QUEENSLAND RECEIVED			
28 MAR 1968			a.m. p.m.
Pass	To	Loc.	Date
M			
C			
H			

Handwritten signature and initials in blue ink, with 'P39' written in red ink over the signature.

ND
635-3
28-67

FORM 34A
(1962)

COMMONWEALTH OF AUSTRALIA
REPATRIATION DEPARTMENT

(11)

Branch File No. MFCU 7312

SUMMARY OF SUBMISSION TO BOARD OR COMMISSION

Surname LEANE (Wid) Christian Names Albert Edmond

Present Address NO 14 Mrs B.E. Leane, 14 Dorothy St Campbell Hill, Widdow

Date of Birth <u>1898</u>	Marital state <u>Widow</u>	Number and Particulars of Dependents <u>Widow</u>		
Service No. <u>2973</u>	Rank <u>Pte</u>	Unit <u>2 Pwr Bn</u>		C.O. File No.
Eligible from <u>2.2.16</u>	Eligible to <u>28-6-19</u>	War Pension Rate <u>30%</u>	Any Service Pension? <u>No.</u>	Any D.S.S. Benefits? <u>?</u>

Disabilities Due to War Service	Disabilities NOT Due to War Service
<u>GSW Ruptured Hip } 29/6/19</u>	<u>Appendectomy Scar</u>
<u>GSW Chest</u>	

MATTER FOR DETERMINATION

17-2-67 Member died
30-3-67 Form by widow re death
27-2-67 Letter widow claiming death

Cause of Death: Coronary
atherosclerosis

sect 24 Examiner's Initials [Signature] 23/5/1967

DETERMINATION OF REPATRIATION BOARD OR COMMISSION

Death Rejected N 9 W 5
Section 24
23/5/67
[Signature]

F29-1

EJB:ML

(10)

C.47312 P.15

18th May, 1967

Dear Sirs,

ESTATE OF THE LATE ALBERT EDMUND LEANE

I refer to your letter of 12th April, 1967 and apologize for my delay in replying.

Pension in this case was last paid to and including 22nd February, 1967 and there is no unpaid pension due to the Estate.

... The necessary application form to enable you to apply for a Funeral Grant is attached. When returning the completed form please attach the Funeral Director's account or, if paid, the relevant receipt.

Yours faithfully,

Att. (1)


(B.R. Dyne)
DEPUTY COMMISSIONER

Messrs. Hawthron, Cuppaidge &
Badgery
Solicitors & Notary Public
Box 239D, G.P.O.
BRISBANE Q.

20/14 *18/14* *26/14* *21/5* *14* *9* *20/14*
20/14 *18/14* *26/14* *21/5* *14* *9* *20/14*

HAWTHORN, CUPPAIDGE & BADGERY

Solicitors and Notary

EDMUND RUSSELL CUPPAIDGE, NOTARY PUBLIC
 ROBERT MALCOLM BADGERY
 ALLAN NORMAN WILLATON

A.M.P. CHAMBERS, EDWARD STREET, BRISBANE. * TELEPHONES 2 3495
 BOX 239D, G.P.O. BRISBANE
 TELEGRAMS & CABLES "LEXLOC"

OUR REF. F/NM

YOUR REF. M47312 E4

REPATRIATION DEPARTMENT
 QUEENSLAND

The Deputy Commissioner,
 Repatriation Dept.,
 Box 651K, G.P.O.,
 BRISBANE.

Dear Sir,

Yours faithfully,
 HAWTHORN CUPPAIDGE & BADGERY.

RECEIVED
 13 APR 1967
 19th April 1967.
 C47312



Pass	No.	Loc.	Date
M	14	Albert	Edmund Leane
H			

Estate of the late Albert Edmund Leane

We act for Barbara Ellen Leane, the sole executrix of the will of the abovenamed deceased, late of 14 Dorothy Street Camp Hill, Company Director, who died on the 17th February 1967.

We understand that the deceased was in receipt of a Pension from your Department and for death duty purposes, we shall be pleased if you would kindly let us have a certificate in duplicate as to the amount, if any, of pension accrued to date of his death.

We shall be pleased if you would also kindly let us have an application form for funeral benefit.

20/14 *18/14* *26/14* *21/5* *14* *9* *20/14*
20/14 *18/14* *26/14* *21/5* *14* *9* *20/14*

REPATRIATION DEPARTMENT
FILE COPY
PAYMENT MASTER CODING SHEET

FILE NO. **C 0473.12 A**

(COLS. 1-8)

NOTICE OF CANCELLATION OF A PENSION OR ALLOWANCE BY CHEQUE

ARREARS TO **1** / **19** AMOUNT
AND WILL BE PAID BY
TO £
CHEQUE AT AN EARLY DATE

NOTE: THE AMOUNT WITHHELD TO ADJUST

- (1) SERVICE PENSION
 - (2) MEDICAL SUSTENANCE
 - (3) DEPARTMENT OF SOCIAL SERVICE PAYMENT
- TOTAL -- £

NAME OF PENSIONER TRUSTEE	OLD RATE		NEW RATE		TO DATE FROM
	PER FORTNIGHT	%	PER FORTNIGHT	%	
LEANE, Albert E. Trustee for:- LEANE, Barbara E.	\$7-20		NIW		
	\$2-43		NIW		
President	TOTAL £ \$963				

8 10 / 4
01/11/74

COLS. 68-70	POSTAL CODE	COLS. 71-75	FORTNIGHTLY RATE	COLS. 76-78	PENSION CODE	COLS. 79	CONTROL GROUP
			£ NIW				8

COLS. (9-30) **Albert E. Leane**

COLS. (31-52) **Albert E. Leane**

COLS. (53-67)

CONSEC. NO. **12592** PREV. CONSEC. NO. REGISTER NO.

AUTHORISING CLERK / / 19

CURRENT MASTER CARD CANCELLED / / 19

MASTER CARD AUTHORISED / / 19

NOTICE OF PAYMENT OF A PENSION OR ALLOWANCE BY CHEQUE

Name of Pensioner Trustee	OLD RATE		NEW RATE		TO DATE FROM
	Per Fortnight	%	Per Fortnight	%	
LEANE, Barbara E.			\$2.43		23.2.67

Cols. 71-75

TOTAL OLD RATE \$ NIL	TOTAL NEW RATE \$ 2.43 Payable on 20/4/67 and each Fortnight thereafter
---	--

NOTE: The Amount Withheld to Adjust—

(1) Service Pension	=	\$
(2) Medical Sustenance	=	\$
(3) Department of Social Service Payment	=	\$
TOTAL		= \$

Arrears to 19/4/1967 Amount
to \$ 9.72 and will be paid by Cheque

within 14 days

*910
4*

If you are dissatisfied with the assessment of your pension you may if you wish, appeal to an Assessment Appeal Tribunal. If you decide to appeal, the appeal must be lodged on the approved form within three (3) months of the date of this notice. The approved form may be obtained from this office.

BR Lyne 10/4

Cols. 9-30 Barbara E Leane
 Cols. 31-52 14 Dorothy St
 Cols. 53-67 CAMP HILL Q

Postal Code	Cols. 68-70	Pension Code	Cols. 76-78	Control Group	Col. 79
N 3 5		3 3 2		8	

Authorising Clerk / /6
 Current Master Card Cancelled..... / /6
 Master Card Authorised / /6

Consec. No. 12592	Prev. Consec. No.	Register No.
---	-------------------	--------------

FIRST REGULAR PAYMENT ON 4/5/1967

GRANT OR VARIATION OF WAR PENSION (INCAPACITY) 47312

EXAMINER'S REPORT *Q* BRANCH *Stark* PREVIOUS REVIEW *Stark* Consec. No. *12592*

FULL NAME OF MEMBER *LEANE' Albert Edward*

No., RANK UNIT *2973 Pde 2 Pwr Bn* RANK-ITEM No. *P*

Full name of Wife *Barbara Ellen* Married on *14-12-28* Verified by *MC*

FULL NAMES OF CHILDREN UNDER SIXTEEN	DATE OF BIRTH	RELATIONSHIP	VERIFIED BY	TRUSTEE
<i>P.R. 30p.c.</i>				

REPORT *17-2-67 Member died*

AGENT TRUSTEE FOR MEMBER WIFE		DEDUCTIONS				
DETERMINATION OF BOARD OR DELEGATE						
PENSION <i>Death Recording</i>						
FROM <i>17-2-67</i> BEING						
MEMBER	OLD RATE	%	NEW RATE	%	Date of Effect	STATISTICS
	\$ <i>7-20</i>	<i>30</i>	\$ <i>Dead</i>		<i>17-2-67</i>	@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
METHOD OF PAYMENT <i>Chg</i>						REMARKS (Other Payments, etc.)
						REG. \$ <i>NIL</i>
						From / /196
WIFE	OLD RATE	%	NEW RATE	%	Date of Effect	STATISTICS
	\$ <i>2-43</i>		\$ <i>Continued</i>		<i>23-2-67</i>	4 @ \$ <i>2-43</i> P.F. = \$ <i>9-72</i>
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
METHOD OF PAYMENT <i>wife now w.w.r. Chg</i>						REG. \$ <i>2-43</i>
<i>Member previously T/tee</i>						From <i>4/5/1967</i>
CHILDREN	OLD RATE	%	NEW RATE	%	Date of Effect	STATISTICS
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
	\$ —		\$ —			@ \$ — P.F. = \$ —
METHOD OF PAYMENT						REG. \$ —
						From / /196
EXAMINER / /196						TOTAL = \$ —
(1) <i>—</i> Incapacity of Member						FOLIO / /196
(2) <i>—</i> 1st Child						FOLIO / /196
<i>James</i>						COMPUTER <i>13/3</i> CHECKER <i>ELLEN 7/4</i>
<i>James</i>						PENSIONER/TRUSTEE ADVISED ON <i>19 APR 1967</i>
CHAIRMAN REPATRIATION BOARD DELEGATE REPATRIATION COMMISSION <i>29/2/1967</i>						L.F.I. TO D.S.S. (Await Clearance) <i>—</i>
Desig.	P.C. REFERENCE No.	PENSION CODE	CON. G.P.	ADDRESS		
MBR	<i>C 047312 A</i>	<i>—</i>	<i>8</i>			
WI	<i>C 047312 B</i>	<i>332</i>	<i>8</i>	<i>114 Dorothy St Camp Hill</i>		
CHN						
CODE CHECKED BY <i>PH 4/67</i>						P.C.S. REGISTERED No.

P280 P42 P11A P43 P15 P3 re 24

Z.4 Special - R.G.

M. No. 47312

C. No. 47312

COMMONWEALTH OF AUSTRALIA

DEPARTMENT OF REPATRIATION

Taxation Building, 320-330 Adelaide Street, Brisbane

Officer requiring information F-8 P30^D 24/2/67

Name: LEANE ALBERT EDWARD ^(EDMOND) Age 68 ⁶⁹ Sex M

Date of Death: 17-2-67 Municipality or Shire in which Death occurred: BRISBANE

Registration No: BD 87250/67 Month: February Year: 1967

Cause of Death. Duration of Causes

i. Immediate Cause

✓ (a) Coronary atherosclerosis
due to

Morbid condition, if any, giving rise of immediate cause (stated in order proceeding backwards from immediate cause).

(b) _____

(c) _____

ii. Other morbid conditions (if important) contributing to death but not related to immediate cause.

iii. Date and Place of Burial

✓ 20th February 1967 Cremated
at Mt St Paul
Crematorium.

Medical Attendant by whom certified

✓ L.G. Johnston

Date last seen by such Medical Attendant: Post mortem 18th February 1967

Name and address of Informant of Death: Funeral arranged by

Widow Mrs D. E. Leane 14 Dorothy St

Camp Hill

The above particulars have been obtained from the records held at the Registrar General's Office, Brisbane.

H.L. McEwen
Search Clerk

271267

PENSIONS SECTION

EXAMINER'S DIRECTION SHEET

File No.: C 47312

36 (4)

MEANS TEST PENSIONS	MEDICAL BENEFITS AND EDUCATION	WAR PENSIONS
SP4B <input type="checkbox"/>	PF6 <input type="checkbox"/>	LF1 <input type="checkbox"/>
LF39 <input type="checkbox"/>	PF23 <input type="checkbox"/>	LF46 <input type="checkbox"/>
LF39A <input type="checkbox"/>	PF23A <input type="checkbox"/>	LF47 <input type="checkbox"/>
LF45 <input type="checkbox"/>	PF24 <input type="checkbox"/>	LF49 <input type="checkbox"/>
ZSA2 <input type="checkbox"/>	PF24A <input type="checkbox"/>	<input type="checkbox"/>
ZSA4 <input type="checkbox"/>	PF25 <input type="checkbox"/>	T.T.I. Letter <input type="checkbox"/>
LF51 <input type="checkbox"/>	PMS2 <input type="checkbox"/>	
LF52 <input type="checkbox"/>		
NOTIFICATION AND CONDITIONS OF PAYMENT	PULMONARY TUBERCULOSIS	RIGHTS OF APPEAL
LF2 <input type="checkbox"/>	LF17 <input type="checkbox"/>	LF21 <input type="checkbox"/>
LF2A <input type="checkbox"/>	LF17A <input type="checkbox"/>	LF21A <input type="checkbox"/>
LF2B <input type="checkbox"/>	LF17B <input type="checkbox"/>	LF21B <input type="checkbox"/>
LF3 <input type="checkbox"/>	LF17C <input type="checkbox"/>	LF21C <input type="checkbox"/>
LF4 <input type="checkbox"/>	<u>UNDERTAKING</u>	LF19A <input type="checkbox"/>
LF4A <input type="checkbox"/>	PF2 <input type="checkbox"/>	LF38 <input type="checkbox"/>
LF22 <input type="checkbox"/>	PF2A <input type="checkbox"/>	
LF23 <input type="checkbox"/>		

SPECIAL ENCLOSURES

S.P. BENEFITS <input type="checkbox"/>	BLINDED <input type="checkbox"/>	T.B. <input type="checkbox"/>
Q.G.R. <input type="checkbox"/>	T. & P.I. <input type="checkbox"/>	WAR WIDS. <input type="checkbox"/>
B.C.C. <input type="checkbox"/>	LIMBLESS <input type="checkbox"/>	<input type="checkbox"/>
P.M.G. <input type="checkbox"/>	70% to T.T.I. <input type="checkbox"/>	<input type="checkbox"/>

ATTACH TE. TJ. PAMPHLET "GUIDE TO SERVICE PENSIONS"

SPECIAL INSTRUCTIONS

All action indicated has been taken.

PL.41
366-1/67

[Signature]
.....
Examiner

[Signature]
.....
Advices/Correspondence Clerk

3

URGENT EXTRACTION ADVICE

Punch Card Ref. No.:

047312A

Postal Code:

N35

**The Director,
Department of Social Services.**

Attention Control Ledger Keeper,

NAME OF PAYEE

Albert E. Leane

Please extract the master card in respect of the abovenamed and cancel cheque for next instalment due.

23/2/67

B. R. Lyne

(B. R. Lyne)
DEPUTY COMMISSIONER

202/1967

Master Card transferred to Suspense. / /19

Cheque forinstalment cancelled / /19

SPEC. Z4 TO R.G.O.
ON 24 FEB 1967 *jt*

REPATRIATION DEPARTMENT

FORM D-809
(1965)

File No. C47312

ADVISE OF DEATH FROM OTHER THAN A REPATRIATION HOSPITAL

SECTION A: COMPLETE THIS SECTION IF DECEASED IS A MEMBER

1. Surname of Deceased Member <u>LEANE</u>		2. Christian Names <u>Albert Edmond</u>		3. Service Number <u>2973</u>
5. Home Address <u>14 Dorothy Street Camp Hill</u>		6. Age		4. Branch of Service <u>2nd class</u>
8. Place of Death		9. Date of Death	10. Death registered at	
11. Buried at (include date)		12. Cremated at (include date)		13. Name of Funeral Director
14. Name and Address of Next of Kin (if address the same as above, write "as above") <u>(Mrs.) B. E. Leane "as above"</u>			15. Relationship <u>widow</u>	
16. If deceased in receipt of pension		17. Method of payment		18. Is Form 20 required?
War <input type="checkbox"/> Service <input type="checkbox"/> (tick which)		Bank <input type="checkbox"/> Cheque <input type="checkbox"/> (tick which)		Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION B: COMPLETE THIS SECTION IF DECEASED IS A DEPENDANT

1. Surname of Deceased Dependiant		2. Christian Names		3. Relationship to Member
5. Surname of Member		6. Christian Names		4. Date of Death
9. Name, Address and Designation of person supplying information (Sections A or B) <u>66 Council Mail 20/2/67</u>		7. Service Number		8. Branch of Service
Special remarks: Post Mortem held: Coronial Inquiry, etc.				

L. Mong Ready 20 267
Signature of officer receiving advice Designation Time

SECTION C: THIS SECTION TO BE COMPLETED BY DEATH REGISTER CLERK

W/W/I
L.O. CARD RAISED
23-2-67

CHEQUE PAYMENT MASTER CODING SHEET

①

Prefix	File No.	Suffix
C	047312	A

(Cols. 1-8)

First Christian Name, Initial and Surname													
A	L	B	E	R	T	E	L	E	A	N	E		

(Cols. 9-30)

Second Address Line												
1	4	D	O	R	O	T	H	Y	S	T		

(Cols. 31-52)

Third Address Line											
C	A	M	P	H	I	L	L				

(Cols. 53-67)

POSTAL CODE	
N	35

(Cols. 68-70)

Fortnightly Rate				
£	4	7	4	

(Cols. 71-75)

PENSION CODE		
3	0	1

(Cols. 76-78)

Control Group
8

(Col. 79)

Transcribed from Pay Register

Post Office

South Brisbane

Pension No.

219866

By

D Brennan

Date

22/5/61

Checked from Pay Register

By

R J Galambos

Date

25 MAY 1961

Postal Code

Entered by

[Signature]

Date

25 MAY 1961

Checked by

[Signature]

Date

25 MAY 1961

Cheque Payment Master Card Punched, Verified and Authorised

[Signature]
Control Ledger Keeper

30 MAY 1961

C47312

COMMONWEALTH OF AUSTRALIA

No. ~~26774~~

REPATRIATION DEPARTMENT,
 Queensland Branch,
 Perry House, Elizabeth Street, Brisbane

Telephone FB 0331

Dear Sir,
 Madam,

Re: **WAR PENSION No.**

219866

In consequence of amendments to the Repatriation Act, war pension payable to you under the above number has been varied as under:—

(1)	(2) Present Rate	(3) Amount payable on 17 OCT 1957	(4) New Rate Thereafter
Member	2.17.0		3.1.6
Wife } Widow }	1.1.4	4-2-10	1-1-4
Children			

IMPORTANT.—The total amount of any instalments uncollected should be added to the amount shown in column (3) above, when preparing the receipt form for payment on the date stated in column (3).

This advice should be presented at the Post Office on application for payment.

Yours faithfully,

Mr Albert E. Leane,
 14 Dorothy Street,
 Camp Hill.

(T. M. Stephens)
 DEPUTY COMMISSIONER.

COMMONWEALTH OF AUSTRALIA

26774.
File No. C.....

REPATRIATION DEPARTMENT,
Queensland Branch,
Perry House, Elizabeth Street, Brisbane.

Telephone FB 0331

11 OCT 1955

1955

Dear Sir,
Madam,

Re: WAR PENSION No. 219866.

In consequence of amendments to the Repatriation Act, war pension payable to you under the above number has been varied as under:—

(1)	(2) Present Rate	(3) Amount payable on 20 OCT 1955	(4) New Rate Thereafter
Member <i>STRUSTEK</i>	<i>2-14-0</i>	<i>3-28-4</i>	<i>2-17-0</i>
Wife } Widow }	<i>1-1-4</i>		<i>1-1-4</i>
Children			

IMPORTANT.—The total amount of any instalments uncollected should be added to the amount shown in column (3) above, when preparing the receipt form for payment on the date stated in column (3).

This advice should be presented at the Post Office on application for payment.

Yours faithfully,

MR. A. E. LEANE
DOROTHY ST.
CAMP HILL.

(W. Vinicombe)
DEPUTY COMMISSIONER

COMMONWEALTH OF AUSTRALIA

File No. C. *26774*

REPATRIATION DEPARTMENT,

Queensland Branch,

Perry House, Elizabeth Street, Brisbane,

Telephone FB 0331

1-10- 1954.

Dear ~~Sir,~~
Madam,

Re: WAR PENSION No. *219866*.

In consequence of amendments to the Repatriation Act, war pension payable to you under the above number has been varied as under:—

(1)	(2) Present Rate	(3) Amount payable on <i>7-10-54</i>	(4) New Rate Thereafter
Member	<i>£2-9-6.</i>	<i>£3-15-4.</i>	<i>£2-14-0.</i>
Wife } Widow }	<i>£1-1-4.</i>		<i>£1-1-4.</i>
Children			

IMPORTANT.—The total amount of any instalments uncollected should be added to the amount shown in column (3) above, when preparing the receipt form for payment on the date stated in column (3).

This advice should be presented at the Post Office on application for payment.

Yours faithfully,

*Mr. A. E. Lane,
14 Dorothy St.,
Camp Hill.*

(W. Vinicombe) *WV*
DEPUTY COMMISSIONER.

C.26774 WT.MH. P21

-6 JUL 1954

Mr. A.E. Leane,
Dorothy Street,
CAMP HILL.

Dear Sir/~~Madam~~,

I desire to inform you that a duplicate pension certificate has been forwarded to the **South Brisbane** Post Office, and same will be handed to you upon application to the Postmaster and production of this letter.

Yours faithfully,

W.V.
(W. VINICOMBE)
ACTING DEPUTY COMMISSIONER.

*File
6/7/54
W.V.*

6 JUL 1954

MEMORANDUM for :

The Postmaster,

SOUTH BRISBANE.

Pension No. 219866 Name LEANE, Albert E.

Duplicate pension certificate enclosed. Kindly pay £3/10/10
on 6th May, 1954 and thereafter.

W. Vinicombe
(W.VINICOMBE)

(~~XXXXXXXXXX~~
A.L. Gould)

ACTING DEPUTY COMMISSIONER.

Encl.

P.F. 13.
G.O.P. 35(8)
and 53(1).

C. 26774

The Accountant (for C.I.C. Pay
Registers Sub-Section.).

Please supply the following information:

Wagoner - 121

For O.I.C. Pensions Section.

2918 / 1954

Children

Wife

Member

1296 11-1-4

P.C. No.

219866

Name

LEANE ALBERT E.

Paying Office

South Brisbane

R. No.

Imp. comp. 1124

issued 6-7-54

or.

Date last payment

22 April 54

Address shown on last receipt
(Form). or P.)

Donald H. Flynn

Officer Supplying Information.

Sale 1954

25 JUN 1954

Application for Duplicate War Pension Certificate AND

To the DEPUTY COMMISSIONER OF REPATRIATION at

Brisbane

I, Albert Edmund LEANE
 of Dorothy St Camp Hill
 being a * Pensioner * Trustee- under the aforesaid Act, hereby make application for a

duplicate Pension Certificate, in lieu of the original Certificate No. 219866
 payment in accordance with which is made at St Brisbane
 and in support of the application I hereby declare as follows:—

1. The name or names of the pensioner or pensioners is or are—

Albert Edmund Leane

2. The original Certificate was duly issued to me and has been * lost. * destroyed—

3. † To check with Post Office
Man's collected for
approx 3 days.

4. * I have made diligent search for the lost Certificate, but have been unable to find it.

5. I do hereby solemnly declare that this statement is true.

Declared by the said

Albert Edmund
Leane at Brisbanethis 25th day of June 1954

before me—

‡ §

Agilespie
ORD

Applicant

* Strike out what is inapplicable.

† If destroyed, state when and how.

‡ The person before whom this declaration is made to sign here and add the title by which he takes the declaration, such as "Postmaster," &c.

§ The declaration may be made before any of the following persons:—A postmaster or postmistress, or person in charge of a post-office; a police, stipendiary, or special magistrate of the Commonwealth or of a State; a justice of the peace; a barrister or solicitor; a State school head teacher; an officer of the Department of Trade and Customs; a member of the police force of the Commonwealth or of a State; a legally qualified medical practitioner; a notary public; a commissioner for affidavits; a registrar under the *Invalid and Old-age Pensions Act 1908-1928*, a minister of religion; an officer of the Repatriation Department; a member of the Parliament of the Commonwealth; or a commissioned officer of the Australian Military Forces.

REPATRIATION ACT, 1920-1953.

AMENDING LEGISLATION, 1953.

Examiner's Reassessment of Pensions from 5 NOV 1953

Soldier's Name _____ C. or CX. No. 26774
(Surname and Christian Names in Block Letters)

Name of Pensioner	Pension No.	Designation	Old Rate	New Rate due and subsequently
LEANE, A.B. B.A.	219866.	M. W/I	£28.0. 1.1.4	29.6 1.1.4.

Post Office St. Deane

Trustee Med for W/I.

Folio No. 744

Examiner's Initials [Signature] 7403

Date 14/10/53

MEMBER: 25-10-10 5 NOV 1953 3-10-10
Pay £ 29.6 on _____ and thereafter at £ 29.6 per fortnight.

WIFE:
Pay £ _____ on _____ and thereafter at £ _____ per fortnight.

Advices Clerk: [Signature]

REPATRIATION ACT, 1952

Examiner's Reassessment of Pensions from 2-10-52

Soldier's Name LEANE Albert Edward ^{Edmund} C. or ~~CX~~ No. 26774
 (Surname and Christian Names in Block Letters)

Name of Pensioner	Pension No.	Designation	Old Rate	New Rate due and subsequently
<u>LEANE Albert Edward</u>	<u>219866</u>	<u>memb</u>	<u>£2-2-0</u>	<u>£2-8-0</u>
<u>Barbara Ellen</u>		<u>wife</u>	<u>18/4</u>	<u>£1-1-4</u>

Post Office STH BRISBANE

Trustee member for wife

Folio No. 516 Examiner's Initials JR

Date 25 SEP 1952

ADDRESS:

13 WESTBOURNE ST
SAR Bme

MEMBER:

Pay £ 3. 13. 10 on 9. 10. 52 and thereafter
at £ 3. 9. 4 per fortnight.

WIFE:

Pay £ X on and thereafter
at £ per fortnight.

Advices Clerk: R2

Advices Checker: [Signature]

AUSTRALIAN SOLDIERS' REPATRIATION ACT 1950

EXAMINER'S REASSESSMENT OF PENSIONS FROM

Soldier's Name LEANE HUBERT EDMUND C. or CX. No. P26774
 (Surname and Christian Names in Block Letters.)

Name of Pensioner	Pension No.	Designation	Old Rate	O.A. T.B. P.U.	New Rate due and subsequently
LEANE H. E.	219866	Mem.	£13.0		£2/2/-
✓ BARBARA E.	✓	W/i.	14.5		18/4

ASSESSED UNDER TABLE B, ITEM 1

Trustee Mem for W/i.

Post Office St. Brisbane

Folio No. 811

Examiner's Initials R.P.

Date 6/12/50

811 Member Wife

Pension No. 219866

ADDRESS:
13 Westbourne St.
St. Brisbane

MEMBER: trustee
Pay £ 12/7 on 21/12/50 and thereafter
at £ 13/0/4 per fortnight.

WIFE:
Pay £ _____ on _____ and thereafter
at £ _____ per fortnight.

Advices Clerk: awt
Advices Checker: 1016

AUSTRALIAN SOLDIERS' REPATRIATION ACT 1920-1948.

EXAMINER'S REASSESSMENT OF PENSIONS FROM 28/10/48

Soldier's Name LEANE ALBERT EDMUND C. or CX. No. 26774
 (Surname and Christian Names in Block Letters.)

Name of Pensioner	Pension No.	Designation	Old Rate	New Rate due and subsequently
LEANE Albert E.		Mem.	£1-10-0	1-13-0
" Barbara E.		W/I	13-2.	14-5

REASSESSMENT OF SERVICE PENSION

	Member	Wife		Member	Wife
Income p.f.			Allowed Income	145/-	145/-
Total H. & W.					
Halved			Other Income (Exemption £100)		
	Old Rate per Fortnight	New Rate per fortnight from	Difference		
	£. s. d.	£. s. d.			
Member			Pension payable according to income		
Wife			Property deduction units @ 9d. p.f.		
Children		1 @ 10/- @ 5/- ea. }			
		O.A. T.B. P.U.	Amount S.r. payable p.f.		

Trustee M. Luynes Pension
 Post Office South Brisbane
 Folio No. 534

Examiner's Initials A
 Date 25/10/48

Pension No. 219866 (534)
 Member Wife
~~263267~~

ADDRESS:
13 Westbourne St.
St. Brisbane

MEMBER Wife
 Pay £ 2-7-5 on 28-10-48 and thereafter
 at £ 2-7-5 per fortnight
 WIFE:
 Pay £ _____ on _____ and thereafter
 at £ _____ per fortnight
 Advices Clerk: 25-10-48
 Advices Checker:

RECORD OF RETURN OF P.C. &/or I.C.

NAME MEMBER'S NAME C.No. 26774
LEANE Anne E. 2973 Bn. 2 Pns
P.C.) 219866
I.C.) No. 263457

Returned and passed to 4
for *destruction*

Instalment last paid '21/8/43 at Post Office *Lansbury*

W. J. May

File 988

31 AUG 1943

Date *8/8* /1943

31 AUG 1943

Mr. /~~Miss~~ Albert E. Leane,
 13, Westbourne Street,
 SOUTH BRISBANE, S.I.

Dear Sir/~~Madam~~,

I have to advise that you have been appointed trustee of the War Pension payable on behalf of ~~Barbara Ellen~~ LEANE on and from instalment due ~~26.8.43~~.

2. On presentation of this Communication to the Postmaster, ~~South Brisbane~~, the necessary Pension Certificate will be issued to you, and payments will be made at the rate of ~~£2/3/2~~ per fortnight until further advised.

Yours faithfully,

(H.G. Roy)
 DEPUTY COMMISSIONER.

MEMORANDUM:

The Postmaster,
 SOUTH BRISBANE.

Re: P.C. 219866. - LEANE, Albert Edmund - (member) and Trustee for
 Barbara Ellen (Wife).

REFERRED: Pension Certificate and Identification Card enclosed. Kindly note your records, issue Certificate to Trustee on application, and pay in accordance with the foregoing until further advised. Please return the old Identification Card to this office for cancellation.

(H.G. Roy)
 DEPUTY COMMISSIONER.

1/c 57089 Serial
 26 AUG 1943
 Encls.

C. 26774

Membr. wife
APPOINTMENT OF WIFE AS TRUSTEE FOR SOLDIER

Full Name LEANE Albert Samuina
No. 2973 Rank Ph Unit 2nd Inv Bn

Members
Wife's full Name LEANE Albert Samuina

Wife is hereby appointed trustee of pension of member as
from 26.8.43
Date of last Payment 12.8.43

Recd
17/9/43

Trust. Sec. 1339
18/8/43

[Signature]
DEPUTY COMMISSIONER

Date 17/9/43

Advice sent to postmaster at South Brisbane
on

Advice sent to trustee on

Entered in Daily Statement No.

Pension No. 219866 Member 1-10-0

Wife 13.2

Children

P.C.No. 263457 passed to No. 4 for destruction.

Prepared by [Signature] Checked by

Date 17/9/43

REPAT. COMM'N
RECEIVED
16-11-43 AM
QUEENSLAND

P.F. 9
G.O. P. 27(4)

C. _____

APPLICATION FOR APPOINTMENT OF TRUSTEE AND ISSUE OF
COMPOSITE WAR PENSION CERTIFICATE

-----oO-----

I desire my ~~wife~~^{husband} ALBERT EDMUND LEANE
(full name)
to be appointed trustee for my war pension.

I enclose herewith my pension certificate No. 263457
and my ~~wife's~~^{husband's} Certificate No. 219866

My ~~wife~~^{husband} desires payments to be made available at
South Brisbane Post Office.

Signature of ~~wife~~^{husband} B. E. Lane
Date 10 August 1943

ⁱⁱ Strike out that which is inapplicable.

NOTE: - It is desirable to hand in the pension certificates with
this application immediately after payment on Pension Thursday so
that the new certificate may be returned to the Post Office in
time for the next pension payday. The new certificate, when is-
sued, will be handed to the Trustee by the postmaster after ob-
taining the trustees's signature thereon.

To the Deputy Commissioner,
Department of Repatriation,
Box 651K. G.P.O.,
B R I S B A N E Q L D.

AUSTRALIAN SOLDIERS' REPATRIATION ACT 1920-1943.

Examiner's Reassessment of Pensions from 6th May, 1943.

Soldier's Name LEANE Albert Edmund C. ~~EX~~ No. 26774
 (Surname in block letters—Christian Name or initials.)

Name of Pensioner.	Pension No.	Designation.	Old Rate.	New Rate due 6/5/43 and subsequently.
LEANE Albert Edmund	219866	MEM	£1-5-0	£1-10--
" Barbara Ellen	263457	Wife	10-10	13-2

REASSESSMENT OF SERVICE PENSION.

		Member.	Wife.			Member.	Wife.
Income p.f.	.. .. .			Allowed Income	.. ..	78/-	78/-
Total H. & W.	.. .. £			Other Income	.. .. .	
Halved	.. .. .			Difference	.. .. .	
	Old Rate per fortnight.	New Rate per fortnight from 6/5/43.		Pensions payable according to Income	.. .. .	
Member	£ s. d.	£	s. d.	Property deduction Units @ 9d. p.f.	.. .. .	
Wife							
Children		1 @ 10/-) @ 5/- ea.)		Amount S.P. payable p.f.	.. ..	

Trustee.....
 Post Office South Brisbane Examiner's Initials [Signature]
 Folio No..... Date 14/1/43

Member. Pension No. 219866
 Wife. Pension No. 263457

OFFICE MEMORANDA: NEW TOTALS
 MEM. £1-10--
 W. & T. 13-2

C.No. 26774

NAME: Leane Albert E

PENSION CERTIFICATE NO: 219866

Duplicate Identification Card No. 38643 *pp*

utilised to replace Identification Card returned by
J. De South Brisbane, the
original of which is now unserviceable.

*Ver 2/8
received
& OK
Jan 26/29*

PASS TO	BRING UP TO
Section	
Date	
Initials	
FILE	Initials
	Date
	Section

pp
1929

M/E on 426774

REPAT. COMM'N
RECEIVED
28-MAR-38
QUEENSLAND

Form Z 30.
TRANSFER "OUT."

Consec. No. *78* *24/3/38*

COMMONWEALTH OF AUSTRALIA.

C. No. 30088.
CNB.DAK

REPATRIATION COMMISSION.

NEW SOUTH WALES Branch,

*24*d March, 193 8

To Deputy Commissioner of Repatriation,

BRISBANE. Q'LAND.

INTERSTATE OR OVERSEAS TRANSFER.

Name of Pensioner *✓* LEANE Albert Edmund - 2973 Pte. - 2nd Pnr. Battn.
LEANE Barbara Ellen - Wife.

Future Address 13 Westbourne Street, South Brisbane. Q'land.

Number of Pension 219866. & 263457.

(Name of Trustee, if any, should also be given)

The above-named War Pensioner has applied for a transfer from
CHATSWOOD. N.S.W. to SOUTH BRISBANE. Q'LAND.
Payment is being made at the rate of 25/- & 10/10d per fortnight,
and the Postmaster at CHATSWOOD. advises that the last payment
made at his office was on 3.3.38. and represented payment for the
period 3.3.38. to 16.3.38. inclusive.

2. All the papers, including Form ZZ, are being forwarded to you under separate cover.

car note 24/3/38

3. The case is due for review in Member Stab. } and should be entered
accordingly in your Review Register. Dependants }



J.E. BARRETT.

T, M, B, card noted

Barrett
Deputy Commissioner.

Not applicable

FOR NOTATION BY INWARD OFFICE.

Entered in Register of Transfers in Folio No. *56* Consec. No. *54*

Review noted { (1) Member— Folio No. *56* } Initials *Barrett*
{ (2) Dependants— Folio No. } Initials *Barrett*

D2820/4.31.—C.3774.—5M.

Stamp: FILE, 1 APR 1938, Initials, Date, Section

INT. TRANSFER CLERK

C 30088

219866 Leane Albert E. Men 207-

URGENT

COMMONWEALTH OF AUSTRALIA.

The Australian Soldiers' Repatriation Act 1920-1930.

APPLICATION FOR TRANSFER OF WAR PENSION.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)



War Pension Certificate No. 219866 Address 13 Westthorpe St. South Brisbane Q Date 7 March 38

I HEREBY apply that place of payment of my War Pension be changed from Chatwood to South Brisbane for the following reasons: - that I am now residing in South Brisbane

My new address will be: - 13 Westthorpe St South Brisbane Qld

Signature of Applicant

A. E. Leane

I beg to report to the Deputy Commissioner of Repatriation at

Chatwood

that I have authorized the transfer from

South Brisbane

The last payment made at this office was due on

"Pension Thursday," the

3rd March 1938

W. A. Coaker

Paymaster or Paying Officer.

Pay Register noted By 10/3

N.E. Postmasters cannot authorize transfers to places outside the Commonwealth (see Clause 38 of "Instructions to Postmasters").

Par. C Fee 26 (26) please

See ff re wife attached

URGENT

INT. TRANSFER CLERK

C 30098

263457 Leane Barbara E Wg 10/10

URGENT

INT. TRANSFER CLERK
COMMONWEALTH OF AUSTRALIA.



The Australian Soldiers' Repatriation Act 1920-1934.

APPLICATION FOR TRANSFER OF WAR PENSION.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

War Pension Certificate No. 263457 Address 13 Wertheim St 5th Brisbane
Date 7 March 38

I HEREBY apply that place of payment of my War Pension be changed from
Chatswood to 5th Brisbane
for the following reasons:— that I am now residing
in South Brisbane

My new address will be:— 13 Wertheim St
South Brisbane Qld

Signature of Applicant B. E. Leane

I beg to report to the Deputy Commissioner of Repatriation at
that I have authorized the transfer from Chatswood
to South Brisbane The last payment made at this office was due on

"Pension Thursday," the 3 March 1938
Paymaster
Paymaster or Paying Officer.

Pay Register noted
84 7.650.435-C.3090-M.

URGENT

Can be filed to 26
please see

See file re transfer attached

~~P. [unclear]~~
CIA



[Handwritten scribble]
K 947
C 30088

13 Westbourne St
South Busham
Aland
26 Feb 38

The Deputy Commissioner of
Repatriation
Repatriation Dept Sydney.

Re Pensions No 219866
and No 263454

Dear Sir.

In regard to above pensions
we wish to give notice of change of
address from Chatswood to
13 Westbourne St
South Busham Aland

Yours faithfully.

A.E. LEANE
B.E. LEANE

[Signature]

[Handwritten initials]

REPATRIATION COMMISSION.

N.S.W. Branch.

WAR PENSIONS.

Examiner's Report on Review for Stabilization of Member's War Pension under C.L. 842.

Name of Member LEANE, Albert E.
Number 2973 Rank Pte. Unit 2nd Pnr. Battn.

ENTITLEMENT—

Table with 2 columns: Disabilities Attributable to War Service, Disabilities NOT Attributable to War Service. Entries include G.S.W. Right thigh and chest, Appendicectomy scar.

EXAMINER'S CERTIFICATE (vide C.L. 842, Para. 2A)—I certify:

- (1) that pensioner has been receiving war pension for the past five years; and
(2) that there has not * been a variation of more than 10% in that period.

Examiner's Signature [Handwritten Signature] Date 7/3/38

* If necessary insert "not." If there has been a variation of more than 10% or if a medical examination has been specially conducted, the medical officer's recommendation must be obtained in addition to the Examiner's Certificate.

MEDICAL RECOMMENDATION (vide C.L. 842, paras. 2B or 2c):

O.E. of file I recommend that pension be stabilized at % rate.
O.E. of pensioner

Signature of M.O. Date

DECISION OF REPATRIATION BOARD

Member's pension stabilized at 30% rate.
No further review necessary.

Chairman, Repatriation Board. Date 10 MAR 1938

Table with 2 columns: Initials, Date. Rows include: 1. Recorded on Pro Forma List No. 2/215, 2. Member's review date deleted from Review Register, 3. First child's review date checked with Review Register, 4. Other dependants' review date checked with Review Register, 5. Letter Form despatched to member on 17 MAR 1938, 6. Next action.

Could

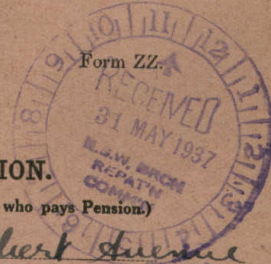
C30088

Leane Barbara E WI

19/10

COMMONWEALTH OF AUSTRALIA.

The Australian Soldiers' Repatriation Act 1920-1934.



Form ZZ.

APPLICATION FOR TRANSFER OF WAR PENSION.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

War Pension Certificate No. 263457

Address 53 Albert Avenue Chatswood

Date 27 May 37

I HEREBY apply that place of payment of my War Pension be changed from Willoughly to Chatswood for the following reasons: that I have changed my place of residence

My new address will be: 53 Albert Avenue Chatswood

Signature of Applicant B. E. Leane

I beg to report to the Deputy Commissioner of Repatriation at Sydney that I have authorized the transfer from Willoughly to Chatswood The last payment made at this office was due on "Pension Thursday," the 27th May 1937

Paymaster or Paying Officer.

Pay Received 02 JUNE 1937

N.B.—Postmasters cannot authorize transfers to places outside the Commonwealth (see Clause 38 of "Instructions to Postmasters").

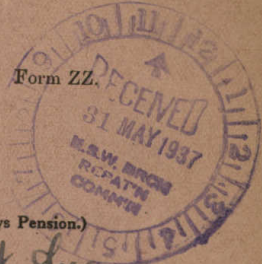
C 30088

Keane Albert B Inn 257-

COMMONWEALTH OF AUSTRALIA.

Form ZZ.

The Australian Soldiers' Repatriation Act 1920-1934.



APPLICATION FOR TRANSFER OF WAR PENSION.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

War Pension Certificate No. 219866

Address 53 Albert Avenue

Date 27 May 37 Chateauwood

I HEREBY apply that place of payment of my War Pension be changed from Willoughby to Chateauwood for the following reasons: that I have changed my place of residence

My new address will be :- 53 Albert Avenue Chateauwood

Signature of Applicant A. Keane

I beg to report to the Deputy Commissioner of Repatriation at Sydney

that I have authorized the transfer from Willoughby

to Chateauwood

The last payment made at this office was due on

"Pension Thursday," the 27 May 1937

J. Mitchell

Postmaster or Paying Officer.



N.B.—Postmasters cannot authorize transfers to places outside the Commonwealth (see Clause 38 of "Instructions to Postmasters").

R.39475
C.30088

6/a

The Deputy Commissioner
of Repatriation.
Chalmers St Sydney.



Re war Pension No 219866 A.E. LEANE
and " " No 263457 B.E. LEANE

Dear Sir

Re above pensions we beg to notify
change of address from Willoughby to

53 Albert Avenue
Chatswood

Yours faithfully

and

[Redacted]
B. E. Leane

19 May 1937.

Recd.
6 of a noted
26/5/37

File
27/5/37

F

P. F. 80.

C. No. 30088

REPATRIATION COMMISSION.

N. S. W. BRANCH.

NAME OF MEMBER: LEANE A.E.

DECISION OF REPATRIATION BOARD.

Pension continued at existing rate: 30 %.

Review:

MEMBER: September 1945 Indefinite
CHILD: ✓

Ex. Init. *JS*

Date: - 2 SEP 1936

A. E. Barnett
For Repatriation Board.

4 SEP 1936

Date: _____

P.F. 14 sent - 4th September, 1936.

no file

R.3947⁵

C 30088

~~30088~~
~~30088~~

8 Marlborough Rd

Willoughby

4 June 1935

The officer in charge
War Pensions Dept
Chalmers St
Sydney.



Dear Sir

Re pension No 219866 and
No 263457 please note change of address as
above.

~~_____~~ Yours faithfully

A.E. Leane

noted
7/6/35

Leane, Albert. Edmund
2973. Ple. Strickli.

R 3947⁵
C. 30088

noted 11/6/35

NR

C 30088

FINANCIAL RELIEF ACT 1934

OPERATIVE FROM 9/8/34

WIFE'S PENSION increased from 9/9 p.f. to 10/10 p.f.

Folio F.R. 2/ 654

Examiner's initials Edell

AUSTRALIAN SOLDIERS' REPATRIATION ACT 1920-1934

OPERATIVE FROM / /34

MEMBER'S PENSION INCREASED

from £ / / p.f. to £ / / p.f. { Attendant's Allowance
5th Schedule amount

Folio F.R. 2/

Examiner's initials

WAR PENSION MEDICAL REPORT.

Name and Address of Pensioner or Claimant.	Regimental Particulars.	"C" File No.	Specimen Signature of Pensioner or Claimant.
LEANE Albert Edmund 232 High Street Willoughby	2943 2 In	30088	
War disabilities in respect of which pension is * granted. * applied for.	(a) R. Thigh (b) " Chest (c)		

* I have this day examined the above-named person for War Pension purposes in respect of the above-mentioned disability or disabilities, and the following report is submitted :-

1. States he is suffering from ... Rt. Thigh and leg is weak, no pain

2. Age 35 yrs ... 115/19 ins Weight 9 st. 1 lb. (Coat and vest off.)

3. Describe in detail the present condition of the disability or disabilities recorded under (a), (b), or (c) above. (Heart and lungs must be examined in all cases.)

(a) 4 x 3 scar in fold of Rt. Thigh muscle (quadriceps extensor) destruction at the site of scar which is adherent to soft parts beneath but not to femur. There the knee full 2" difference in length of thigh at site of scar 1/2" wast in R. leg noted. Rt. knee joint is weak, pyrophoria/wast swollen & thin. Heart & lungs clear

4. The above condition is the result of ... a + b. D.W.S. Reflex active.
5. In my opinion the improvement during the past six months has been he has lost wt but gains appear a little tremulous
6. State any other disabilities not recorded in 3 above, indicating whether (a) Due to war service Depressed adherent scar L. side of chest in front some irregularity of ribs beneath none clear all present (b) Due to post-war causes Appendicectomy at St Vincent Hospital Dec 1918 - no disability

7. Period of incapacity ... The condition is such as to render him ~~totally~~ partially incapacitated for a period of 36 months from this date.

8. Percentage of incapacity ... He is at present incapacitated to the extent of 30% of total incapacity, made up as follows:

(1) Disability existing, pre-war (if any)	...	...	0%
(2) Disability caused through war service	...	...	30%
(3) Disability—aggravation caused by war service	...	...	0%
(4) Present disability (if any) due to post-war causes, but not contributed to by service	...	...	0%
TOTAL, as above			30%

N.B.—Any degree of incapacity due to the default or wilful act of the ex-member is not a pension liability.

9. Nature of employment since discharge and time lost during past 12 months through war disabilities Contractor - very little work now, interest went.

FOR OFFICE USE (G.O., P.25 (2)).
Pens. contd. @ existing rate 30%
Review: Sept 1936 - 36/46
Member: [Signature]
Child: APPENDICECTOMY N.D.W.S.
Ex. Int. [Signature] MURKINSON
STATE BOARD.
Date: 8 SEP 1933

To the Deputy Commissioner of Repatriation,
Signature: [Signature]
Address: Sydney
Date: 6-9-33
Medical Examiner.

C.33/C.30088/P/JW:DM

A.E. Isaacs,

30th August, 3.

62, Warrane Road,

WILLOUGHBY.

above address,

11.50 a.m.

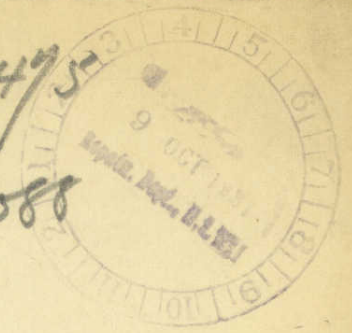
Wednesday, 6th September,

3.

J.E. BARRETT

The Honorable Commissions
of Repatriation
Sydney.

R 39475
C 30088



Notice of change of address

Dear Sir

re pensions 219866 + 263457. A & and

B. E. Leane. I wish to advise that our postal
address in future will be } 62 Warrane Rd
Willoughby.

Yours faithfully
B. E. Leane.

OLC Pensions
E. E. noted rechange
addresses referred
MB 9/10/51

C No. 30088

FINANCIAL EMERGENCY ACT, 1931

Name of Member Leane. alb. E.
 Number, Rank, Unit 2973 Pte 2 Par Bn
 Degree of Incapacity 30 %

DEPENDANTS

Designation	Name	Present Rate		New Rate	
		Pension	L.A. 89 R	Pension	L.A. 89 R
Wife ...	<u>Barbara E</u>	<u>- 10 9</u>		<u>- 8 5</u>	
1st Child ...				<u>(9/9)</u>	
2nd Child ...					
3rd Child ...					
4th Child ...					
5th Child ...					
6th Child ...					
7th Child ...					
8th Child ...					
9th Child ...					
10th Child ...					
11th Child ...					
Parent ...					
Brothers and Sisters					
Other Dependants					
NEW TOTAL				<u>8 3</u>	<u>✓</u>

F.E. Act. 1933.
 Restorat.
 from 2/11/33.
 F.E.R. 2/694
 Init. ah.

Trustee of Children's Pensions _____
 Signature of Examiner M. Potter Date 25-7-31
 Initials of Checking Officer ML
 Entered in Form Z 27, Folio 146 of 2902 Paying Office Willoughby

Member	Wife	Children	Other Dependants
	<u>263457</u>		

Pension No.

WAR PENSION MEDICAL REPORT.

Name and Address of Pensioner or Claimant.	Regimental Particulars.	"C" File No.	Specimen Signature of Pensioner or Claimant.
LEANE Albert Edward Barton Street, Lane Cove.	2943 2 nd Lt	30088	<i>A. E. Leane</i>

War disabilities in respect of which pension is granted.
* applied for.

(a) GSW in leg & chest
(b)
(c)

*I have this day examined the above-named person for War Pension purposes in respect of the above-mentioned disability or disabilities, and the following report is submitted :-

1. States he is suffering from ... *bone knurl on the leg. became painful*
no trouble from chest wound

2. Age *32* ... Weight *10* st. ... lb. (Coat and vest off).

3. Describe in detail the present condition of the disability or disabilities recorded under (a), (b), or (c) above. (Heart and lungs must be examined in all cases.)

(a) *Dark pallor colour poor nutrition under weight*
Scars - deficient & defective Breast catarrhal
Nervous system. N.A.S. none. No all no signs
Heart & Lungs. N.A.S.
5 in broad adhesion scar in front of chest wall over left sternum below nipple
non-painful.

4. The above condition is the result of ... *full flexion. There is also considerable wasting.*

5. In my opinion the improvement during the past six months has been *none*

6. State any other disabilities not recorded in 3 above, indicating whether

(a) Due to war service *NE*
(b) Due to post-war causes *NE*

7. Period of incapacity ... months from this date
3 1/2 months from this date

8. Percentage of incapacity ... He is at present incapacitated to the extent of *30*% of total incapacity, made up as follows :-

(1) Disability existing, pre-war (if any) ...	...	...	...
(2) Disability caused through war service ...	...	...	<i>70</i> %
(3) Disability—aggravation caused by war service ...	...	...	...
(4) Present disability (if any) due to post-war causes, but not contributed to by service ...	...	...	...
TOTAL, as above ...			<i>30</i> %

N.B.—Any degree of incapacity due to the default or wilful act of the ex-member is not a pension liability.

9. Nature of employment since discharge and time lost during past 12 months through war disabilities *Contractor Lat no time*

FOR OFFICE USE (G.O. 31/27)

Pension continued at *30*%
Existing Rate *25/15/19*

W. J. ...
State Board.
OCT 13 1930

To the Deputy Commissioner of Repatriation,

Signature *Rush*
Medical Examiner.

Address *Sydney*
Date *10-6-10-30*

* Strike out what is inapplicable.

30

C.50088 /P.

JW/AD.

10th October, 30.

A.M. Leane

Burton Street,

LANE COVE.

Sir,

10th

October,

30

11.15

J. E. BARNETT,

REPATRIATION COMMISSION N.S.W. BRANCH.

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member LEANE, Albert Edmund *married ~~unmarried~~
 Number, Rank, and Unit 2973, Pte. 2nd Pnr. Battn. Enl. Dis. 22-6-19
 Is incapacity the result of employment in connexion with warlike operations? Rate of Pay 6/- per day.
 SPECIAL NOTE.—(Extent of incapacity, &c., to be shown)

NEW GRANT TO WIFE. Previously unaware of eligibility.

Ex-member in receipt of 30% rate.

WIFE'S FULL NAME Barbara Ellen Leane (NEW GRANT) Is Wife still living? Yes
 Married on 14-11-1928 Marriage verified by M.C.

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

	Full Name	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1.				
2.				
3.				
4.				
5.				
6.				

PARTICULARS OF OTHER CLAIMANTS

DECISION ON PRESENT CLAIM *REVIEW-

PENSION ~~REDUCED TO~~ *GRANTED as from 23/1/30 *being six months prior to date of Army.

Above-named Member ...	£	:	:	per fortnight
*Member's Wife <u>NEW GRANT</u> ...	£	-	10	9
*First Child ...	£	:	:	" "
*Second Child...	£	:	:	" "
*Other Children @	p.f. each	£	:	" "

In Review Cases insert Existing Rate.	
£	1 : 5 : - p.f.
£	: : : "
£	: : : "
£	: : : "
£	: : : "

B.I. 70 SECTION
 Initial
 Section
 Date
 File
 Index
 Section
 Date
AUG 4 - 1930

*TRUSTEE of Children's Pensions

*CLAIM REJECTED, on ground that

- REVIEW—*(1) At once for proof of marriage* and births of children.
 *(2) On July 1930 re member's incapacity.
 *(3) On re cessation of first child's pension.

Exam. Init.
2/1/30
 Date

W. J. Barrett
 Chairman Repatriation Board. Date, 30 JULY 1930

DECISION OF COMMISSION.

*Certificate and Iden. Card sent to Postmaster at Willoughby on 28.30
 *Notice of Alteration
 *Pensioner, *Trustee, *Claimant advised on 2.8.30.

- *Entered in *Numerical Record
- *Entered in *Record of Alterations, &c.
- *Entered in Pay Register 4813
- Entered in Daily Statement No. 4813
- *Reviews Noted
- Folio of Review Register

	Member.	Wife.	Children.
Pension No. ...		<u>263457</u>	
No. of Certificate used		<u>969</u>	
No. of Iden. Card used		<u>47908</u>	

137¹⁴ w 10/9 = £7-5-2

30312

<p>Arrears £ 7: 5: 2 paid by cheque up to 30/7/30.</p>	<p>Entered on Form 37 Date / / By</p>
<p>Current Payment £ 10: 9 p.ft. from 31. 7. 30. Pens & P/M advised 2/8/30.</p>	<p>Pay Register Notes Date By</p>

£7-15-11

at

[Signature]

✓

N.P.C.
B. only 18/2/30

D.30088.
FORM Y.

COMMONWEALTH OF AUSTRALIA.

The Australian Soldiers' Repatriation Act 1920-1922.

CLAIM FOR WAR PENSION.

CLAIM BY A DEPENDANT (INCLUDING WIFE OR WIDOW) OVER THE AGE OF SIXTEEN YEARS.

Section 44 of the Australian Soldiers' Repatriation Act 1920-1922 reads:—

Any person who—

- (a) makes, either orally or in writing, a false or misleading statement in, or in connexion with, or in support of, any application for pension;
- (b) obtains any pension or instalment of pension which is not payable;
- (c) obtains payment of any pension or instalment of pension by means of any false or misleading statement; or
- (d) makes or presents to the Minister or the Commission or to any officer doing duty in relation to this Act or the Regulations any statement or document which is false in any particular,

shall be guilty of an offence.

Penalty: Fifty pounds or imprisonment for six months.

To THE REGISTRAR OF PENSIONS AT

Sydney.

I, *Barbara Ellen Leane*

(Here write full name.)

of *Burton St Lane Cove*

(Here write full postal address.)

hereby claim for myself a pension, and I declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular.

QUESTIONS AND REQUESTS FOR INFORMATION.	REPLIES.												
Give the full name of the member of the Forces on whose death or incapacity the claim is based ..	Albert Edmund Leane												
State his rank, his number (if known), and the regiment or branch of the Forces in which he served	No. 2973 Rank Private Regiment, &c. 2nd Pioneer Btn 4.7.7												
Where was he born? (Give name of town and country, if known)	Liverpool N.S.W.												
When was he born? (Give exact date, if known)	10 March 1898												
Was he single, married, or a widower (state which)?	Single												
State whether he is dead, or is alive but incapacitated	alive but incapacitated												
What is your relationship to him?	wife												
Where were you born? (Give name of town and country, if known)	Elmarra N.S.W.												
When were you born? (Give exact date, if known)	4th Jan 1881												
What is your occupation?	Domestic												
Are you single, married, widow, or widower (state which)?	Married												
If you are a widow, state the date and place of your husband's death	/												
If you are or have been married, state, in respect of your first marriage :-	<table border="0"> <tr> <td data-bbox="397 1459 771 1491">Full name of husband ..</td> <td data-bbox="665 1428 803 1480">Bachelor</td> <td data-bbox="828 1428 1388 1491">Albert Edmund Leane ✓</td> </tr> <tr> <td data-bbox="397 1501 771 1533">Full maiden name of wife ..</td> <td data-bbox="665 1480 803 1543">Spinster</td> <td data-bbox="828 1480 1388 1543">Barbara Ellen Connor ✓</td> </tr> <tr> <td data-bbox="397 1543 771 1575">Place of marriage</td> <td></td> <td data-bbox="828 1533 1388 1585">at Coldstream Clarence River N.S.W.</td> </tr> <tr> <td data-bbox="397 1585 771 1627">Date of marriage</td> <td></td> <td data-bbox="828 1585 1388 1627">14th November 1928 ✓</td> </tr> </table>	Full name of husband ..	Bachelor	Albert Edmund Leane ✓	Full maiden name of wife ..	Spinster	Barbara Ellen Connor ✓	Place of marriage		at Coldstream Clarence River N.S.W.	Date of marriage		14th November 1928 ✓
Full name of husband ..	Bachelor	Albert Edmund Leane ✓											
Full maiden name of wife ..	Spinster	Barbara Ellen Connor ✓											
Place of marriage		at Coldstream Clarence River N.S.W.											
Date of marriage		14th November 1928 ✓											
Give similar particulars of your other marriage or marriages (if any)	<table border="1"> <tr> <td data-bbox="974 1711 1388 1764">Marriage Certificate produced on</td> <td data-bbox="1055 1711 1388 1764">B223198 25-7-30</td> </tr> <tr> <td data-bbox="974 1774 1388 1816">Birth Certificate produced on</td> <td></td> </tr> <tr> <td data-bbox="974 1827 1388 1879">By whom verified</td> <td data-bbox="1136 1795 1388 1879">A. Hed Coy</td> </tr> </table>	Marriage Certificate produced on	B223198 25-7-30	Birth Certificate produced on		By whom verified	A. Hed Coy						
Marriage Certificate produced on	B223198 25-7-30												
Birth Certificate produced on													
By whom verified	A. Hed Coy												

NOTE.—The questions on this page need not be answered if the claimant is the wife or widow of the aforesaid member of the Forces.

QUESTIONS AND REQUESTS FOR INFORMATION.	REPLIES.
Were you dependent upon the earnings of the aforesaid member of the Forces at any time during the period of twelve months prior to his enlistment or appointment?	
If you were dependent, give full particulars	
In the twelve months prior to the enlistment or appointment of the aforesaid member of the Forces did any other person contribute towards your maintenance?	
If so, give full particulars	
Did you earn any money in the said period of twelve months?	
If so, give full particulars	
Did you, during the said period of twelve months, have any means of support other than means of support shown on this page?	
If so, give full particulars	

QUESTIONS AND REQUESTS FOR INFORMATION.	REPLIES.
Are you in receipt of an Invalid or Old-age pension ? (If so, state the fortnightly rate and where you receive payment.)	no
Have you at any time applied for an Invalid or Old-age pension ? (If so, state when and where.)	no
Is your husband (or wife) in receipt of an Invalid or Old-age pension, or has he (or she) at any time applied ?	no
Are you receiving or entitled to receive any payment under any Commonwealth Act other than the <i>Australian Soldiers' Repatriation Act 1920-1922</i> , or under any Imperial Act or State Act ?	no
If so, give full particulars	/
At what Post Office should pension, if granted, be paid ?	Willoughley.
Give the names and addresses of all persons known to you who were dependent upon the earnings of the aforesaid member of the Forces at any time within the twelve months prior to his enlistment or appointment	/
If there has been a delay of more than six months in lodging claim since you became eligible for a war pension, the reason for such delay must be stated fully	I was not aware that I was entitled to pension.

Signature: *[Signature]* with that on...
 Initials: *[Initials]*
 Date: *21-10-33*

Declared at Sydney } Barbara Ellen Lane
 the 23rd day of July 1930 }
 Before me, * † George Read J.P.
 Signature of Declarant.

* The person before whom this declaration is made to sign here and add the title by which he takes the declaration, such as "Postmaster," &c.
 † The declaration may be made before any of the following persons:—A postmaster or postmistress, or person in charge of a post office, a police, stipendiary, or special magistrate of the Commonwealth or of a State, a justice of the peace, a barrister or solicitor, a State school head teacher, an officer of the Department of Trade and Customs, a member of the police force of the Commonwealth or of a State, a legally qualified medical practitioner, a notary public, a commissioner for affidavits, a registrar under the *Invalid and Old-age Pensions Act 1908-1919*, a minister of religion, an officer of the Repatriation Commission, a member of the Parliament of the Commonwealth, or a Commissioned Officer of the Australian Military Forces.

The foregoing claim was received by me on 19

Registrar of Pensions at Date

WAR PENSION MEDICAL REPORT

Name and Address of Pensioner or Claimant. <i>A. E. Leane Willoughby</i>	Regimental Particulars. <i>2973 2nd P.W.D.</i>	"C" File No. <i>30088</i>	Specimen Signature of Pensioner or Claimant. <i>A. E. Leane</i>
---	--	------------------------------	--

War disabilities in respect of which pension is
* granted,
* applied for.

- (a) *G.S. w & R thick & chest.*
(b)
(c)

*I have this day examined the above-named person for War Pension purposes in respect of the above-mentioned disability or disabilities, and the following report is submitted:—

1. States he is suffering from ... *No pain but some tenderness in R thigh cannot kneel down to well as with any distance. No hump*

2. Age *30* ... Weight *9* st. *7* lb. (Coat and vest off.) *shortness of breath*

3. Describe in detail the present condition of the disability or disabilities recorded under (a), (b), or (c) above. (Heart and lungs must be examined in all cases.)

(a) *Nutrition is satisfactory - color is pale - teeth in v. fair condition - Luv throaty - voice and tonsils +.*
Heart: - Sounds clear regular. P. R. 96.
Hump: - Scar deeply adherent to bone beneath L hip - B. S. Lash but no accoupts and general expansion quite good.
Urine: - No abnormal organs.

He has a deeply adherent scar involving much loss of muscle tissue above R thigh - He has full movement

4. The above condition is the result of *W.S. in the knee joint - Complaint of pain & cramps not unreasonable.*

5. In my opinion the improvement during the past six months has been *Nil. This man makes light of his disabilities.*

6. State any other disabilities not recorded in 3 above, indicating whether

(a) Due to war service
(b) Due to post-war causes

7. Period of incapacity ... (Indicate if condition permanent) ... The condition is such as to render him *totally *partially incapacitated for a period of *3* months from this date.

8. Percentage of incapacity ... He is at present incapacitated to the extent of *30* % of total incapacity, made up as follows:

(1) Disability existing, pre-war (if any)	...	...	<i>30</i> %
(2) Disability caused through war service	...	...	<i>30</i> %
(3) Disability—aggravation caused by war service	...	...	...
(4) Present disability (if any) due to post-war causes, but not contributed to by service	...	...	...
TOTAL, as above			<i>30</i> %

N.B.—Any degree of incapacity due to the default or wilful act of the ex-member is not a pension liability.

9. Nature of employment since discharge and time lost during past 12 months through war disabilities

Carpenter - loses odd days only.

FOR OFFICE USE (C.O. 312 (3))

Pension continued at *25* % Existing Rate.

10 JUL 1928

State Board.

Review *July 1930*

To the Deputy Commissioner of Repatriation,

Signature *Kallen*

Address *Lydney*

Date *JUL 7 1928*

Medical Examiner.

* Strike out what is inapplicable.

M.O.

C/ 35584

A E LEANE

2793 - 2 Pms

DUE FOR REVIEW.

B. L. for Review

16/3/28

DEPARTMENT OF REPATRIATION.
WAR PENSIONS.

Statement and Declaration of War Pensioner or Trustee.

Name *LEANE Albert E.*

The pensioner or trustee must answer fully and correctly the questions set out hereunder and make the declaration before one of the authorized witnesses mentioned. The form, when completed, should be returned immediately to the Deputy Commissioner of Repatriation.

SHOULD THE FORM NOT BE RETURNED WITHIN FOUR (4) WEEKS,
PAYMENT OF PENSION MAY BE SUSPENDED.

Section 44 of the Australian Soldiers' Repatriation Act reads:—

Any person who—

- (a) makes, either orally or in writing, a false or misleading statement in, or in connexion with, or in support of, any application for pension;
 - (b) obtains any pension or instalment of pension which is not payable;
 - (c) obtains payment of any pension or instalment of pension by means of any false or misleading statement; or
 - (d) makes or presents to the Minister or the Commission or to any officer doing duty in relation to this Act or the Regulations any statement or document which is false in any particular,
- shall be guilty of an offence.

PENALTY: Fifty pounds or imprisonment for six months.

To be filled in by ex-soldiers.

QUESTIONS.	ANSWERS.				
Give your full name and regimental particulars	Name: <i>LEANE Albert Edmund</i> Address: <i>.62 Warrane Rd Willoughby</i> No.: <i>2973</i> Rank: <i>Private</i> Regiment, &c.: <i>2nd Pioneer Batt</i>				
What is the date and place of your birth? ...	<i>10 March 1898 Liverpool NSW</i>				
What is the fortnightly amount of pension being paid to you?	<i>one Pound five shillings</i> <i>£1-5-0</i>				
At which Post Office do you collect same? ...	<i>Willoughby P.O.</i>				
What is the nature of the war disability for which pension is being paid?	<i>gun shot wounds left chest and right thigh</i>				
Give names and relationship of all dependants who are receiving war pensions on account of your war disability	<table border="1"> <thead> <tr> <th>Name.</th> <th>Relationship.</th> </tr> </thead> <tbody> <tr> <td><i>no</i></td> <td></td> </tr> </tbody> </table>	Name.	Relationship.	<i>no</i>	
Name.	Relationship.				
<i>no</i>					
Have any of the dependants married, re-married, or died since the date of grant of pension? If so, give particulars	<i>no</i>				

IMPORTANT: All questions must be answered in words. Strokes will not be accepted.

STATEMENT.

DECLARATION.

I, *Alfred Edmund Leane*
 of *67 Warrane Rd Willoughby*
 do solemnly and sincerely declare that I am the pensioner or trustee referred to in the foregoing statement, and that the information and answers therein set down by me are to the best of my knowledge and belief true and correct in every particular.

DECLARED BEFORE ME AT *Sydney*
 THE *Ninth* DAY OF *August* 192*7*
 BY THE ABOVE-NAMED DECLARANT, who is personally known to me, and I certify that, to the best of my knowledge and belief, the answers to the questions and statements made herein are correct.

Alfred Edmund Leane
 Pensioner to sign here

* Witness— *Alfred Edmund Leane*

* A Police, Stipendiary, or Special Magistrate, or a Justice of the Peace, or a Commissioner for Affidavits, or a Commissioner for Declarations, or an Officer of the Repatriation Department, a Secretary of a Local Repatriation Committee, or a Postmaster or Postmistress.

WAR PENSION MEDICAL CERTIFICATE.

I, Hallin hereby declare
that I have this day examined A. E. Leane
of Woolongahilly
(whose signature is appended hereunder)

a *pensioner
a *claimant under the above-named Act.

I find that he—

- (1) Is about 27 years of age.
- (2) States that he is suffering from—

SIGNATURE OF PENSIONER OR CLAIMANT.
A. E. Leane

U. TO
(a) Fully describe
general conditions.
Initial
Date
Title
Initial
Heart & Lungs
Quilt wound.
Wound N.A.D.
Pen. Health is good.

P.S. Was L side chest & R thigh.

My examination shows (a)

Scar adherent to lower end sternum.

(1) tender to touch but otherwise very slight disability. It is a flesh wound only.

(2) He has a deep extensive scar lower 1/3 of R thigh. Much muscle loss & weakness of extensor muscles. Here again he is sensitive to touch. Knee joint. N.A.D. He has full movements of this limb beyond mild limitation flexion. (weight: st. lbs.) slight weakness of calf m/s.

(3) The above condition is the result of P.S. Was

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(c) State, e.g., whether "little," "great," "very little," "very great."

(4) In my opinion the improvement during the past six months has been me

(d) Give brief particulars of existing rate.
Pension continued at 20%
Existing rate 15%

(5) The likelihood of further improvement is (d) not very likely

(e) State period of time.

(6) It has in my opinion existed for many years and is *due to his default. not due

State Board
Review October 1927

(7) The condition is such as to render him *totally or *partially incapacitated for work for the period of 2 years months from this date.

(8) He has at present lost his earning power to the extent of 30% of total incapacity, made up as follows:—

These may be combined under one percentage if thought desirable by medical examiner.

- (1) Disability existing, pre-war (if any) .. 30%
- (2) Disability caused through war service .. 30%
- (3) Disability aggravation caused by war service .. 0%
- (4) Present disability (if any) due to post war causes but not contributed to by service .. 0%
- Total as above .. 30%

(N.B.—Any degree of incapacity due to the default or wilful act of the ex-member is not a pension liability.)

(g) State extent and duration.

(9) Since his previous examination he has suffered to the following extent from illness resulting from military service (g) Can't work - works on own acc. Casual only.

Hallin Medical Examiner

(Address) Sydney

Date 18 OCT. 1927 192

To THE DEPUTY COMMISSIONER OF REPATRIATION,

The Deputy Comm.

Please note change
of address as follows

A. G. Heane
62 Warrane Rd
Willoughby

N.S.W.

Let pens



C 30088

L

O.H.

To extend review please.
Due for review June 1988
On 30%
Next IMB. September 1988

Not Dependants

Pension continued at 30%
Existing Rate @ 27.4%
OIC PENSIONS.
State Board.
Review August 1988

16
2
85

103/220

2mb.

FILE TO SECTION
198 JUL 1988

O.H.
W. H. Byrnes

PLEASE ADDRESS REPLY TO
"THE DEPUTY COMMISSIONER"
NOTE

COMMONWEALTH OF AUSTRALIA

G. 24/6. No. 30088/P.A. DC.MH. **REPATRIATION COMMISSION,**

TELEPHONES:
REDFERN 990 TO 997
(8 LINES)

NEW SOUTH WALES BRANCH

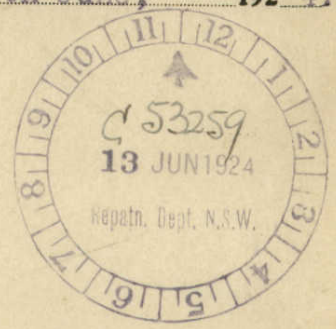
Chalmers Street,

50-31

Sydney, 4th June, 1924.

Memorandum for: -

The Postmaster,
WILLOUGHBY.



re: P.C. No. 219866 - LEANE, Albert E.

B.U. TO SECTION
Initial
Section
Date
FILE
Initial
Section
Date
top
21/7/24

The rate payable to the abovementioned pensioner is 25/- per fortnight. This amount was paid by you from 24.1.'24 to 21.2.'24.

2. Commencing 6.3.'24, you have been paying at the rate of 12/10 per fortnight. Will you please advise by return of post, quoting your authority for reducing this pension.

J. E. Barrett
Deputy Commissioner.

*to Mr. Barrett
13/6/24*

I do cannot see any authority for making the payments, I was on leave of absence when this actualisation was made & on my return continued paying at the rate of 12/10. The amount shown on the P.C. was 25/- which is scored out & 12/10 entered but I cant say by whom this was done.

*W. Rowley 13/6/24
Willoughby*

13th. June 4.

MEMORANDUM for:-

The Postmaster,
WILLOUGHBY.

Re: War Pensioner LEANE, Albert.E., P.C/219866.

The abovenamed states that payment of 12/10d. only was made to him for the instalment due 12/6/24.

2. Provided this is so, an underpayment of Ninetyseven shillings and fourpence (97/4d) has occurred to date, and this amount is to be made available on the pensioner's application.

3. Subsequent instalments on and from 26/6/24 are to be paid at the rate of Twentyfive shillings (25/-) p.f. until further notice.

4. I would again refer you to my Memorandum of 2/4/24, in which you were advised that this pension was payable at the rate of twentyfive shillings (25/-) p.f., and also to my Memorandum of 4/6/24 in which you were again advised of the correct rate, and requested to inform this Department your authority for reducing the pension.

5. Please note that if no reply is received in respect of my Inquiry dated 4/6/24, the matter will be referred to the Deputy Postmaster General.



Deputy Commissioner.

Mr. Jones

then to D.A.

24/G.No. 30088/P.A. DC.MH.

4th June, 4.

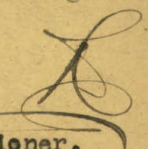
Memorandum for: -

The Postmaster,
WILLOUGHBY.

re: P.C. No. 219866 - LEANE, Albert E.

The rate payable to the abovementioned pensioner is 25/- per fortnight. This amount was paid by you from 24.1.'24 to 21.2.'24.

2. Commencing 6.3.'24, you have been paying at the rate of 12/10 per fortnight. Will you please advise by return of post, quoting your authority for reducing this pension.


Deputy Commissioner.

*O.H. Tansley
to be advised of
how far when
reply rec'd E*

Colly 6/1/24

*est. 12/6/24
£4.17.4*

*1. 4. 4
12. 2
1. 4. 4
12. 2
12. 2
12. 2

4.17.4*

Mr. Bannard Pensions 40

PC. 219866. Leane. C30088. Albert E. Willoughby.

The above pension rate is 25/- p.f. as per the Register
for two instalments 6. 3. 24 & 20. 3. 24 he drew. 25/8.
& for 3. 4. 24. 12/10. Will you please advise
me if there is any reason why this pension
is paid like this. & whether I am authorised
to pay these amounts. Total underpayment to date
is 36/6.

~~File prepared for~~
~~[Signature]~~

~~W. Keas~~
~~N. O. 12~~
~~24-4-24~~

C.I.C. Receipt Sub-Section.

The Postmaster, Willoughby, was informed on 2/4/24
that pension was payable at 25/- p.f.

2. I would suggest that you await receipt for 17/4/24
before taking any further action in relation to the underpayment.

[Signature]

PENSIONS.
2/5/24.

ES
58 464 1854

Revised

J. M. B.

file

pls. note

Mr. Barnard.
Pensions.

C/30088.
Willoughby.

Re: P.C.219866 - LEANE, Albert. E.

The above pensioner's rate is 25/- p.f. as per the Register. For two instalments 6/3/24 and 20/3/24 he drew 25/8d. and for 3/4/24, 12/10d. Will you please advise me if there is any reason why this pension is paid like this, and whether P.M. was authorised to pay these amounts. Total underpayment to date is 36/6d.

Receipt Sub-Section.
24/4/24.

C.I.C.
Receipt Sub-Section.

The Postmaster, Willoughby, was informed on 2/4/24 that pension was payable at 25/- p.f.

2. I would suggest that you await receipt for 17/4/24 before taking any further action in relation to the underpayment.

*Write to PM
3/6/24
Will advise you
after 1924 recd
AB*

PENSIONS.
2/5/24.

SENT TO
SECTION
Initial
Section
Date
FILE
Initial
Section
Date

G. 24531. C/30088. P.Z.
PENSIONS.

JB/MBOS.

2nd. April

4.

MEMORANDUM for:-

The Postmaster
WILLOUGHBY

Re: War Pensioner LEANE, Albert, Edmund. P.C/219866.

In reply to your Memorandum of 31/3/24, I have to advise that the pension quoted above is payable at the rate of 25/- p.f.

2. Your Identification Card should be altered accordingly but as according to the receipt submitted by you, payments have been made correctly, ~~and~~ there will be no arrears owing.



Deputy Commissioner.

S.O. TO	SECTION
Initials	/
Signature	/
Date	2/4
FILE	
Initials	
Section	
Date	



C 30088

Lower Holdstream
via Bushgrove Clarence
17 March 24 River

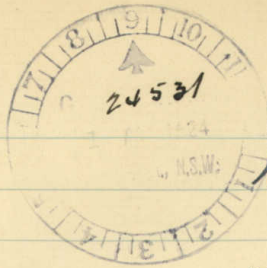
To The Postmaster
Willoughby P.O.,

Dear Sir

There appears to be some misunderstanding with regard to my Pension which my Mother informs me has been reduced. Some months ago while my pension was payable at Bondi it was increased from 16/9 to 25/- per fortnight as a result of an appeal, I was officially notified of this increase and the pension was payed accordingly until transferred to Willoughby. As I have not since then been called to attend a medical Review I am sure there must be some mistake which I hope will soon be rectified. Yours faithfully
Receipt show £ 25/-
A. G. Leane

FOR REPLY

C30088



Mr Penrose Albert E Leane. 219866

The Deputy Commr
Reparation

Truly please say
what amount should be
paid to Mr Leane
His Certificate and
Identification Card
do not agree

W Bowley
Palmerston
Northampton
31-3-24

25.0	
16.9	
8.3	
5	
41.3	
28.0	3/4
66.3	
25	17/4

PENSIONS

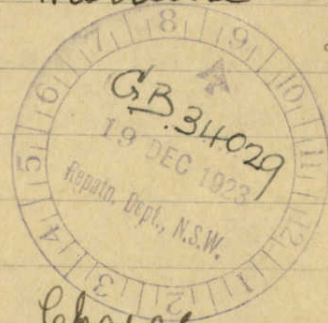
~~RECORDS~~

39475 Pension

30088

Pension No 219866.

Warrane Rd & Bedford Sts,
Willoughby.



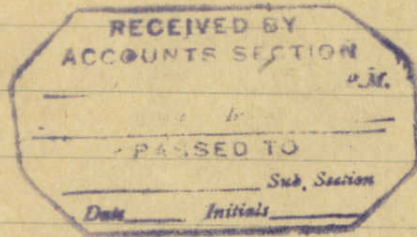
Stth Sydney.
15-12-23.

To The Officers in Charge,
was Pensions Dept.

Dear Sir,

I beg to
advise you that my postal address
is now as stated above

Yours faithfully
Alfred E. Leane



PENSIONS

General

1918

1918

William R. + Bedford St.

Killbuck

10-18-18



to the office in charge

Dear Sir,

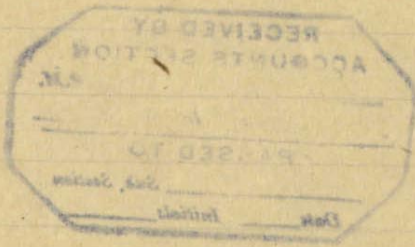
I beg to

advise you that my postal address

is now as stated above

Yours faithfully

Robert E. Lane



Records

Not for Cleat's

The Invalid and Old-age Pensions Act 1908-1920.



APPLICATION FOR CHANGE OF PLACE OF PAYMENT.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

Address *15 Kenilworth St-Waverley.*
 Date *16 Jan 24*

I HEREBY apply that place of payment of my Pension be changed from
Bondi to *Willoughby.*

for the following reasons:— *changing place of residence*

My new address will be:— *Warrane Rd Willoughby*
at the residence of Mr. Sydney
W. E. Evans

Signature of Applicant

I beg to report to the Deputy Commissioner of Pensions at

BONDI.

that I have authorized the transfer from

to *Willoughby*
10. Jan
 "Pension Thursday," the

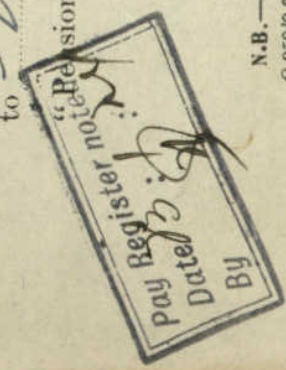
The last payment made at this office was due on
 192 at the rate of *35/-* p.f.

Postmaster or Paying Officer.

Rate of Pension to be shown in all cases.

N.B.—Postmasters cannot authorize transfers to places outside the Commonwealth (see clause 38 of "Instructions to Postmasters").
 O. 3570/9.21.—C.15207.—1908.

219866 Leave 93088 Albert E. New 257-



Albert E. LEANE - 2973 - 2nd Pnrs.

Appeal (undated) - received 26/5/23 for increase of pension rate.

Enlisted 2/2/16 - discharged 22/6/19.

AME.D2 - Wound of thigh.

1. DR. REIACH 21/7/21 - O.E. Large scar on L. lower chest - no disability. Heart & lungs nil. Colour & nutr. good. R. thigh large irreg. scar adherent with much loss of muscle tissue. Interferes with muscle action. Incap. 20% for 12 months.
2. DR. REIACH 20/3/23 - O.E. No change in condition. The disability in the right leg is due to loss of extension muscle tissue and adherent scarring. Incap. 20% for 3 years.
3. DRS. APPELYARD & WILLIS O.E. 12/6/23 - Age 25. Ht. 5.7. Wt. 10.9. dressed. Heart & lungs clear. Has nasal and post nasal catarrh. Abdomen N.A.D. A scar over sternal ends of 5th, 6th & 7th ribs. Slightly tender but very little disability. A large, transverse scar across extensor muscles lower third R. thigh adherent to deep structures. Limitation of extreme flexion R. knee to angle of 60° (i.e. 120° from full extension). Wasting R. buttock & thigh ($1\frac{1}{2}''$ by measurement) and R. leg ($1\frac{1}{2}''$ by measurement).
We consider 30% a fair assessment of his disability viz. 25% (1/3rd of 75%) for wound of thigh & 5% for wound of chest. Recommended that appeal be upheld and pension fixed at 30% for two years.

Appeal for increase

SYDNEY. 12 JUN 1923

Albert Edmund LEANE
2973 Pte 2nd Pioneer

Enlisted 2/2/16 Discharged 28/6/19

Disability G.S.W. Chest & thigh 15% - capacity

R. W. Labourer now Carpenter (v.t.)

I in receipt of 20% pension wants for more because leg interferes with movements about his work on buildings

C.O.

G.S.W. L. chest - no disability. Has however a few pains in centre of chest which he ascribes to "citch"

G.S.W. R. leg. Cramps on movements

Age 25

Ht 5ft 7in Wt 105lb 9/16 dressed.

O.K.

Heart & lungs clear. chest Has nasal & post nasal abdomen N.A.D.

a scar over sternal end of 5th, 6th, 7th ribs slightly tender but v. little disability

a large transverse scar across external muscles lower third Rt thigh adjacent to deep structures. limitation of extension flexion Rt knee to angle of 60° (i.e. 120° for full extension).

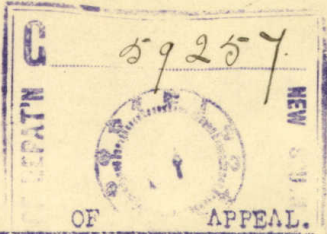
Wound Rt buttock & thigh (1/2 in by measurement) & Rt leg (1/2 in by measurement)

We consider 30% a fair assessment of his disability but 25% (1/3 of 75%) for wound of thigh & 5% for wound of chest

Recommended that appeal be upheld & pension fixed at 35% for two years

Grappley 510
H. Hastings Willis





P.I.

NOTICE OF APPEAL

To The Deputy Commissioner,
Department of Repatriation,
SYDNEY.

25 MAY

Address

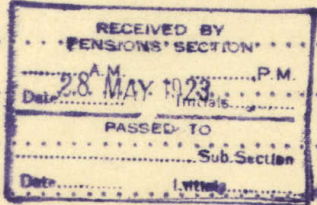
Walla
old South Ho Rd
Gondai

C30088
PENSIONS

Sir,

I desire to appeal ~~against~~ *for* Increase
of my pension on the following grounds :-

That my disabilities E.S.W Leg & Chest
warrant a higher rate of pension
My general health is below par &
I lose a considerable amount of time
from my employment (Carpenter)



*W. J. M.
W. J. M.
W. J. M.*

Yours faithfully,

Ex. No.

2993

Rank

Pte

Name in Full

Alf Kane

Unit

275 Pioneer

WA/EM.

23 C.30066/GB.56671/PZ.

26th May,

3.

Mr. Albert E. Leane,
"Uralla",
Old South Head Rd.,
BOND I.

Dear Sir:

With reference to your communication of
23/5/23 I have to inform you that your appeal for an in-
creased rate of your war pension is receiving considera-
tion and you will be further communicated with in this
connection at a later date.

Yours faithfully,

Deputy Commissioner.

38

RECEIVED BY
PENSIONS SECTION
A.M. 14 P.M.
Date **25 MAY 1923**
PASSED TO
Sub. Section
Date
Initials

58671
REPATN
NEW SOUTH WALES
C30088
25 MAY 1923

Walla
Walla South Head Rd
Bondi
23 May 23.

To
A G Fair Esq.
Deputy Commissioner for Repatriation

25 MAY 1923

~~Registered~~

PENSIONS

Dear Sir,

Appeal

As I find my pension inadequate I wish to make an appeal for increase and would be pleased if you would forward the necessary form of application to above address

Also please note change of address

Yours faithfully

Arthur E Leane

Unit 2973 2nd Pioneer Bki.

Pension No 219866,

FOR REPLY

The Invalid and Old-age Pensions Act 1908-1920.

Form 21.
RECEIVED BY
PENSION OFFICE
10 MAY 1923
A.M. P.M.
Initials

APPLICATION FOR CHANGE OF PLACE OF PAYMENT.

(Application, accompanied by Pension Certificate, must be sent to Postmaster Sub-Section or other Officer who pays Pension.)

Pension Certificate No. 719866

Address 252 Old Tooth Head Rd

Date 17 May 1923 Waverley.

I HEREBY apply that place of payment of my Pension be changed from

Katoomba to Bondi.

B. for the following reasons:—

changing place of residence

My new address will be:—

252 Old Tooth Head Rd Waverley, New South Wales.

Signature of Applicant

to report to the Deputy Commissioner of Pensions at

Katoomba

that I have authorized the transfer from

Bondi

to

“Pension Thursday,” the

17 May 1923 at the rate of 1/99 p.f.

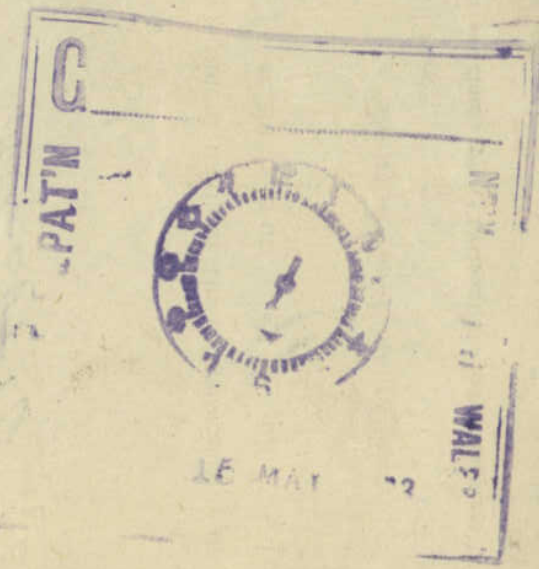
Pay Register noted
Date 16.5.23
By [Signature]

Postmaster or Paying Officer.

Rate of Pension to be shown in all cases.

N.B.—Postmasters cannot authorize transfers outside the Commonwealth (see clause 38 of “Instructions to Postmasters”).

719866 230088
Albert E. Lane
16/9



Boon 1/5-23/1923
1/2 Continued

WAR PENSION MEDICAL CERTIFICATE.

I, James Reusch hereby declare
that I have this day examined Albert Edmund Leane
of Katumba

(whose signature is appended hereunder)

a *pensioner
a *claimant under the above-named Act.

SIGNATURE OF PENSIONER OR CLAIMANT

Albert Edmund Leane

I find that he—

- (1) Is about 25 years of age.
- (2) States that he is suffering from—

Weakness of Rt thigh

(a) Fully describes general conditions.

My examination shows^(a)

No change in condition. The disability in the right leg is due to the long extensor muscle being adherent & scarred.

(weight: st. lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of^(b)

4.7.18 Gun Chest wound - Rt leg.

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In my opinion the improvement during the past six months has been^(c)

none

(5) The likelihood of further improvement is^(d)

(8) He has at present lost his earning power to the extent of %
of total incapacity, made up as follows:—

50 %

These may be combined under one percentage if thought desirable by medical examiner.	(1) Disability existing, pre-war (if any) %
	(2) Disability caused through war service	<u>20</u> %
	(3) Disability aggravation caused by war service %
	(4) Present disability (if any) due to post war causes but not contributed to by service	<u>10</u> %
Total as above		<u>20</u> %

T.557/2.22.—C.1619.—40M.

(g) State "whole," "one-half," "three-fourths," "one-third," or as the case may be.

of total incapacity, the proportion due to or aggravated by war service being^(g) 20 of total incapacity.

(9) Since his previous examination he has suffered to the following extent from illness resulting from military service^(h)

(h) State extent and duration.

Independant Carpenter, Bosnie

Pension continued at 20 %
Existing Rate. 16/9/23

+117/360s



Reusch Medical Examiner.

To Review 1-3/1926 Inc 8
DEPUTY COMMISSIONER OF REPATRIATION,

(Address) Katumba

Date 20.3.23 19

Boon 1/5-23/9/21.
1/5 Continued

COMMONWEALTH OF AUSTRALIA.
The Australian Soldiers' Repatriation Act 1920.

Form K.

WAR PENSION MEDICAL CERTIFICATE.

I, James Reisch hereby declare
that I have this day examined Albert Edmunds Leane
of Katombe

(whose signature is appended hereunder)

a *pensioner
*claimant under the above-named Act.

SIGNATURE OF PENSIONER OR CLAIMANT

I find that he—

(1) Is about 25 years of age.

(2) States that he is suffering from—

Weakness of Rt thigh

Al. Leane

(a) Fully describe general conditions.

My examination shows (a)

No change in condition. The disability in the right leg is due to the long extensor muscle being adherent (scarring)

(weight: .. st. .. lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of (b)

4.7.18 Shin Chest Wound + Rt leg.

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In my opinion the improvement during the past six months has been (c)

none

(d) Give brief particulars.

(5) The likelihood of further improvement is (d)

(e) State period of time.

(6) It has in my opinion existed for (e) 4 7/12 years

and is ~~*due~~ to his default.

(f) State period of time.

(7) The condition is such as to render him ~~*totally~~ ~~*partially~~ incapacitated for work

for the period of (f) 36 months from this date.

(g) State "the whole," "one-half," "three-fourths," "one-third," or as the case may be.

(8) He has at present lost his earning power to the extent of (g) 20

of total incapacity, the proportion due to or aggravated by war service being (g) 20 of total incapacity.

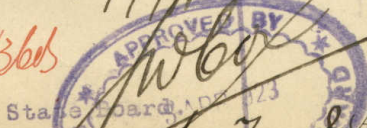
(h) State extent and duration.

(9) Since his previous examination he has suffered to the following extent from illness resulting from military service (h)

rodentiauto Carpenter, bosue

Pension continued at 20%
Existing Rate. 16/9 pt

+117/3605



Reisch Medical Examiner.

To Review 1-3/1926 Jms R
DEPUTY COMMISSIONER OF REPATRIATION,

(Address) Katombe

Date 20.3.23 19

8 MAR 1923
D.1834/121.—C.917.—50M.

* Strike out what is inapplicable.

WAR PENSION MEDICAL CERTIFICATE.

I, James Reach hereby declare
that I have this day examined Albert E. Lane
of North Sydney
a *pensioner under the above-named Act. SIGNATURE OF PENSIONER
OR CLAIMANT

I find that he—

(1) Is about 23 years of age.

(2) States that he is suffering from

NO SENSATION SIMILARITY TO HAND PROPRY
RT LEG.

My examination shows^(a)

Large scar on L. lower chest, no disability
RT leg - mild. Poor nutrition - poor
RT thigh large injury scar adherent with much
long muscle tissue. Interference with muscle action
(weight : _____ st. _____ lbs.)

(a) Fully describe general condition.

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(c) State, e.g., whether "little," "great," "very little," "none."

(d) Give brief particulars.

(e) State period of time.

(f) State period of time.

(g) State "the whole," "one-half," "three-fourths," "one-third," or as the case may be.

(h) State extent and duration.

(3) The above condition is the result of^(b)

4/7/18 JBW. RT thigh + chest

(4) In my opinion the improvement during the past six months has been^(c)

about the same.

(5) The likelihood of further improvement is^(d)

? Poor.

(6) It has in my opinion existed for^(e) 2 1/2 years

and is *due to his default.
*not due

(7) The condition is such as to render him *partially incapacitated for work for the period of^(f) 12 months from this date.

(8) He has at present lost his earning power to the extent of^(g) 20% of total incapacity, the proportion due to or aggravated by war service being^(g) 20% of total incapacity.

(9) Since his previous examination he has suffered to the following extent from illness resulting from military service^(h)

Great Indurational Thrombo.

REVIEW

NOTED Pension to be continued at existing Rate of 16/4.
29/6/21
APPROVED BY
Review 31/7/22.
To THE DEPUTY COMMISSIONER OF REPATRIATION,
Catherine L. Vernon
Date 21.7.21

James Reach Medical Examiner.
(Address) _____
Date 21.7.21

G23/B.73291/C.30086/P.B.

JNC/MDF. PENSIONS.

8th January, 3.

Mr. A. E. Leane,
"Wareena,"
York Street,
KATOOMBA.

Dear Sir,

Re REVIEW OF WAR PENSION.

With reference to your communication of 28th December 1922, I have to inform you that payment of your War Pension has been suspended, owing to your failure to afford the Department an opportunity of having a Medical Examination conducted, in connection with the review of your pension.

2. A notification was forwarded to you on 13/11/22, addressed - Grose Street, Leura. This was, however, returned to the Department, the envelope being endorsed by the Postal Authorities as "Unclaimed."

3. Arrangements, of which you will be notified later, shall be made to have you examined by the next Travelling Medical Board visiting Katoomba. In the meantime, the Postmaster, Katoomba, will be instructed to resume payment of pension instalments.

4. Should you at any future date have occasion to change your place of residence, this Section of the Department should be so informed immediately.

Yours faithfully,

A/Deputy Commissioner.

Mr. Dick.

Re removal of suspension, vide A/D.M.O's.,
recommendation.

Darlington

DEPT. OF PENSIONS
1373291
WARRENA
YORK ST.

Pension Certificate No 219866

Warrena

York St

30088 30 DEC

Katoomba

Officer in Charge

Pension kept.

PENSIONS

28 Dec 22

in Cancellation.

FOR REPLY

Dear Sir,

I have been advised at the P.O. that my pension has been cancelled until further notice. This seems strange in face of the fact that I have not been called upon for medical examination for long over the usual time.

I would be pleased if you would advise what action I should take to have pension re-continued, trusting to hear from you at your earliest convenience.

I remain

Yours faithfully

Albert E. Leane

late 2nd Pioneer Bn.

No 2973

RECEIVED PENSIONS SECTION
8 DEC 1922 P.M.
PASSED TO
Sub. Section
Date..... Initials.....

Memo.
AD no.

Due for Review, November, '22.
Failed to attend T. M. B., Katumba, on 5/18/22
Suspended, 5/18/22.
New address to hand.
Next T. M. B., March, '23.

Direction, please.

up
country ss.
3/1/23

4. 1. 23

Left suspension

~~at Katumba~~
Suspension lifted 8/1/23

Restored prisoner

Exam by adms on
March 1923

Mr. Forrest

Referred 9/1/23

K. Smith

REVIEW NOTED

45/23 lcb

NOTED

C/ 30088

76837

MEMO. TO THE DEPUTY COMMISSIONER,
DEPARTMENT OF REPATRIATION,

Sydney
PENSIONS
Leane, A.E. No. 219866

I have to advise that payment of the above-mentioned pension has been suspended, as directed.

Pay register has been noted accordingly. Last instalment collected was that due on 30.11.22

(Signed) F. J. ... Postmaster
Katonah 13/12/22 at

RECEIVED BY PENSIONS SECTION
17 DEC 1922
PASSED
Initials
Date

B.U. TO SECTION
Initial
Section
Date
FILE
Initial
Section
Date

File

PLEASE ADDRESS REPLY TO
"THE DEPUTY COMMISSIONER,"
AND QUOTE—

COMMONWEALTH OF AUSTRALIA

DEPARTMENT OF REPATRIATION

STATE OF NEW SOUTH WALES.

Chalmers St.,

Sydney, 13 NOV 1922 192

G.22/C30088/PZ

PENSIONS

FE/MLT

TELEPHONES:
REDFERN 990 TO 997
(8 LINES)

Mr. A. E. Leane,
..... Grose St.,
..... L.E.U.R.A. SECTION 4

Dear Sir,

Re MEDICAL EXAMINATION PENSION REVIEW.

You are notified to attend at ... Council Chambers

Katoomba for examination by a Medical Officer of this
Department between the hours of at 20 to 11 a.m.
on.... Tuesday 5th Decr. / /1922.

IT IS ESSENTIAL THAT YOU ATTEND PUNCTUALLY.

If unable to attend on account of illness or
absence from the district, please advise me urgently.

FAILURE TO ATTEND WILL RENDER YOUR PENSION LIABLE
TO SUSPENSION.

Yours faithfully,

A. G. Farr
DEPUTY COMMISSIONER.

B.

Stamp: B61788
80 NOV 1922
PENSIONS SECTION
PASSED TO Sub Section

DEAD LETTER

C 30089

To C.I.C., Pay Registers Sub-Section.

Please supply the following information :-

NAME.	P.C. No.	Paying Office.	Reimb. No.	Address on last receipt.
Member <i>Leane, AE</i>	<i>219866</i>	<i>Katoomba</i>	<i>16.11.22</i>	<i>Nil</i>
Wife				
Children				
Other Dependents.				

Information required is supplied above.

Officers Signature *[Signature]*

Date *4.12.22*

For C.I.C. Pensions Section,
Date

Wife of member

Exam by V.M.B. Nov 1925 C 30088

Esth
1.9.25

~~no dependants~~
Pension to be continued at
existing Rate $16/9$ ^{20%}
Review November 1922
SEP 1922
Seen to [unclear]
[unclear] of Board
O.T.C. Pensions.

REVIEW NOTED
+ 37/24 MB

REVIEW NOTED

C 30088 *MS*

Form 21

COMMONWEALTH OF AUSTRALIA

W.A.
The Invalid and Old-age Pensions Act 1908-1916.

NEW SOUTH WALES



APPLICATION FOR CHANGE OF PLACE OF PAYMENT.

(Application, accompanied by Pension Certificate, must be sent to Postmaster or other Officer who pays Pension.)

Address *Grove St. Leura*

Date *18-11/89 JAN 1922*

Pension Certificate No. *219866*

RECEIVED BY
PENSIONS SECTION
J. SOJAN
INITIALS
PASSED TO
INITIALS
DATE

I HEREBY apply that place of payment of my Pension be changed from

Willoughby to *Hattonba Blue Mountains*

for the following reasons:—

That in health reasons I have been obliged to take employment at the latter place.

Signature of Applicant

Sydney

I beg to report to the Deputy Commissioner of Pensions at

that I have authorized the transfer from

Willoughby

to

Hattonba

The last payment made at this office was due on

“ Pension Thursday,” the

25- Jan

19*22*

Pay Register checked
Date *1/1/22*
By *AW*

Noted
A. Ramon

Postmaster or Paying Officer.

219866 Leura 16/12/21

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Albert Edmund Leane *married
*unmarried
 Number, Rank, and Unit 2973, Pte 2nd Pioneers Discharged on 22.6.19
 Is incapacity the result of employment in connexion with warlike operations? Rate of Pay 6/- per day.

SPECIAL NOTE—(Extent of incapacity, &c., to be shown)
 On discharge No F B in chest or thigh both wounds excised
Large wound chest clean large open superficial wound thigh
 Incapacity 15"

A D M O. 13.20. incapacity One-quarter
 A D M O. 29.10.20. Large scar on lower part of chest wall
 firmly adherent to cartilages of 5th 6th & 7th ribs slightly
 tender large scar front right thigh with considerable loss of muscle
 substances adherent to underlying deep fascia incapacity One-fifth

WIFE'S FULL NAME _____ Is Wife still living?
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

	Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1				
2				
3				
4				
5				
6				

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT *CLAIM *REVIEW.

PENSIONS *GRANTED as from 16.11.20 *REDUCED TO 5/- pay. advice & rate. *being day after discharge
 Above-named Member... £ 16 : 9 per fortnight
 *Member's Wife ... £ : : " "
 *First Child ... £ : : " "
 *Second Child... £ : : " "
 *Other Children @ ... p.f. each £ : : " "

In Review Cases Insert Existing Rate.	
£	<u>1</u> : <u>1</u> 0 p.f.
£	: : "
£	: : "
£	: : "
£	: : "
£	: : "

*Trustee of Children's Pensions _____

*CLAIM REJECTED, on ground that _____

REVIEW—*(1) At once for proof of marriage *and births of children.
 *(2) On 15.11.1921 re member's incapacity.
 *(3) On _____ re cessation of first child's pension.

Examiner's Initials Law Date 16/11/20 Deputy Commissioner. Date _____

*Certificate and Iden. Card sent to Postmaster at _____

*Notice of Alteration sent to Postmaster at Welloughby 9793 1/12/20

*Pensioner, *Trustee, *Claimant advised on 1/12/20

*Numerical Record _____

*Record of Alterations, &c. _____

*Entered in Pay Register 789

Entered in Daily Statement No. _____

*Reviews Noted _____

	Member.	Wife.	Children.
Pension No. ...	<u>219866</u>		
No. of Certificate used ...			
No. of Iden. Card used ...			

MEDICAL CERTIFICATE.

*WE, *Alfred Smith* hereby declare

that *we have this day examined *Albert E Leane*

of *600 Gardiner St Willoughby*

a *pensioner under the above-named Act. SIGNATURE OF PENSIONER OR CLAIMANT

*We find that he— *A. E. Leane*

(1) Is about *22* years of age.

(2) States that he is suffering from *- Cramps in rt. thigh after stooping work or work building boundary fence. Tender scar on chest wall*

(a) Fully describe general condition.

*Our examination shows (a) *Large scar on lower part of chest wall firmly adherent to cartilages of 5, 6, 7 & 8 ribs. Slightly tender - Large scar front right thigh with considerable loss of muscle substance. Adherent to underlying deep fascia.* (weight: _____ st. _____ lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of (b) *Y.S.W.*

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In *our opinion the improvement during the past six months has been (c) *slight.*

(d) Give brief particulars.

(5) The likelihood of further improvement is (d) *fair.*

(e) State period of time.

(6) It has in *our opinion existed for (e) *3/4* years and is *due to his default.

(f) State period of time.

(7) The condition is such as to render him *totally *partially* incapacitated for work for the period of (f) *12 months* months from this date.

(g) If earning power wholly lost state "the whole." If only partially lost give the fraction which has been lost, as, for example, "one-half" or "three-fourths."

(8) He has at present lost his earning power to the extent of (g) *1/5* the proportion due to war service being

*Commonwealth Medical Referee. *Members of the Permanent Medical Referee Board.

(Address) *Sydney* Date *29. 10. 1920*

TO THE DEPUTY COMMISSIONER OF PENSIONS,

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Albert Edmund Leane, *married
 Number, Rank, and Unit 2973, Pte, 2nd Pns. *unmarried
 Discharged on 28/6/19.
 Is incapacity the result of employment in connexion with warlike operations? Rate of Pay 6/- per day.

SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) One Quarter - Six Mths. P.M.P.B.
pensr. 13/2/20. My condition is just about the same as at last
examination. Am at present under a course of Vocational Training.

REASSESSED
ACT 1920

WIFE'S FULL NAME _____ Is Wife still living? _____
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1			
2			
3			
4			
5			
6			

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT *CLAIM *REVIEW.

PENSIONS ***GRANTED** as from 1st January 1920 ***REDUCED TO** being day after discharge

Above-named Member...	£ <u>15</u> :-	per fortnight	
*Member's Wife	£ : : /	" "	
*First Child ...	£ : : /	" "	
*Second Child...	£ : : /	" "	
*Other Children @	£ : : /	p.f. each	" "

In Review Cases Insert Existing Rate.	
£ <u>15</u> :-	p.f.
£ : : /	"
£ : : /	"
£ : : /	"
£ : : /	"
£ : : /	"

*Trustee of Children's Pensions _____
***CLAIM REJECTED**, on ground that _____
 REVIEW—*(1) At once for proof of marriage *and births of children.

*(2) On July 1920 re member's incapacity.
 *(3) On 1/7/20 re cessation of first child's pension.

Examiner's Initials [Signature] Date 22/7/20 Deputy Commissioner. Date 24 FEB 1920

Certificate and Iden. Card sent to Postmaster at _____ on _____
 *Trustee, *Claimant advised on _____

	Member.	Wife.	Children.
*Numerical Record			
*Record of Alterations, &c.			
Record in Pay Register			
Record in Daily Statement No.			
Books Noted			
Review Register			

EXAMINER'S REPORT ON CLAIM IN FORM 1

REASSESSED

191 1003

WIFE'S FULL NAME

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE

PARTICULARS OF OTHER CLAIMANTS

DECISION ON PRESENT CLAIM - REVIEW

REVISIONS REQUESTED

1. A. ALLOWANCE (AGI 1920)

~~1. A. ALLOWANCE CANCELLED~~

* Strike out if inapplicable

MEMBER'S pension increased to \$11.00

WIFE'S from 1st. JULY 1920

Reassessed by *HP.*

Checked by *HP.*

116,200

1444

1003

MEDICAL CERTIFICATE.

*WE, *I, hereby declare

that *we *I have this day examined Albert Edmund Leane,

of

a *pensioner *claimant under the above-named Act.

*We *I find that he—

(1) Is about 22 years of age.

(2) States that he is suffering from weakness of the right thigh, which gets painful if pressed upon. He does not produce

(a) Fully describe general condition.

*Our examination shows (a) extensive scars on front of

thigh with considerable loss of extensor muscle tissue causing weakness in ascending stairs - scar is somewhat tender. Scar over lower part of chest in front. Heart & lungs clear

(weight : st. lbs.)

(b) Show whether the condition has resulted from war service or other conditions or partly from each cause.

(3) The above condition is the result of (b)

SSW of thigh & chest 4/7/18

(c) State, e.g., whether "little," "great," "very little," "none."

(4) In *our *my opinion the improvement during the past six months has been (c)

nil

(d) Give brief particulars.

(5) The likelihood of further improvement is (d) possible

(e) State period of time.

(6) It has in *our *my opinion existed for (e) one 1/2 years

and is *due *not due to his default.

(f) State period of time.

(7) The condition is such as to render him *totally *partially incapacitated for work

for the period of (f) six months from this date.

(g) If earning power wholly lost state "the whole." If only partially lost, give the fraction which has been lost, as, for example, "one-half" or "three-fourths."

(8) He has at present lost his earning power to the extent of (g) one quarter

the proportion due to war service being 1/4

G. Hawenker M.D. *Commonwealth Medical Referee.

*Members of the Permanent Medical Referee Board.

(Address)

Date 13 2 19 20

TO THE DEPUTY COMMISSIONER OF PENSIONS,

COMMONWEALTH OF AUSTRALIA.

The War Pensions Act 1914-1916.

RECORD OF EVIDENCE.

Evidence given by Albert Edmund Leane,

of SYDNEY.

in respect of the claim made by Him.

for a pension to be paid to Himself.

ON OATH. My condition is just about the same as at last examination. Am at present under a course of Vocational Training.

(Signed) Albert Edmund Leane
Date 13 2 20

The foregoing evidence was read by me to the person who gave it before he (~~or she~~) signed this sheet.

OB BT }
* Registrar of Pensions at }
* Special Magistrate at } Sydney
Date 13. 2. 20

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Albert Edmund Leane *married
*unmarried
 Number, Rank, and Unit 2973 Plc 2nd Bns Discharged on 28/6/19
 Is incapacity the result of employment in connexion with warlike operations? 3/20 AMRB Rate of Pay 6/- per day.
 SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) 3/20 AMRB

P.M.O. on appeal - if

WIFE'S FULL NAME _____ Is Wife still living? _____
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

	Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1				
2				
3				
4				
5				
6				

Rehabeled
3. 11. 19
22/11/19

PARTICULARS OF OTHER CLAIMANTS.

Increased DECISION ON PRESENT *CLAIM *REVIEW.

PENSIONS ***GRANTED** as from 29. 6. 19 **being day after discharge*
***REDUCED TO**

Above-named Member... 17. 7. 19 £ : 15 - per fortnight
 *Member's Wife ... £ : : " "
 *First Child ... £ : : " "
 *Second Child... *John Just RA* £ : : " "
 *Other Children @ *Wife* p.f. each £ : : " "

In Review Cases insert Existing Rate.	
£	: <u>10</u> - p.f.
£	: : "
£	: : "
£	: : "
£	: : "

*Trustee of Children's Pensions _____

***CLAIM REJECTED**, on ground that _____

REVIEW—*(1) At once for proof of marriage *and births of children.

* (2) On Dec. 1920 re member's incapacity.

* (3) On Dec. 1920 re cessation of first child's pension.

Examiner's Initials... [Signature] Date 17/11/19 *Acting* Deputy Commissioner. Date 8 NOV 1919

*Certificate and Iden. Card sent to Postmaster at Willoughby on 6 DEC 1919

*Notice of Alteration _____

*Pensioner, *Trustee, *Claimant advised on _____

*Entered in *Numerical Record _____

*Entered in *Record of Alterations, &c. _____

*Entered in Pay Register _____

Entered in Daily Statement No. 1407 with _____

*Reviews Noted 2. 12. 20

Folio of Review Register 3. 0. 00

	Member.	Wife.	Children.
Pension No. ...	<u>219866</u>		
No. of Certificate used ...			
No. of Iden. Card used ...			

11/12/19

MILITARY FORCES OF THE COMMONWEALTH.

TELEPHONE—

2ND MILITARY DISTRICT.

Please quote this Number when replying.

374	12	5839
-----	----	------

VICTORIA BARRACKS, SYDNEY,

(Date) 1st November 1919

Deputy Commissioner Pensions,
17 Bligh Street,
SYDNEY.

re LEANE A. E. 2973 Pte. 2nd Pioneers.

In accordance with your request of 20th October, the appeal of the above named discharged soldier against the rate of pension granted him has been considered -

Appellant has large scar in front of right thigh lower third and loss of muscle tissue. Muscles contract well and keep the leg extended while applicant is in sitting position.

Recommend ONE QUARTER.

A. H. Kerr Major
Adj. pro PMO. 2nd MD

INVALID & OLD AGE PENSIONS
SYDNEY.
-4NOV1919
No.

Leane Albert E.

SYDNEY

1st October 1919.

The Deputy Commissioner of Pensions
Pensions Office
17 Bligh Street,
SYDNEY

Dear Sir,

With reference to my pension, I wish to state I am not satisfied with the result of your decision and respectfully wish to appeal against same, as I am only receiving the sum of ..5%..... per week and consider I am entitled to more.

I am prepared upon notification from you to present myself ~~for a further medical examination~~ at any time.

Trusting you will give this appeal your very favourable consideration.

Faithfully yours,

Pinkiville Street,
WILLOUGHBY.

No. 2973, Albert E. Leane,
2nd Pioneers,

attached
MS 13/10/19

EXAMINER'S REPORT ON CLAIM IN FORM Z.

Full Name of Member Albert Edmund Leane. *married --
*unmarried
 Number, Rank, and Unit 2973 Private, 2nd Pioneers. Discharged on 28/6/19
 Is incapacity the result of employment in connexion with warlike operations? Rate of Pay 6/- per day
 SPECIAL NOTE.—(Extent of incapacity, &c., to be shown) 3/20 P.M.B.

WIFE'S FULL NAME _____ Is Wife still living?
 Married on _____ Marriage verified by _____

PARTICULARS OF LIVING CHILDREN UNDER SIXTEEN YEARS OF AGE.

	Full Name.	Date of Birth.	Verified by—	Relationship to above-named Soldier.
1				
2				
3				
4				
5				
6				

PARTICULARS OF OTHER CLAIMANTS.

DECISION ON PRESENT *CLAIM *REVIEW.

PENSIONS ***GRANTED** as from 29/6/19 **being day after discharge*
***REDUCED-TO**

Above-named Member £ - 10 - - per fortnight
 *Member's Wife £ : : " "
 *First Child £ : : " "
 *Second Child... .. £ : : " "
 *Other Children @ p.f. each £ : : " "

In Review Cases insert Existing Rate.			
£	:	:	p.f.
£	:	:	"
£	:	:	"
£	:	:	"
£	:	:	"

*Trustee of Children's Pensions _____
***CLAIM REJECTED**, on ground that _____ *12:10 3/4/19*
 REVIEW—*(1) At once for proof of marriage *and births of children.
 *(2) On 20/11/19 *re member's incapacity.*
 *(3) On _____ *re cessation of first child's pension.*
 Examiner's Initials [Signature] Date JUN 25, 1919 Deputy Commissioner. Date JUN 25, 1919

*Certificate and Iden. Card sent to Postmaster at Walsby on 9 JUL 1919
 *Notice of Alteration _____
 *Pensioner, *Trustee, *Claimant advised on _____
 *Entered in Numerical Record _____
 *Entered in Pay Register _____
 Entered in Daily Statement No. 915
 *Reviews Noted 20/7/19 24
 Folio of Review Register _____

	Member.	Wife.	Children.
Pension No. ...	<u>219867</u>		
No. of Certificate used	<u>4865</u>		
No. of Iden. Card used	<u>2033</u>		

20th October, 19.

LEANE, Albert Edmund - 2973 - Pte. - 2nd Pioneers.

Geo. W. I. Hurst,

Actg.

Station No. 1 A.A.H.

AUSTRALIAN



MILITARY FORCES.

A.M. Form D2.

(For use in Australia.)

Revised 1.4.19.

Date

MEDICAL REPORT ON AN INVALID.

1. Number 2973 2. Rank Pte 3. Name LEANE A.D.
 4. Unit 2nd. Pnrs. 5. Age 20 6. Trade or Occupation Labourer
 7. Place of Enlistment N.S.W. 7A. Date of Enlistment 2.2.16.
 8. Disability in respect of which invaliding is proposed

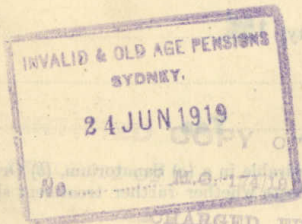
MEDICAL OFFICER'S STATEMENT OF CASE.

(Soldier's own statement must be carefully recorded as such, and signed by him.)

9. Date and place of origin of disability 4.7.18. France. Date of arrival from overseas 16.1.19.
 10. Date and place where disability first caused man to become a Casualty F.M.C. NO.F.B. in chest or
 11. Essential facts of Medical History (including causation)

thigh. Both wounds excised. Large wound chest clean.

Large open superficial wound thigh.



28/6/19

COPY OF MEDICAL BOARD PROCEEDINGS UNDER THE AUSTRALIAN MILITARY PENSIONS ACT, 1915.
 CHARGED FROM THE AUSTRALIAN MILITARY PENSIONS OFFICE
 S/O INVALIDING

12. State whether disability was (a) Due to Military Service, (b) Aggravated by Military Service, or (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.

13. What is his present condition and progress? No further treatment required.

RECOMMENDED FOR DISCHARGE

14. If the disability is an injury, state whether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty

15. If a Court of Inquiry was held, state place, date, and opinion

16. Was an operation performed? If so, what?

17. Was an operation advised, and declined?

18. In the case of loss or decay of teeth—Was it due to, aggravated by, or independent of, Military Service?

19. Give particulars of any other disabilities existing

20. Do you recommend discharge as permanently unfit for general service?

H. C. BARRY CAPT.

Medical Officer in charge of case.

I, having satisfied myself of the general accuracy of this report, concur therewith, except

Officer in charge of Hospital.

Station

Date

A.M. Form D2
MILITARY FORCES

Entries will be made here when an invalid is brought before a Medical Board and deferred for treatment.

Date and Station Date and Station
Result Result
Signatures Signatures

OPINION OF MEDICAL BOARD ON FINALIZATION.

NOTE.—Clear and definite answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Deputy Commissioner of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim for pension, and the Deputy Comptroller of Repatriation, of information to enable him to decide questions of assistance and vocational training.

- 21. State whether the disability is clearly (a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of Military Service; (d) Due to, or aggravated by, want of proper care on man's part, intemperance, misconduct, &c.
- 22. Is the present degree of disability permanent? **No.**
- 23. If not, at what rate and to what degree do you anticipate improvement? **12 months.**
- 24. To what extent is his working capacity at present affected by his disability? (a) In his pre-enlistment trade or occupation?
(b) In the general labour market? (Estimate as a percentage of full capacity) **15%**
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend discharge as permanently unfit for General Service? **Yes**
- 27. If discharge is recommended, it should be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopaedic Institution, (c) Convalescent Home, (d) Asylum, or (e) other institution. State whether further treatment should be an in-patient or an out-patient, and for what period
- 28. Is any surgical appliance recommended?
- 29. Is the man fit for work or for vocational training? If not, state reasons for recommendation for discharge from A.I.F.

Station Signatures **C. MACINTOSH LT. COL.** President.
Date **J. C. STOREY LT. COL.** Members.

CONFIRMED.

ation
ate
Director General Medical Services.

CONFIRMED FOR DISCHARGE

SYDNEY 30.5.19.

E. SINCLAIR COL.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, to the S.O.I. and R.S., who will make necessary copies. **This report is confidential.**
Single copies only need be forwarded to Head-Quarters.
For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

The War Pensions Act 1914-1916.

NO PREVIOUS CLAIM RECEIVED

CLAIM FOR WAR PENSION.

CLAIM BY AN INCAPACITATED MEMBER OF THE FORCES.

(Before filling up this form, read the particulars given on the back of the form for the information of Registrars, Special Magistrates, and Claimants.)

Section 14 of the War Pensions Act 1914-1916 reads:—

Any person who—

- (a) obtains any pension or instalment which is not payable ;
- (b) obtains payment of any pension or instalment by means of any false or misleading statement ; or
- (c) makes or presents to the Minister or to any officer doing duty in relation to this Act or the regulations, any statement or document which is false in any particular,

shall be guilty of an offence.

Penalty : One hundred pounds or imprisonment for one year.

TO THE REGISTRAR OF PENSIONS AT

I, Francis Albert Edmund.

(Here write full name.)

of Penkiville St Willoughby.

(Here write full postal address.)

hereby claim pensions for myself, my wife, and my children, and I declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular :—

QUESTIONS AND REQUESTS FOR INFORMATION.	REPLIES.
State your number, rank, and the regiment or branch of the Forces in which you served.	No. <u>2973</u> Rank <u>Pt.</u> Regiment, &c. <u>2nd Pioneer Batt.</u>
State how, where, and when your incapacity was caused.	<u>S.S.W Right Thigh & chest.</u> <u>France 4 July 1918.</u>
Where and when were you born ? (Give name of town and country, also exact date, if known.)	Place <u>Moorebank Liverpool NSW</u> Date <u>10 March 1898</u>
What was your occupation before the outbreak of war ? (State name of employer and rate of earnings.)	<u>Labourer. Moores Wool Store Millers P.</u> <u>casual work average £4—</u>
If you are or have been married, state, in respect of your first marriage Give particulars of any subsequent marriage or marriages.	Full Maiden Name of Wife.
	Place of Marriage.
	Date of Marriage.
	If Wife still Living.
	Present Address.
	<u>Single</u>

If you have any living children under the age of sixteen years, give particulars:

Full Names of Children.	Date of Birth.	Place of Birth.	Where living at Present.
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

QUESTIONS AND REQUESTS FOR INFORMATION.

REPLIES.

Give full name and address of person to whom children's pensions, if granted, are to be paid.

Name
Address

Have you earned any money since your services as a member of the Forces ended?

No

If so, give full particulars ...

/

Are you or your wife or your children receiving or entitled to receive any payment under any Commonwealth Act other than the War Pensions Act 1914-1916, or under any Imperial Act or State Act? If so, give full particulars

No

At what post office should your pension, if granted, be paid?

Willoughby

At what post office should the pensions of your wife and children, if granted, be paid?

Declared at RANDWICK
the 29 day of May 1917

R. O'Leane
Signature of Declarant.

Before me * †

W. Hill

* The person before whom this declaration is made to sign here and add the title by which he takes the declaration, such as "Postmaster," &c.

† The declaration may be made before any of the following persons :- A postmaster or postmistress, or person in charge of a post office, a police, stipendiary, or special magistrate of the Commonwealth or of a State, a justice of the peace, a barrister or solicitor, a State school head-teacher, an officer of the Department of Trade and Customs, a member of the police force of the Commonwealth or of a State, a legally qualified medical practitioner, a notary public, a commissioner for affidavits, a registrar under the Invalid and Old-age Pensions Act 1908-1917, a minister of religion, an officer of the Commonwealth Department of the Treasury, a member of the Parliament of the Commonwealth, or a commissioned officer of the Australian Military Forces.

The foregoing claim was received by me on _____ 1917

Registrar of Pensions at _____

Date _____

INFORMATION FOR REGISTRARS, SPECIAL MAGISTRATES, AND CLAIMANTS.

PART I.—PERSONS ENTITLED, AND RATES PAYABLE.

Incapacitated Members of the Forces.

1. *Who are "Members of the Forces."*—"Member of the Forces" means a member of the Commonwealth Naval or Military Forces enlisted or appointed for or employed on active service outside Australia or employed on a ship of war, or enlisted or appointed for service in connexion with naval or military preparations or operations, and includes a member of the Army Medical Corps Nursing Service who is accepted or appointed by the Director-General of Medical Services for service outside Australia.

2. *Imperial Reservists.*—The provisions of the War Pensions Act extend to the case of any soldier of the Imperial Reserve Forces called up for active service who, at the commencement of the present war, was *bonâ fide* resident in Australia, as if that soldier were a member of the Forces as defined in the Act.

A pension is not payable in the case of any such reservist to any person who is not *bonâ fide* resident in Australia.

3. *Total Incapacity.*—If a member of the Forces becomes totally incapacitated through service in connexion with the war, he is entitled to a pension. The rate of pension depends on his daily rate of pay. The following scale shows the amounts payable:—

Daily Rate of Pay.	Rate of Pension.
s. d.	£ s. d.
6 0 and under	3 0 0 per fortnight
7 0	3 2 0 "
9 0	3 6 0 "
10 0	3 8 0 "
10 6	3 9 0 "
11 6	3 11 0 "
12 0	3 12 0 "
13 0	3 14 0 "
17 6	4 0 0 "
22 6	4 5 0 "
30 0	4 15 0 "
37 6	5 5 0 "
45 0	5 15 0 "
50 0 and upwards	6 0 0 "

4. *Partial Incapacity.*—Partially incapacitated members are entitled to lower rates than those shown above. The amount which will be granted depends upon the nature and probable duration of the incapacity.

5. *Special Disabilities.*—The rates of pension payable for special disabilities are shown in the second schedule to the Act. The schedule is as under:—

Description of Disability.	Rate of Pension Payable.
Loss of leg or foot ..	The maximum rate for six months, thereafter three-fourths of the maximum rate.
Loss of hand or arm ..	The maximum rate for six months, thereafter three-fourths of the maximum rate.
Loss of one eye ..	Half of the maximum rate.
Loss of both legs ..	The maximum rate.
Loss of both feet ..	The maximum rate.
Loss of both arms ..	The maximum rate.
Loss of both hands ..	The maximum rate.
Loss of arm and leg ..	The maximum rate.
Loss of hand and foot ..	The maximum rate.
Loss of both eyes ..	The maximum rate.
Loss of one eye, together with loss of leg, foot, hand, or arm ..	The maximum rate.

For the purposes of the schedule a leg, foot, hand, arm, or eye is deemed to be lost if it is rendered permanently and wholly useless.

6. The rates shown in the second schedule are payable no matter what may be the earnings of any member whose incapacity is specified in the schedule.

7. *Services of Attendant.*—If a member of the Forces who is unmarried, or whose wife is either dead or a permanent invalid, is incapacitated to an extent which necessitates the constant services of an attendant, and the member has not the means to pay for such services,

D.1221/3.18.—C.2827.

the rate of his pension may be increased by £1 a fortnight.

Wives of Incapacitated Members.

8. The wife of an incapacitated member is entitled to a pension at HALF the rate granted to him. Thus, if a member whose pay was 6s. a day becomes totally incapacitated, he receives £3 a fortnight and his wife £1 10s. a fortnight. If he becomes partially incapacitated, and is granted £1 10s. a fortnight, his wife's pension will be 15s. a fortnight.

9. The wife of an incapacitated member is eligible whether her marriage took place before or after the member's discharge from the Forces.

Wives of Deceased Members.

10. The widows of members whose deaths result from service in connexion with the war are entitled to pensions according to the rate of pay of their husbands. The following scale shows the amounts payable:—

Daily Rate of Pay.	Pension Payable to Widow.
s. d.	£ s. d.
6 0 and under	2 0 0 per fortnight
7 0	2 3 0 "
9 0	2 9 0 "
10 0	2 12 3 "
10 6	2 13 9 "
11 6	2 16 0 "
12 0	2 17 3 "
13 0	2 19 6 "
17 6	3 10 0 "
22 6	3 17 6 "
30 0	4 9 0 "
37 6	5 0 9 "
45 0	5 12 3 "
50 0 and upwards	6 0 0 "

Children.

11. *Who are Children.*—Sons, daughters, step-sons, step-daughters, or adopted children under the age of 16 years. (Children are eligible whether born before or after the member's discharge from the Forces.)

12. An ex-nuptial child is not a "child" within the meaning of the War Pensions Act. If, however, satisfactory evidence as to the relationship of an ex-nuptial child to a member is supplied, it will be eligible for pension provided it was born not later than nine months after the event resulting in his death or incapacity.

13. *Children of Deceased Members.*—The children of deceased members receive pensions as under:—

	s. d.
For the first child ..	20 0 a fortnight
For the second child ..	15 0 "
For each subsequent child ..	10 0 "

14. *Orphans.*—Where both the member of the Forces and his wife are dead, every one of their children is entitled to pension at the undermentioned rates:—

	s. d.
Up to 10 years of age ..	20 0 a fortnight
From 10 to 14 years of age ..	25 0 "
From 14 to 16 years of age ..	30 0 "

15. *Children of Incapacitated Members.*—The children of totally incapacitated members are entitled to the same rates of pension as the children of deceased members (see paragraph 13).

16. If any member is only partially incapacitated his children are entitled to pensions according to the extent of his incapacity.

Other Dependants.

17. *Who are other Dependants.*—Apart from the above-mentioned dependants of a member of the Forces, the following members of his family are entitled to pensions, at such rates as are assessed, if they were wholly or partly dependent on him within twelve months prior to his enlistment or appointment, viz.: father, mother, grandfather, grandmother, step-father, step-mother, foster-mother, son, daughter, grandson, granddaughter, step-son, step-daughter, brother, sister, half-brother, half-sister, adopted child, mother-in-law, ex-nuptial grandchild.

18. *Widowed Mothers of Unmarried Sons.*—The widowed mother of an unmarried son whose death results from his employment in connexion with the war is eligible for the full amount of pension according to the scale in paragraph 10 for widows of members.

19. *Parents without adequate means of support.*—The parents of any member of the Forces who, at any time after his death, are without adequate means of support, may be granted pensions.

20. *"Unmarried Wives."*—A woman dependent on a member of the Forces, and recognised as his wife (though not legally married to him), may be granted the same amount of pension as if she were married to him.

Imperial or State Pensions.

21. If any person is entitled to a State or Imperial war pension in respect of the death or incapacity of any member of the Forces which resulted from his employment in the present war, the amount of such State or Imperial pension must be deducted from the amount of any Commonwealth war pension which is payable.

PART II.—HOW AND WHEN TO APPLY FOR PENSION.

Forms of Application.

22. There are three forms of application, viz. :—

Form Z for incapacitated members of the Forces and their wives and children.

Form Y for dependants (including wives or widows) over the age of 16 years.

Form X for dependants under the age of 16 years.

These may be obtained at post offices or from the Deputy Commissioner of Pensions. In country districts forms are obtainable from Clerks of Petty Sessions (who act also as Registrars of Pensions).

23. In order to save time and trouble all the questions in the form should be clearly answered. The form should then be signed and declared before one of the officials mentioned therein, and forwarded to the Deputy Commissioner if the applicant resides in a metropolitan district, or to the nearest Registrar of Pensions if the applicant resides in the country.

Addresses of Deputy Commissioners.

24. The addresses of the various Deputy Commissioners of Pensions are as under :—

Sydney—17 Blich-street.

Melbourne—Brooks' Building, 65 Elizabeth-street.

Brisbane—Desmond Chambers, Adelaide-street.

Adelaide—Brookman's Building, Grenfell-street.

Perth—A.M.P. Buildings, St. George's-terrace.

Hobart—Customs House.

London—Australia House, Strand, London, W.C.

On application personally or by letter to a Deputy Commissioner, full information will be supplied on any matter relating to pensions.

Period allowed for Applying.

25. The time within which incapacitated members and their dependants should lodge claims is fixed by the War Pensions Act as six months after discharge.

26. Dependants of a deceased member should make application as soon as they become aware of the member's death. The time within which their claims should be lodged is six months after the notification of the death is published in the *Commonwealth Gazette*.

27. If the claim is not made within the prescribed period it must be referred to the Commissioner of Pensions, who will not approve of pension unless he considers that the reason given for the delay is adequate.

PART III.—PAYMENT OF PENSIONS.

Method of Collection.

28. Pensions are paid through the Post Office in fortnightly instalments, which are due on every second Thursday. Payment, however, may be collected on any day on which the Post Office is open.

29. If for any reason a pensioner finds it inconvenient to collect pension personally, he or she may give an order to some other person over the age of 16 years to collect the instalment concerned.

30. In the case of pensioners under the age of 16 years the appointment of a "trustee" is necessary. The trustee is usually the mother or father of the pensioners, or some person who looks after them.

31. Any pensioner over the age of 16 years who is likely to be unable, for a lengthy period, to collect his or her pension may apply for the appointment of a trustee.

Pension not Assignable.

32. A pension granted to any person cannot be sold or assigned, or given as security for borrowed money, or taken by creditors in settlement of their claims.

Payment of Lump Sum.

33. In cases where the incapacity is not more than 30 per cent., a lump sum may be paid in lieu of pension. This provision is applied in exceptional cases only, because it is considered to be in the interests of pensioners that they should receive a regular fortnightly instalment rather than a lump sum.

PART IV.—HOW LONG PENSIONS ARE PAYABLE.

Members of the Forces.

34. The pensions granted to members of the Forces whose disabilities are specified in the second schedule (see paragraph 5) are permanent.

35. The pensions granted to other members are payable as long as they are incapacitated, but cannot be reduced within six months from the date of commencement.

Children of Deceased Members.

36. Pensions granted to children of deceased members are payable until they reach the age of 16 years, or for two years from the date of commencement—which-ever period is the longer. If, on attaining the age of 16 years, any child of a deceased member is not able to earn a livelihood, an application may be made within the following six months for a fresh pension.

Children of Incapacitated Members.

37. Pensions granted to children of incapacitated members are subject to the same conditions as pensions granted to children of deceased members. There is, however, this additional provision—if the member recovers from his incapacity before all of his children have attained the age of 16 years, his own pension may be cancelled, and, since he is no longer incapacitated, the children under 16 years of age will cease to be eligible, and their pensions also may be cancelled.

Wives of Incapacitated Members.

38. The wife of an incapacitated member receives pension as long as her husband is incapacitated.

Other Dependants.

39. The following dependants of a member of the Forces cannot receive pension for more than two years if they are able to earn a livelihood:—Son, daughter, step-son, step-daughter, step-father, step-mother, foster-mother, adopted child, grandson, granddaughter, brother, sister, half-brother, half-sister, mother-in-law.

Female Dependants Who Marry or Re-marry.

40. If any single female pensioner marries, or any widow re-marries, her pension will not be paid for more than two years after her marriage or re-marriage.

Suspension or Forfeiture during Imprisonment.

41. If any war pensioner is sentenced to a term of imprisonment, his pension may be suspended or forfeited during the whole of that term. If he has dependants, any amount forfeited will be paid to them.

ACTION.
G.O. P. 37 (5).

LATEST ADDRESS OF PENSIONER.
G.O. P. 37 (4).

ASSESSED UNDER TABLE B, ITEM 1

PENSION STABILISED AT 30% RATE
LIFE CERTIFICATE DUE ANNUALLY ON _____

DISABILITIES.

G.O. P. 9 (6).

ENTITLEMENT. DUE to War Service.	Date Accepted.	NOT Due to War Service.	Date Rejected.	Medical Officer's
<i>G.S.W. Right Thigh</i>	<i>October 24 1919</i>	<i>Abandonment</i>		
<i>Gen. Chest</i>		<i>Gen. DEATH (420)</i>		

