My way

A workbook for planning and living life your way

Milwaukee County Department on Aging

ADRC
Aging Resource Center of Milwaukee County

WHY PLAN?

We are born planners. From thinking about what to wear to organizing schedules, we engage in planning, literally every minute of our lives. Taking the time to plan for the best possible life in the future is no different. Small steps today can help you live life your way down the road … whether it's staying healthy for as long as possible, getting help when you need it most or avoiding and handling crises.

ABOUT THIS WORKBOOK

It's been said that change is the only constant in life. This is especially true for older adults for whom growing older means experiencing physical, emotional and financial changes. What remains the same are our basic values, our hearts and souls. This workbook is a tool to help you spell out the values and preferences that are most important to you now and will be always. By recording them — and reviewing them from time to time with those closest to you — you can envision your future life, take steps to reach your goals and help your loved ones carry out your plans if you are ever unable to do so.

WHO SHOULD USE THIS WORKBOOK

This workbook is intended for your use if you are:

- An older person concerned about maintaining your quality of life
- A caring family member or well-wisher interested in using this workbook to discuss important issues with older parents, a spouse, friend or relative
- A professional interested in helping an older person plan for his or her future

WHAT TO DO WITH YOUR COMPLETED WORKBOOK

This workbook will be most useful when shared with those involved with your welfare or care, be it your family, friends, pastor, physician or lawyer. It may be a good idea to give each of them a copy of your completed workbook. Finally, always keep a completed copy of your workbook with other important papers and let a trusted person know where it is.

“If you don’t scale the mountain you can’t view the plain.”
— Chinese Proverb

“Caring is everything; nothing matters but caring.”
— Baron Friedrich Von Hugel

This workbook is completed for

_____

with the help of

_____

_____

_____

on

_____

If you are:

❍ An older person planning your own future

What is your goal?

- ❍ To record my preferences, desires and wishes.
- ❍ To communicate my preferences, desires and wishes with others.

Who should get copies of this finished workbook? *(check all that apply)*

- ❍ Each of my children
- ❍ My spouse or life partner
- ❍ My lawyer
- ❍ My doctor or primary care physician
- ❍ My pastor
- ❍ Other: _____
- ❍ Other: _____

❍ A family or informal caregiver planning a loved one's future

What is your goal?

- ❍ To record your loved one's preferences, desires and wishes.
- ❍ To use this as a discussion workbook for our family

How will you complete this workbook?

- ❍ I'll complete it together with my loved one.
- ❍ I'll complete it by myself and then review with my loved one.
- ❍ I'll call a family meeting to discuss and collaboratively complete it for a loved one.

❍ A professional helping an older person plan for his or her future

What is your goal?

- ❍ To record the preferences, desires and wishes of an older person under my care/supervision.
- ❍ To use this as a discussion workbook to be used with the older person and his or her family.

How will you complete this workbook?

- ❍ I'll complete it in a meeting with the older person.
- ❍ I'll complete it by myself and then review with the older person.
- ❍ I'll engage a family member in completing it on behalf of the older person under my care/supervision.
- ❍ I'll engage more than one family member in completing it on behalf of the older person.

WHEN USING THIS WORKBOOK AS A RECORDING TOOL, USE THESE TIPS AND HINTS:

- Use this opportunity to learn about all the choices available to make the best possible plan. You can use the guide, ***It's Your Choice***, to learn about community services available to you and look to family, friends, colleagues, neighbors and religious congregations for other ideas.
- Remind yourself that asking for help is not a sign of weakness! It doesn't make a person any less independent. In fact, a little help early on can help you stay as independent as possible.
- Brainstorm ideas for future care options with others in your circle of family and friends. They may help you with good ideas and may also appreciate being involved in the process.
- Keep this completed workbook with other important papers. Keep it in a place that others involved in your care will be able to get to it if needed.

WHEN USING THIS WORKBOOK AS A DISCUSSION GUIDE, USE THESE TIPS AND HINTS:

- It is easier to talk about these issues *before* a crisis occurs. By talking about values and preferences ahead of time, family confusion or disagreements can be minimized if others feel confident about your wishes.
- You know more than you think you know! Your life has given you problem solving skills. Be creative in using them.
- It is worth the trouble to try to solve problems! No matter your age, many problems can be anticipated and resolved. Normal aging does not necessarily include depression, chronic illness or an end to mobility.
- Get a good medical diagnosis and appropriate care before assuming that you must live with an illness or memory loss! Older persons can often recover from serious illness, memory loss or injury if given the opportunity.

My Social Circle

"The only way to have a friend is to be one."
— Unknown

"It is not so much our friends' help that helps us as the confident knowledge that they will help us."
— Epicurus

Our lives are made richer and fuller by the circle of friends, neighbors, family and other people who surround us every day. Each relationship is precious in its own way and new connections strengthen our ties to the communities we live in. Use this section to identify your circle of friends, neighbors, family and others of importance to you.

1. Who are the people in your life that you rely on for social, emotional or other support?

   - ❍ Family
   - ❍ Friends
   - ❍ Neighbors
   - ❍ Clergy
   - ❍ Physician
   - ❍ Nurse
   - ❍ Social worker
   - ❍ Building manager
   - ❍ Other _____

2. Do any of these people do things you cannot do by yourself? If so, who are they and how do they help you?

Name	Type of assistance provided
_____	_____
_____	_____

3. Do you help any other people at present? If so, who and how?

Name	Type of assistance provided
_____	_____
_____	_____

If something were to happen to you, have you thought about how they would continue to receive help? ❍ Yes ❍ No

4. Who would I contact in case of an emergency?

Name _____

Address _____

_____

Phone _____

5. Are there barriers in your helpers' lives that will limit the kind of help they can offer you? *(Check all that apply.)*

- ❍ Small children
- ❍ Family dynamics
- ❍ Work or career demands
- ❍ Busy schedule
- ❍ Lack of skill
- ❍ Geographic distance
- ❍ Lack of interest
- ❍ Lack of knowledge about my condition
- ❍ Other barriers _____

6. Do you have an ongoing relationship with any of the following?

Health care practitioner *(nurse, doctor, therapist)?*

❍ Yes ❍ No Name _____

Pastor or religious clergy member

❍ Yes ❍ No Name _____

Social worker

❍ Yes ❍ No Name _____

7. Have you talked with a health care practitioner about your wishes or preferences for medical treatment? ❍ Yes ❍ No

My Self Care Needs

"Anyone who keeps the ability to see beauty never grows old."
— Franz Kafka

Some people find it very hard to let others take charge or offer help with things like housecleaning, cooking or doing the laundry. Others are happy to settle back and let someone else have responsibility. For most of us this is a mixed issue. We will let another person be in charge of some things but not others. If you insist on doing everything for yourself, you run the risk of becoming overwhelmed and ineffective. If you are able to pass on some tasks to others, your overall prospects for enjoying life and independence increase. Take a moment to consider your priorities and how they are likely to affect your future.

1. Which of the following best reflects your attitudes?
   Check all that apply.

   - ❍ I consider myself an independent person.
   - ❍ I like to make my own decisions.
   - ❍ I don't like other people to help me.
   - ❍ I like to make decisions in cooperation with other people.
   - ❍ Sometimes it is a relief to let other people take charge.
   - ❍ I like help with things that are hard for me to do.
   - ❍ If I am ever in a position where I am not able to make my own decisions, it would be very hard to let someone else do it.
   - ❍ If I am ever in a position where I am not able to make my own decisions, I would reluctantly let someone else do it.
   - ❍ If I am ever in a position where I am not able to make my own decisions, I would gladly let someone else take over.

2. What other statements would you like to make about independence and decision-making?

   _____

   _____

   _____

3. Which of the following statements reflect your attitude toward risk? If none is appropriate, write your own.

- ❍ I am willing to accept a lot of risk in order to live the life I have chosen.
- ❍ I am willing to accept some risk in order to live a life that reflects some but perhaps not all of my choices.
- ❍ I am willing to accept almost no risk. I want to be safe even if it means that I have significantly less control over my life.
- ❍ Make any statement you like about your attitude toward risk below.

_____

_____

4. What would concern you most if you had a chronic illness?

_____

_____

_____

5. For which of the following things would you accept help if you had trouble doing them on your own? *(Check all that apply)*

	No help	Some help	Unsure
Driving	❍	❍	❍
Housework	❍	❍	❍
Cooking/preparing meals	❍	❍	❍
Shopping	❍	❍	❍
Handling finances	❍	❍	❍
Yard work	❍	❍	❍
Bathing	❍	❍	❍
Personal grooming	❍	❍	❍
Getting dressed	❍	❍	❍
Taking medications	❍	❍	❍
Household repairs	❍	❍	❍
Scheduling activities	❍	❍	❍
Laundry	❍	❍	❍
Organizing closets/cupboards	❍	❍	❍
Gardening/plant care	❍	❍	❍
Other	❍	❍	❍

6. What kinds of things would make it easier to accept help — even help you wish you didn't need in the first place?
Check all that apply.

- ❍ If a stranger helped
- ❍ If an acquaintance helped
- ❍ If a friend helped
- ❍ If a relative helped
- ❍ If someone from my religious congregation helped
- ❍ If I paid someone to help
- ❍ If the help was very professional and skillful
- ❍ If accepting some help means I can be independent in other ways
- ❍ If a woman or girl helped
- ❍ If a man or boy helped
- ❍ If a younger person helped
- ❍ I would have no trouble accepting help
- ❍ Other: _____

7. Are there particular individuals, organizations or institutions you would like to have help with your personal care if you should ever need it? If so, name them.

_____

_____

_____

_____

NOTES:

Lifestyle Issues

"Cheerfulness is the very flower of health"
— Japanese Proverb

How we dress, what and where we eat may seem like unimportant decisions. But they are crucial because these are each ways in which we express our individuality. This next set of questions will let those who may care for you know these details about you. And they will let these seemingly small things in life make the biggest difference for you.

1. How important are personal appearance and grooming matters to you?

   ❍ Very important

   ❍ Somewhat important

   ❍ Not important

   Where do you get your hair styled or beard trimmed? How often?

   _____

   What deodorants, perfumes, aftershave or fragrances do you like to use?

   _____

2. How important is it to you to choose what you wear?

   ❍ Very important

   ❍ Somewhat important

   ❍ Not important

   Where do you like to get your clothes?

   _____

   What are your favorite colors?

   _____

   What are your favorite brand names?

   _____

3. What skin care products or face make-up do you use regularly?

_____

4. Where do you receive dental care?

_____

Do you wear dentures? ❍ Yes ❍ No

Where do you receive vision care?

_____

5. Do you wear eyeglasses? ❍ Yes ❍ No

6. What products do you use for fingernail care?

_____

How often do you have a manicure or pedicure?

_____

7. What time of day do you like a bath/shower?

_____

8. What time of day do you like to go to bed?

_____

9. What time of day do you like to get up?

_____

10. Do you like to nap? ❍ Yes ❍ No

11. Are you a member of any groups or associations such as a card club, Lions or Kiwanis, book group, quilting circle, men's breakfast, bowling team, etc.? List them in order of importance to you.

1. _____

2. _____

3. _____

4. _____

12. Do you have a pet? ❍ Yes ❍ No

What are your pets? _____

Have you made arrangements for your pet if you can no longer care for it? ❍ Yes ❍ No

13. What activities do you enjoy doing with other people?

1. _____

2. _____

3. _____

4. _____

14. What activities do you enjoy doing alone?

1. _____

2. _____

3. _____

4. _____

15. Have you participated in any of the activities listed on page 13 in the last month?

❍ Yes ❍ No

If not, why?

❍ Cost

❍ Distance

❍ Health

❍ Family disapproves

❍ Lack of transportation

❍ Lack of companionship

❍ Fear

❍ Other: _____

16. Which best describes your social style?

❍ I enjoy being alone and pursuing solitary activities (reading, sewing, TV).

❍ I prefer the company of my family and close friends.

❍ I enjoy meeting new people, seeing and doing new things.

ADULT DAY SERVICES **are provided in a comfortable place where you can socialize with other older individuals in a place, receive treatment, good meals, help with your medicine, etc., for several hours per day.**

17. Are you interested in adult day services? ❍ Yes ❍ No

18. What other comments would you like to make about your lifestyle?

_____

_____

_____

_____

_____

Living Situation

"Be it ever so humble, there is no place like home."
— J. H. Payne

"A comfortable house is a great source of happiness. It ranks immediately after health and conscience."
— Sydney Smith

Our homes reflect our personalities, our life histories and the things that make us feel safe, comfortable and happy. The most important decision each of us can make about our future is — where do I want to live? If possible, all other decisions should flow from this.

1. Which of the following most reflects your attitude toward your home?

   - ❍ I like where I live. I want to stay here forever.
   - ❍ This place no longer meets my needs. It is too big, too isolated, too hard to care for, or has other insurmountable problems. I'm ready to move.
   - ❍ This place does not meet all of my needs but I am not ready to move.
   - ❍ This place meets some but not all of my needs. I think that with some adjustments I could continue to live here.
   - ❍ Other _____

2. What adjustments could make it possible for you to continue living in your home? *(Check all that apply.)*

   - ❍ Wheelchair ramp
   - ❍ Widened doorways
   - ❍ Less clutter
   - ❍ Louder phone and doorbell
   - ❍ Lights on phone and doorbell (to alert hearing impaired)
   - ❍ Grab bars in the bathroom
   - ❍ First floor bedroom/bathroom
   - ❍ Improved locks and security
   - ❍ Fewer throw rugs and fall hazards
   - ❍ More easily reached cabinets and storage
   - ❍ Someone to live with me
   - ❍ Other changes

3. What else would you like to say about your home?

_____

_____

_____

4. Which of the following best describes your attitude toward the community where you live? If none apply, write your own statement.

- ❍ I like it here. My friends, family, and/or other connections are here. I don't want to move.
- ❍ I'd like to go to _____, a place where I have lived or vacationed in the past.
- ❍ I'd like to live in _____, a place that is new to me.
- ❍ I'd like to live in _____, the same community as a friend or relative.
- ❍ I really don't care where I live.
- ❍ Other or additional statement:_____

_____

5. Would you consider sharing your home if that would mean you had more independence?

❍ Yes ❍ No ❍ Maybe

Under what circumstances?

_____

Who would you choose to share a home with?

_____

Who would you dislike sharing a home with?

_____

6. Would you prefer to live alone, with a few people around you or in a residence with lots of people around you?

❍ Alone ❍ Few People ❍ Lots of people

Adult family homes **offer meals and limited care in an ordinary home setting. Non-professional caregivers take in a few elders or people with disabilities.**

7. Would you consider living in an adult family home?

❍ Yes ❍ No ❍ Maybe

Under what circumstances?

_____

_____

Community-based residential facilities **or CBRF's are homes that offer meals, planned activities, assistance with medications and some personal care.**

8. Would you consider living in a group home or community-based residential facility?

❍ Yes ❍ No ❍ Maybe

Under what circumstances?

_____

_____

Would your answer change if you had to share a room with another person?

How?

_____

_____

Assisted living apartments **combine privacy with meals, some activities and help with housework.**

9. Would you consider living in an assisted living apartment?

❍ Yes ❍ No ❍ Maybe

Under what circumstances?

_____

_____

10. Would you consider a retirement community or a senior apartment?

❍ Yes ❍ No ❍ Maybe

Under what circumstances?

_____

_____

***Retirement communities or senior apartments* do not offer special services such as meals or help with housework.**

11. Would you consider moving to a one-story house, a duplex, an apartment, or a mobile home if that would make it easier to maintain your independence? Check all that apply.

❍ One story house

❍ Apartment

❍ Mobile home

❍ Duplex

❍ Other

Mental and Emotional Wellness

"How old would you be if you didn't know how old you was?"
— Satchel Paige

Mental health is as important as physical health no matter what our age. Older persons may face challenges to emotional wellness due to changes from growing older. Others may face the prospect of age-related medical conditions such as Alzheimer's disease and dementia. Being aware of risks associated with aging is half the battle. Asking and reaching out for help early can help us stay mentally and emotionally fit for a long time to come.

1. What are your greatest fears about growing older?

_____

_____

_____

2. Which of the following have you experienced?

- ❍ Marriage
- ❍ Divorce
- ❍ Remarriage
- ❍ Death of a parent
- ❍ Death of a child
- ❍ Death of a spouse
- ❍ Job loss
- ❍ Military service
- ❍ Physical abuse
- ❍ Chronic illness
- ❍ Religious experience/conversion

3. When you think about the next year, how do you feel?

- ❍ Hopeful
- ❍ Confident
- ❍ Anxious
- ❍ Fearful
- ❍ Other:_____

4. If you are no longer able to make decisions about day-to-day activities or about care needs because of Alzheimer's disease or another dementia, who would you like to be named as your guardian or substitute decision-maker.

Name	Relation

NOTE: This is not a legal document.

See pages 26–27 for definitions of:

Living Wills

Power of Attorney for Health Care and

Power of Attorney for Finances.

Spiritual Wellness

Spiritual wellness involves a search to create a personal sense of life's meaning, value and purpose. For many people, religion and spirituality are central to a sense of peace, wholeness and health, regardless of physical or mental condition. Explore and record your own priorities in this section.

1. What gives you the most meaning in life?

   ❍ Community service

   ❍ Friendships/relationships

   ❍ Family

   ❍ Religion/spirituality

2. When you are afraid or in pain, how do you find comfort?

   _____

   _____

   _____

3. If you are a member of a religious congregation, which one?

   _____

   How does your religious congregation support you?

   _____

   How often do you attend services? *Check the one that most applies.*

   ❍ Four or more times a month

   ❍ Two or three times a month

   ❍ Once a month

   ❍ Primarily on holidays

   ❍ Several times a year

   ❍ Never or almost never

Is there anything stopping you from attending more frequently?

❍ Yes ❍ No

If yes, what?

_____

Can this barrier be addressed? How?

_____

_____

4. What general comments would you like to make about your beliefs?

_____

_____

_____

_____

_____

Finances

"Necessity makes even the timid brave."
— Sallust

Knowing that you will be financially secure in your senior years is another important concern. In addition to relying on your own savings to maintain your health and independence as you age, you may also qualify for governmental assistance. Use this section to help determine additional steps that may be needed to secure your financial future. Remember the old adage that an ounce of prevention is worth a pound of cure. In other words, small steps and just a small amount of money early on can help you maintain your independence down the road. If you need assistance be sure to ask for it!

1. Do you feel you have a clear understanding of your financial resources?
   ❍ Yes ❍ No

2. Do you presently feel financially secure? *Check one.*
   ❍ I am very comfortably set.
   ❍ I have adequate financial security.
   ❍ I am on the edge of security and financial hardship.
   ❍ I am experiencing or expect to experience financial hardship.

TIP: If you have no ideas about this, it's a good idea to consult a professional financial planner for guidance.

3. What can you do now to improve your future financial situation?

   _____

   _____

   _____

4. Do you have long-term care insurance?
   ❍ Yes ❍ No

5. How willing or reluctant are you to spend your resources on long-term care for yourself?

- ❍ I am completely willing to spend what I have on long-term care for myself.
- ❍ I would rather not spend what I have on long-term care but I will if it is necessary.
- ❍ I do not want to spend what I have on long-term care. I will do what I can to avoid it.
- ❍ Other comments on spending resources on long-term care.

_____

_____

6. How much can you afford to spend on long-term care each month?

_____

What are you willing to budget for health care and long-term care?

_____

Tip: On average, most consumers underestimate the cost of long-term care. Costs vary significantly from community to community and state to state. To learn about resources and costs in Milwaukee County, consult the "It's Your Choice" guide and contact some of the resources to learn about costs.

Do you think that your budget is reasonable in light of the cost of services in your community?

❍ Yes ❍ No ❍ Maybe

7. Do you understand what kinds of resources are available from the formal and informal care systems?

❍ Yes ❍ No ❍ Somewhat

Do you have a general idea of how much these services cost?

❍ Yes ❍ No ❍ Somewhat

8. What are your priorities for any resources you have set aside? Please rank in order of importance. Add priorities if yours are not reflected here.

___ Maintain my home

___ Pay for long term care/medical expenses

___ Leave to my children or grandchildren

___ Leave to religious congregation, school, or charity

___ Travel or take a vacation

___ Move to a new home/community

___ Fund a new business, project or venture

___ Other_____

NOTES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTES:

Advance Directives and Power of Attorney

The great majority of Americans have very strong feelings about control of health care and financial decision-making. But, only a relatively small percentage have actually put pen to paper and planned ahead for the possibility of losing the ability to make those decisions. They mistakenly think: "it won't happen to me," "I have plenty of time to take care of this," or "my family will just make the decisions for me — they know what I want and what I don't want."

Experience and research show otherwise. Every day people suffer strokes, debilitating accidents, get diagnosed with Alzheimer's disease or other dementia, or for other reasons suddenly or gradually lose the ability to make their own health care and financial decisions. By talking to loved ones and completing some very simple forms, you can stay in control.

Planning ahead and recording your plans helps insure that your preferences about health care choices and your choice for a person to be your health care decision-maker are known and honored.

1. Do you have the following documents in place?

- **Living Will**

  A Living Will (Declaration to Physicians) is a document that becomes effective when someone has been diagnosed with a terminal illness and death is imminent, or the person is in a persistent vegetative state. It states what "life sustaining" procedures are to be used, withheld or withdrawn and /or whether feeding tubes are to be used or withheld/withdrawn.

- **Power of Attorney for Health Care**

  A Power of Attorney for Health Care becomes effective when a person (called the principal) is unable to make health care decisions for him/herself. In filling out this form ahead of time, you name the person you want to be your "agent" to make decisions about your health care when you can no longer do so. You fill out this document before you need it.

  When the time comes, the Power of Attorney for Health Care document **MUST BE ACTIVATED** by having two physicians **OR** a physician and a licensed psychologist sign statements confirming that the principal is indeed incapacitated and unable to make decisions for him/herself.

  YOUR AGENT HAS NO POWER TO MAKE DECISIONS FOR YOU UNLESS THE DOCUMENT HAS BEEN LEGALLY ACTIVATED BY PROFESSIONALS AS DESCRIBED ABOVE

❍ Power of Attorney for Finances

A Power of Attorney for Finances can be written in two different ways. It may be written so your agent has immediate power when the document is signed. (Such as when a person is planning to be out of the country and leaves someone else in charge of their affairs or if you want a family member to have access to your accounts). OR it maybe written so that it becomes effective only IF and WHEN you become incapacitated and are unable to make financial decisions. **TO BE CLEAR, THE DOCUMENT SHOULD SPECIFY HOW YOU WISH IT TO BE USED.**

You can require that it be activated just as power of attorney for health care.

❍ Authorization for Final disposition

This document allows you to designate someone to make funeral arrangements on your behalf and serves as a record of your preferences for final disposition and funeral services.

The Wisconsin Department of Health Services has four forms that are designed to be filled out without the help of an attorney:

- Declaration to Physicians (Wisconsin Living Will)
- Power of Attorney for Health Care
- Power of Attorney for Finance and Property
- Authorization for Final Disposition

Copies of the forms may be obtained by:
Sending a stamped, self addressed business size envelope to:
Power of Attorney
Division of Public Health, PO Box 2659
Madison, WI 53701-2659

or print the forms from the internet:
www.dhs.wisconsin.gov/forms/AdvDirectives/

If printing forms from the internet please be sure you print and complete ALL PAGES of the form you are using and sign it.

TO BE VALID, THE FORMS MUST BE COMPLETE AND SIGNED.

Power of Attorney for Health Care and Declaration to Physicians (Living Will) have additional letters that are not part of the legal forms, but contain information that should be read before you complete the forms.

You may wish to consult an attorney depending on your personal situation.

End of Life Decisions

"I want to die young at a ripe old age."
— Ashley Montagu

"Live as if you were to die tomorrow."
— Latin proverb

No matter your age, every person should plan for end of life decisions. The goal of such a plan is to help you live the life you want if you should face unforeseen frailties and limitations. Advance thought and planning will ensure that your choices will continue to be honored even if you do not have the capacity to tell family, friends, medical professionals and caregivers what you want.

NOTE: THIS BOOKLET IS NOT A LEGAL DOCUMENT
(for advance directives see previous section)

See pages 26–27 for definitions of Living Wills, Power of Attorney for Health Care and Power of Attorney for Finances.

TIP: If you do not have the following documents in place, please give them serious consideration. Consult a lawyer to help you draft the necessary papers.

1. Do you have the following documents in place?
   - ❍ Will
   - ❍ Living Will
   - ❍ Power of Attorney for Health Care
   - ❍ Power of Attorney for Finances
   - ❍ Anatomical gift wishes
   - ❍ Other _____

2. What general comments would you like to make about illness, death or dying?

_____

_____

_____

_____

3. What will be important to you when you are dying (e.g., physical comfort, no pain, presence of family members)?

_____

_____

_____

4. Where would you prefer to die?

_____

_____

5. What wishes or comments would you like to record about your funeral and burial or cremation?

_____

_____

_____

6. Have you made advanced funeral arrangements?

❍ Yes ❍ No ❍ Maybe

If yes, with whom?

_____

_____

Name _____

Address _____

_____

NOTES:

NOTES:

Aging Resource Center of Milwaukee County
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