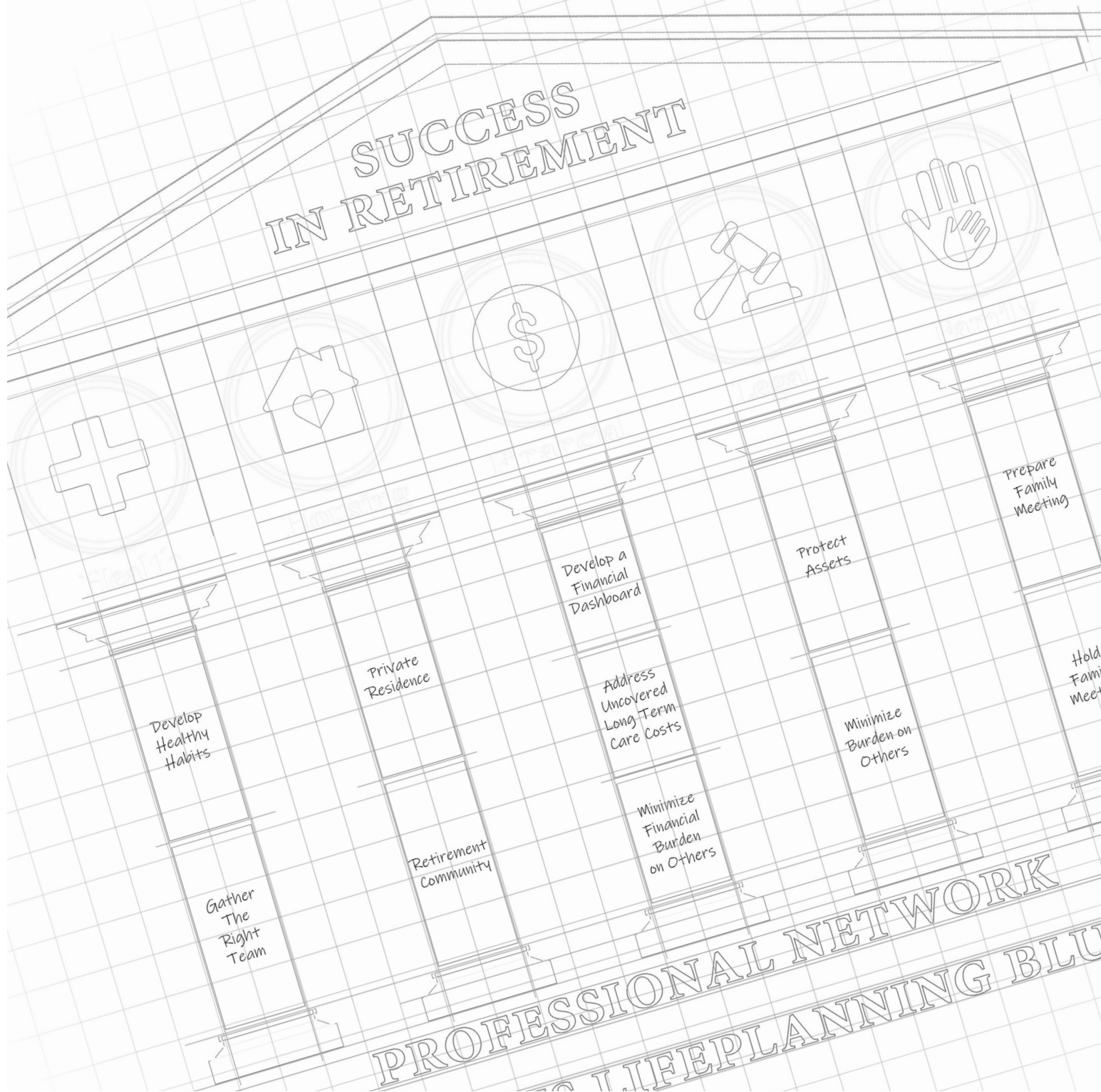


# *Life*Planning Blueprint



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# *What It Means to Be Me*

Develop a  
Financial  
Dashboard

Address:  
Uncover  
Long-Term  
Care Costs

M:  
F:

Retirement  
Community

Private  
Residence

Develop  
Healthy  
Habits

Gather  
The  
Right  
Team

# LifePlan: What It Means to Be Me \_\_\_\_\_

(Name)

**Entertainment for me means:** (Select all that apply)

☐ **Reading**

The kinds of things I like to read include (Such as fiction/nonfiction books, news, etc.):

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The medium I prefer to read includes (books, magazines, newspapers, on tablets, etc.):

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☐ **Music**

The kinds of music I enjoy include:

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Times when I like listening to music include:

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Music I don't like includes:

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☐ **Television**

The kinds of shows I enjoy include:

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Time of day I enjoy watching include:

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☐ **Movies**

The kinds of movies I like to watch include:

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Types of movies I don't like include:

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(Name) \_\_\_\_\_

### Additional Entertainment Notes:

[illegible]

**Pleasant surroundings for me means:**

My Living Space preferences include (decorations, view, scents, etc.):

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My Location preferences include (city vs rural, near water, near forests, etc.):

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(Name) \_\_\_\_\_

**Healthy Habits for me means:** (Select all that apply)

### **Eating Right**

The foods I really enjoy eating include:

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Foods I do not like include:

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My food allergies or digestive challenges include:

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### **Exercise / Activities**

Places I enjoy visiting include:

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Activities I enjoy include:

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### **Socializing**

The types of social interactions I enjoy include (large groups, close friends and family, religious visitors, etc.):

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The frequency of social interactions I enjoy is (constant companionship, regular visits, or occasional check-ins):

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(Name) \_\_\_\_\_

**Other things you should know about me:**

My blood type is: \_\_\_\_\_

I have the following allergies: \_\_\_\_\_

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I have the following chronic health conditions: \_\_\_\_\_

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Additional notes about me: \_\_\_\_\_

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[illegible]





# *My Health Plans*

Develop  
Healthy  
Habits

Private  
Residence

Gather  
The  
Right  
Team

Retirement  
Community

## Healthy Lifestyle: Eat Right

**My current eating habits are:** (Select one)

- ☐ Excellent
  - ☐ Fair
  - ☐ Poor

**I would like to meet with a nutritionist:**

- ☐ Yes
- ☐ No
- ☐ Undecided

### Notes regarding my Healthy Eating Plan:

[illegible]

# Healthy Lifestyle: Exercise

**My current physical activity level is:** (Select one)

- ☐ Physically Fit
- ☐ Active
- ☐ Sedentary

**My plan to improve my exercise includes:** (Select all that apply)

- ☐ Joining a gym or other active group
- ☐ Checking if my insurance will cover gym memberships
- ☐ Monitoring my steps (via phone app or wearable device)
- ☐ Other

**Notes regarding my exercise plan:** (See goal suggestions)

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## Healthy Lifestyle: Socialize

**My current meaningful social interactions are:** (Select one)

- ☐ Frequent (daily meaningful interactions)
- ☐ Moderate (family and some social gatherings; somewhat superficial)
- ☐ Minimal (only essential interactions with others or with limited individuals)

**My plan to increase meaningful social interactions includes:** (Select all that apply)

- ☐ Volunteering in charitable/religious service
- ☐ Joining/engaging with hobby or civic groups
- ☐ Other

### Notes regarding my Socialize Plan:

[illegible]

## Health: Geriatricians

**My plan to gather the right Geriatric Care Team: (Select all that apply)**

- ☐ I already have a Geriatric Care solution
- ☐ I need to locate Geriatric options near me
  - ☐ Geriatric Care Clinics
  - ☐ Board-Certified Geriatricians
  - ☐ Physicians, PA, or ARNPs with geriatrics training
  - ☐ Undecided

### Notes regarding my Geriatric Care Plans:

[illegible]

## Health: Private Pay Options

**I plan to include the following Private Pay options in my Health team:** (Select all that apply)

- ☐ Private/Preventative Care Clinics
- ☐ Concierge Care
- ☐ Wellness Science
- ☐ Undecided

**Notes regarding my plan to include Private Pay options in my Health Team:**

[illegible]

[illegible]



# *My Housing Plans*

Develop  
Healthy  
Habits

Private  
Residence

Develop  
Financial  
Dashboard

Gather  
The  
Right  
Team

Retirement  
Community



## Housing: Requirements to Age in a Private Residence

**I am interested in aging in a Private Residence:**

- ☐ **(If yes)** My residence will meet the following requirements:
- ☐ I will live in an Age-Friendly Home (the home and the location)
  - ☐ I have the Financial resources. I can cover the cost of living at home and pay for care as needed
  - ☐ I have localized Family/Social support (Fiduciaries are within 5 miles and I will acquire a Geriatric Care Manager)
- ☐ **(If no)** See Retirement Community Options

**Notes regarding my ability to age in a Private Residence:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

## Housing: Private Residence Options

Select the options that reflect your preferences and make notes about what you would like to focus on regarding this topic.

### **My interest in Private Residence options:**

- ☐ I am not considering a Private Residence
- ☐ I am interested in living in a Private Residence

### **The Private Residence housing options I'm considering are:**

- ☐ N/A
- ☐ Remain in my current home
- ☐ Move to a new Age-Friendly home
- ☐ Move in with Loved Ones
- ☐ Move to a Lifestyle Community

### **Universal Design review for the home of my choosing:** (if applicable)

- ☐ I plan to review the Universal Design for each home I'm considering

### **Notes regarding my Private Residence choice:**

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# Housing: Retirement Community Options

## My interest in Retirement Community options:

- ☐ I am not considering moving to a Retirement Community
- ☐ I am interested in moving to a Retirement Community

## The Retirement Community options I'm considering are:

- ☐ N/A
- ☐ Independent Living
- ☐ Assisted Living
- ☐ Memory Care
- ☐ Residential Care Home (Adult Family Home)
- ☐ Skilled Nursing Facility
- ☐ Life Care Communities (CCRC)
  - ☐ I prefer a Type A - Extensive or Lifecare Contract
  - ☐ I prefer a Type B - Modified Contract
  - ☐ I prefer a Type C – Fee-for-Service Contract
  - ☐ I prefer a Type D - Rental Agreement Contract
  - ☐ I prefer a Type E - Equity Agreement Contract
- ☐ Undecided

## Notes regarding my Retirement Community options: (Include areas of concern)

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[illegible]



The background is a light gray grid with various faint illustrations. At the top left, the words 'N RETIRE' are partially visible. In the center, there is a large circle containing a dollar sign '\$'. To the right of the dollar sign is a line drawing of a gavel. Below the dollar sign, the word 'Financial' is written in a large, faint font. On the left side, there is a line drawing of a heart and a line drawing of a house. At the bottom left, the word 'Retirement' is written in a large, faint font. On the right side, the words 'Prot' and 'Ass' are visible, likely part of 'Protection' and 'Assurance'.

# *My Financial Plans*

Develop a  
Financial  
Dashboard

Private  
Residence

Address  
Uncovered  
Long Term  
Care Costs

Minimize  
Financial  
Burden  
on Others

## Financial: Dashboard Decisions

### **My Financial Dashboard Decision:** (Select one)

- ☐ I am confident with my current Financial Plan
- ☐ I would like to create/review my Financial Plan

### **My Financial Dashboard will provide the following information:** (Select all that apply)

- ☐ When is the ideal time to retire?
- ☐ When should I start Social Security benefits?
- ☐ How can I best maximize Social Security benefits?
- ☐ Should I invest in a long-term care insurance policy or not? If so, should it be a traditional policy, an asset-based policy, or a hybrid?
- ☐ Should I convert my traditional IRA accounts to Roth IRA accounts?
- ☐ How should I invest my assets?
- ☐ Other: (Note below)

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### **My Financial Planner Decisions:** (Select one)

- ☐ I have a Financial Planner that I like
- ☐ I would like to speak with a new Financial Planner
- ☐ I'm undecided

### **Notes regarding my Dashboard and Financial Planner:**

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## Financial: Address Long-Term Care Costs

*Answer this section after reviewing a thorough Financial Dashboard with your Financial Planner.*

### **Long-Term Care: Private Pay Solutions**

- ☐ I plan to utilize Private Pay for Long-Term Care
  - ☐ I will draw from my savings
  - ☐ I will use a reverse mortgage
  - ☐ I'm ready to speak with a Reverse Mortgage Specialist

### **Long-Term Care: Insurance Solutions**

- ☐ I plan to use Long-Term Care Insurance
  - ☐ I will use a Traditional Plan
  - ☐ I will use an Asset-Based Plan
  - ☐ I'm ready to speak with a Long-Term Care Insurance Agent

### **Long-Term Care: Public Assistance Solutions**

- ☐ I plan to use Public Assistance
  - ☐ I will apply for Medicaid
  - ☐ I will apply for VA
  - ☐ I'm ready to speak with an Elder Law Attorney for help qualifying for benefits

### **Notes regarding my plan to cover Long-Term Care Costs:**

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## Financial: Minimize Burden on Others

**I plan to minimize burdens on others by doing the following:** (Select all that apply)

- ☐ Acquire a Financial Planner – and name them in my Agent Instructions with my Powers of Attorney.
- ☐ Acquire an Accountant for Taxes – and name them in my Agent Instructions with my Powers of Attorney.
- ☐ Set up Bill Pay – and detail my system for my Agents.
- ☐ Set up Password management – and make the list easily accessible to my Agents.
- ☐ Prepay Final Expenses – and make the forms easily accessible to my Agents.
- ☐ Acquire a Property Manager or Handyman – and name them in my Agent Instructions with my Powers of Attorney.
- ☐ Arrange for a Geriatric Care Manager – and name them in my Agent Instructions with my Powers of Attorney.

**Notes regarding my plan to minimize my burden on others:**

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# *My Legal Plans*

Develop a  
Financial  
Dashboard

Protect  
Assets

Prepare  
Family  
Meeting

Address  
Uncovered  
Long Term  
Care Costs

Minimize  
Burden on  
Others

Hold  
Fair  
Meeting

Minimize  
Financial  
Burden

## Legal: Protect Assets (Trust Protections)

**I am interested in utilizing a Trust to protect my assets from the following threats:**

(Select all that apply)

- ☐ Uncovered Long-Term Care Costs
- ☐ Subsequent Marriages
- ☐ Estate Taxes
- ☐ Inheritance risks

**I would like to meet with an Elder Law Attorney to learn which trusts are best for me:**

- ☐ Yes
- ☐ Not yet
- ☐ Undecided

**Notes regarding my plan to protect my assets:**

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**I plan to consult with my Attorney to align the following beneficiary designations:**

(Select all that apply)

- ☐ Bank Accounts
- ☐ Brokerage Accounts (Stocks, bonds, mutual funds, etc.)
- ☐ Retirement Accounts (IRA, 401(k), etc.)
- ☐ Life Insurance (Annuities, etc.)
- ☐ Real Estate (Houses, property, time shares, etc.)
- ☐ Business Ownership (Sole Proprietorship, LLC, Partnerships, etc.)
- ☐ Other

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## Legal: Minimize burdens

**I plan to minimize burdens on others by acquiring the following:** (Select all that apply)

- ☐ Healthcare Power of Attorney
- ☐ Financial Power of Attorney
- ☐ Mental Health Advance Directive
- ☐ Living Will (Advance Directives)
- ☐ Handling of Remains

**I would like to meet with an Elder Law/Estate Planning Attorney to help me create my estate planning documents:**

- ☐ Yes
- ☐ No
- ☐ Undecided

**Notes regarding my plan to minimize burdens:**

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## Legal: Choose Fiduciaries

**When selecting fiduciaries:** (Select all that apply)

- ☐ I plan to select family/loved ones as my fiduciaries
- ☐ I plan to select Professional fiduciaries
- ☐ I plan to name Co-Fiduciaries

**Notes regarding my Fiduciary Plans:**

[illegible]

## Legal: Manuals of Instruction

**I plan to include the following provisions for my Fiduciaries:** (Select all that apply)

- ☐ Care Management
- ☐ Prohibitions
- ☐ Bar against Guardianship
- ☐ Professional Resources
- ☐ Compensation

### Notes regarding my plan to create Manuals of Instruction:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

[illegible]





# *My Family Plans*

Develop a  
Financial  
Dashboard

Protect  
Assets

Prepare  
Family  
Meeting

Address  
Uncovered  
Long Term  
Care Costs

Minimize  
Burden on  
Others

Hold  
Fair  
Meeting

Minimize  
Financial  
Burden

# Family: Planning Your Meeting

## **I have made the following decisions regarding my Family Meeting:**

☐ When to hold my Family Meeting: (Date) \_\_\_\_\_

☐ What I should bring: (List items)

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☐ Who should be invited: (List)

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☐ Who should lead: (Name) \_\_\_\_\_

☐ What issues will be discussed: (List items)

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## **Additional notes regarding planning my Family Meeting:**

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## Family: During Your Meeting Checklist

**During my family meeting, I did the following:** (Select all that apply)

- ☐ Shared my plans
- ☐ Reviewed my resource team
- ☐ Listened & got input
- ☐ Made Commitments

### Notes from my Family Meeting:

[illegible]

[illegible]