

Caring for a Loved One

CLIENT CASE STUDY | CAREGIVER

PROFILE

Bob and Ann were long time clients of Arbor Trust, having worked with us for 20 years. They were a retired couple with two grown children and active young grandchildren who lived nearby. Bob had worked for the University of Michigan as a tradesman during his career, and Ann was a stay at home mom. They did not travel or spend exorbitantly, but rather enjoyed the simple things in life like going to their grandchildren's sporting events. Bob played golf and Ann sewed regularly. Through our work with them, we completed a financial plan that showed they had plenty of money for the remainder of their life, even if they needed long-term care assistance, whether at home or a care facility. We had also referred them to an estate planning attorney who prepared the appropriate estate plan documents for them.

GOALS

Bob and Ann enjoyed a modest lifestyle, primarily living on their social security and monthly distributions from their retirement accounts. Their goal was to ensure they had enough funds to care for themselves through any health issues and during their twilight years. They also wanted to live together in their home for as long as possible. They did not want to burden their children.

KNOWN ISSUES

Bob and Ann were very private people and did not share a lot of personal information. But over the years, we had earned their trust. When we consulted with them about their estate plan, we discussed their intentions about long-term care. They shared that their children did not have the ability or time to care for them, and more importantly, Bob and Ann were adamant about not interfering in their children's busy lives. And as a result, Bob and Ann didn't share any information about their finances or intentions for long-term care with their children.

UNKNOWN ISSUES

Bob and Ann had always relied primarily on each other. Neither had health issues until a few years ago, when Bob noticed Ann was forgetting basic things. Things that were normally routine to her, like the path to and from the grocery store, started to leave her memory. She also became lost in the local mall she'd shopped at for over 30 years and had to have mall security help her find her way back to Bob. As Ann's memory faded, so did her activity level and contribution to their household responsibilities. Rather than share this information with anyone, Bob started taking care of everything at home. He also started "covering" for her, explaining away why she wasn't at our meetings. About a year later, Bob finally took Ann to a neurologist who diagnosed her with dementia. It was another several months before Bob shared the news. An exhausted Bob told us during an early morning phone call after a night of having to remind Ann that he was her husband. She had spent the entire previous evening believing Bob was a stranger.

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CONSULTATION PROCESS, ALTERNATIVES AND SOLUTIONS

Given our experience with other clients who are caregivers and knowing the stress it puts on their health, we were worried about both Bob and Ann's health. Initially, Bob said he was fine and didn't need any help. He just had a rough night and needed "to vent." Soon thereafter though, Bob agreed to meet with us to understand his options. We encouraged him to bring his children to the meeting. They needed to know the magnitude of their mother's diagnosis and be there to support their father. Bob agreed. During the first meeting with Bob and his children, we discussed our network of caregiving coordinators and the services they provide. Until our discussion, Bob had not realized that he had given up all his hobbies and the things he loved doing because he didn't feel comfortable leaving Ann alone for too long. He had not seen his grandson play basketball for the entire season and prior to Ann's diagnosis, he rarely missed a game. We explained that as an initial step, a care coordinator could bring in companion care for Ann to allow Bob to enjoy some time out of the house. The care coordinator could also arrange higher level services as required. All of this would provide Bob with some respite time to take care of his health, so that he could be a better caretaker to Ann when he was with her. Another alternative we discussed was the possibility of Bob and Ann moving together to a care facility. Bob didn't realize that he could live an independent life at the same place where Ann was receiving care. This would satisfy their goal of living their lives together for as long as possible. We showed Bob how all these options were financially viable for him. We also explained our system to help pay his and Ann's bills, suggesting that taking the responsibility off his plate would give him more time to care for Ann and do the things he enjoyed.

EXECUTION AND RESULTS

Initially, Bob was hesitant to take any action. But relying on our advice, he did follow up with a care coordinator. He started out small. Allowing a care companion to come to their home two nights a week for a few hours while he watched his grandchildren's sporting events. He came home to see Ann had eaten dinner, was bathed and comfortable with her caregiver. He agreed to allow us to pay the care coordinator fee directly from his account, so he didn't need to worry about the invoice. We met with him once a month to review the bills, discuss how Ann was doing and how the care coordinator was working out for him and Ann. He also started exploring assisted living facilities with his son. Today, Bob has a plan in place to care for Ann, now and in the future, as their needs require. He also has a support team in place: his children, a care coordinator and Arbor Trust.

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BEYOND ADVICE

To learn more about how we strive to exceed your expectations by going beyond advice, we invite you to contact us.

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