

FREE COMPANION PAGES

The Three A.M. Pages

Everything practical in *You're Not Overreacting*, collected in one place — so you don't have to hunt for it at three in the morning.

You're Not Overreacting

An Honest Guide for the Adult Child Who Noticed First

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Everything practical in this book, collected, so you don't have to hunt for it at three in the morning.

If you only do five things

- 1 Start the notebook tonight. Date and observation, one line each, no adjectives.
- 2 Count the duplicates in her pantry and medicine cabinet.
- 3 Ask her who is on each account and who is named as beneficiary. Write down the answers.
- 4 Ask her what matters most to her if it came to it — comfort, time, being at home — and tell the rest of the family what she said.
- 5 Tell your own doctor you are a caregiver.

1 While nobody believes you yet

- **Write it down, with dates.** One line per thing. *June 3 — two past-due notices. Never happened before.* No conclusions. The notebook is for the doctor, and it is also what keeps you from being talked out of your own eyes.
- **Read the house, not the person.** She will say she's fine. The house doesn't perform.
- **Check:** unopened mail piling up · duplicates in the pantry, medicine cabinet, cleaning supplies · the fridge · a pill organizer still full mid-week · new scrapes on the car · appliances recently replaced for no stated reason · laundry and dishes measured against how *she* kept them.
- **Duplicates are the earliest signal of all** and nobody thinks to look. Three of the same shampoo, bought on three trips.
- **Never argue the conclusion.** Don't say what you think it means. Take one observation to one family member as a question.
- **Get one routine appointment on the calendar** — a physical, not an evaluation — and go with her.
- **Send your dated notes to the office in writing beforehand.** Ask how to get a note into the chart. Say you'd rather it not be read aloud in the room.
- **Find one person who believes you.** It does not have to be family. It is often better if it isn't.

“The electric bill went past due in June. Has that ever happened before that you know of?”

2 Eyes on the money without taking it over

Ask for these by name. The words change depending on who you’re calling.

- **Bank, credit union, card issuer, brokerage:** ask to be listed as a **trusted contact person**. No access to the money at all — they call you if they see signs of exploitation or can’t reach her.
- **Power, gas, water:** ask about **third-party notification**. You get a copy of shut-off and delinquency notices. You do not become responsible for the bill unless you separately sign as guarantor. Usually needs a form signed by both of you.
- **Social Security:** ask about **advance designation**. She names up to three people who could serve as representative payee if one is ever needed. They get nothing now. Through her my Social Security account, her local office, or 1-800-772-1213.
- **Turn on account alerts** while you’re sitting with her — low balance, payment due, payment missed, any transaction over an amount she chooses.
- **Switch key accounts back to paper statements.** A pile of envelopes on a counter is a monitoring system.
- **Freeze her credit** at all three bureaus. Free, done by her, doesn’t affect existing accounts.

Do it in one sitting

Her table. Her coffee. Speakerphone. Her account numbers and ID in front of her. She talks, you listen and write. Four calls: bank, card, utility, Social Security.

“Mom, I don’t want to be on your accounts. I want them to have my phone number so somebody calls me if something looks wrong. Can we do four calls and be done by three o’clock?”

Know what they'll offer you

- **Trusted contact / third-party notification** — no access, notification only. Start here. Often all you need.
- **Authorized user on a card** — you get a card. Doesn't give you oversight. Solves a problem you don't have.
- **Convenience or agency account** — money stays hers, your name on it to pay bills. Useful later; makes unauthorized withdrawals possible, which is a risk to you as well as to her.
- **Joint account with right of survivorship** — whatever is in it becomes yours at her death, outside the will. This is the one that quietly rewrites inheritances. Say explicitly if that is not what anyone intends.
- **Power of attorney** — a real document, with a lawyer, while she clearly has capacity. Not improvised at a kitchen table.

3 If a move is being discussed

Three questions that constantly get mistaken for each other. Make everyone say which one they're answering.

- 1 **What does she actually want?** Ask the specific version, never the abstract one. Write her answer in her words, with the date.
- 2 **What can we actually provide?** Every week for two years, not for six weeks in a crisis.
- 3 **What can each of us live with?** Make everyone say their nightmare out loud. It is usually what the argument is really about.

"Would you rather stay here with somebody coming in three days a week, or be somewhere with people around all the time and your own apartment?"

Decide the distance on purpose

Whoever lives closest becomes the visitor. Not by agreement — by geography. Choosing a building is choosing which of you sees her weekly and which sees her at Christmas.

“If we pick this one, who is driving over on a random Tuesday in February? Say the name.”

Get visit promises written down with days attached. “Tuesdays and Sundays” is a plan. “I’ll be around more” is weather.

Before anyone signs with a facility

- Read the level-of-care schedule. Ask exactly what triggers a higher level, what it costs, and what would mean she can no longer stay.
- Ask whether they have memory care on site. Moving her twice is far worse than once.
- Know the money. Medicare does not pay for assisted living. Some state Medicaid programs cover parts of it.
- Visit twice. Make the second visit unannounced, at a bad hour — dinner time on a Sunday.
- Ask about staff turnover and night staffing. How they handle the question is itself the answer.

4 Emptying a house

- **Pull the paper first, before a single box moves:** deed · vehicle titles · insurance policies including old ones · military discharge papers (DD-214) · tax returns · savings bonds · safe deposit keys · statements from accounts nobody knew about · her address book.
- **Check where cash hides:** the freezer, coat pockets, between the pages of books, taped under drawers.
- **Run a free unclaimed property search** in every state she ever lived in.
- **Do not sell or transfer the house** until you’ve spoken to a CPA and an elder law attorney. Inherited at death, the basis generally resets; gifted during life, it usually doesn’t. Medicaid’s look-back is five years in most states.
- **Photograph every room wide, then every drawer close.** One hour. It will be the only version of that house that exists.
- **Make everyone name what they want, in writing, with a deadline** — before a stranger is hired. Absent a list, whoever is standing in the house decides.
- **Go get the thing.** Physically. Today. Don’t accept assurances that it’s being set aside. Take the object that holds a memory, not the one that holds value — and tell her you took it.

5 Visits

What goes in the room: her own bed if it fits · the pictures in the same order they hung at home · a chair she can stand up from · a day-of-the-week clock and a big-button phone with your number first · something for her hands · labels on the backs of photographs, written while she can still tell you.

What to do there: sit beside each other pointed at the same thing. TV, cards, a box of photographs. Real conversation arrives sideways during the commercials, never when you ask for it.

The quiet inventory, every visit: is she thinner · bruises, especially on the arms · feet and toenails · teeth, dentures, glasses, hearing aid batteries · pills anywhere they shouldn't be · the bathroom (smell is information) · is the call button actually within reach of the chair and the bed — pick it up and check.

Learn the aides' names. Attend care plan meetings and ask for a copy of the plan.

Predictable beats frequent. Same days, same time, written on a calendar in her room in marker. A shorter visit she can count on beats a long one she can't.

If your parent is the easy one, you have to be the one who isn't. She was raised not to ask. Somebody has to ask on her behalf.

6 Doctors, prognosis, and a diagnosis you're not sure about

- Ask the hospice or care team directly: **"I'm not asking you to predict. Are we in months, weeks, or days?"**
- When given a timeline: **Is that a median or a maximum? What's the range you've seen? What would you expect to change first? If she's still here in six months, what will that tell us?**
- A prognosis is an estimate, not a date. In the landmark study, doctors' predictions were accurate about 20% of the time — and the better they knew the patient, the worse the estimate.
- Nearly one in five people leave hospice alive. Live discharges were 19.1% of all Medicare hospice discharges in 2024.
- When two sets of professionals disagree: **"What in this is confirmed, and what is assumed?"** Then: **"What would change your mind?"** Request the records.

- Stop asking her how she's doing. Ask what she ate, whether she slept, who came in, whether anything hurts.
- Stop asking staff how she's doing. Ask what they saw today, what's changed since last week, what they're watching for.

7 Medication

The ladder, in order. Move up only as far as you need to — each step buys independence.

- 1 Weekly organizer, filled by her, with you sitting there.
- 2 Same organizer, filled by you or someone else on a schedule.
- 3 **Multi-dose packaging from the pharmacy** — strips or blister cards printed with date and time. Many pharmacies do this and almost nobody knows to ask. Often the highest-value phone call available to you.
- 4 A locking automatic dispenser with an alarm.
- 5 A person who administers.

Brown-bag review: put everything she takes — prescriptions, over-the-counter, vitamins, the supplement a neighbour recommended — in one bag and take it to one pharmacist. Ask what's interacting, what's duplicated, and what's making her foggy.

8 The last weeks

- **Not eating is part of what's happening, not a battle you're losing.** Offer, don't push. Keep her mouth and lips moist — worth more than most of the food. Sit with her.
- **Ask for the comfort kit and know what's in it before you need it** — what's in it, who may give what, and how fast you can reach someone at 3 a.m.
- **Don't wait for her to ask for pain relief.** Someone barely conscious cannot. Watch for grimacing, restlessness, guarding, groaning on movement, and report what you see.
- **Ask for the standing orders and the breakthrough dose in plain language.** *What do I do if she's in pain at three in the morning? Say it slowly, I'm writing it down.*
- **Make the calls when it turns.** You will be glad you weren't the one who decided who got to be there.
- **If you are not in the room when it happens, you did not fail her.** It happens constantly. You did the nights.

Paperwork she needs, and where it has to live

- **Healthcare power of attorney** — one primary person, not a committee. The most important document.
- **Advance directive or living will.**
- **POLST or MOST form** if her state uses them — a medical order that travels with her and that paramedics follow.
- **DNR** in the form her state recognizes.
- **A document in a drawer does nothing.** In her chart. With the facility. With hospice. A copy in your car.
- **A sentence said often enough, to enough people, is an instruction.** A wish only you heard is an opinion. A wish four people heard is a fact.

9 After

- **A will only controls what goes through probate.** Joint accounts with survivorship, payable-on-death and transfer-on-death accounts, life insurance, retirement accounts and beneficiary deeds all skip it entirely.
- **When a will and a beneficiary form disagree, the form wins.** Every time.
- Have beneficiary designations reviewed in the same meeting as the will, by the same attorney.
- A family agreement is not a legal instrument. If your family agrees something, the next sentence is *let's get that into the documents* — that week.
- If something has already happened: get the **bank signature card and account agreement**, get her medical records for that period, write down who witnessed what with dates, and talk to a **probate litigation attorney** — not the drafting attorney, not a general practitioner. Soon. These claims have deadlines.

10 Your own body

This is the section that might save your life rather than improve your week.

- 1 **Tell your own doctor you are a caregiver.** Out loud, at your next appointment. And go to the appointment.

- 2 **Know your blood pressure the way you know her medication schedule.** You can recite her doses. You probably can't recite your own numbers.
- 3 **Treat sleep as medical.** You will not get it back later.
- 4 **Find out what respite care is in your county before you need it.** Hospice programs, Area Agencies on Aging, state programs. Write the number down on a calm Tuesday.
- 5 **Find the one thing you will not give up, and don't give it up.** One. The people who come through this intact almost all had one thing they refused to cancel.

Every sentence in this book you might need out loud

"The electric bill went past due in June. Has that ever happened before that you know of?"

"I'm not asking for access to the account. I'm asking to be listed as a trusted contact, and I'd like to know what notification options you offer."

"Mom, I don't want to be on your accounts. I want them to have my phone number so somebody calls me if something looks wrong."

"Would you rather stay here with somebody coming in three days a week, or be somewhere with people around all the time and your own apartment?"

"If we pick this one, who is driving over on a random Tuesday in February? Say the name."

"I'm doing the weekday calls and the appointments. What are you taking?"

"I'm not asking you to predict. Are we in months, weeks, or days?"

"Is that a median or a maximum? What's the range you've actually seen?"

"What in this is confirmed, and what is assumed?"

"What would change your mind?"

"What do I do if she's in pain at three in the morning? Say it slowly, I'm writing it down."

"Who's on each account with you, and who's named as beneficiary?"

"Mom, I took your sewing machine. I wanted it."

"I'm sorry you didn't get to."

A note on all of this

None of it is a substitute for a doctor, a nurse, a lawyer, an accountant or a social worker. It's a map of what to ask them, and the order to do things in, written by someone who worked most of it out too late to use.

Use what helps. Ignore what doesn't. And be kinder to yourself than I was.

If these pages helped

They're the last chapter of a book about the years behind them — the months before anyone agreed there was a problem, the mail on the counter, the brother who said I was being emotional, the drive over at ten at night, and what all of it costs the person doing it.

It's out now in Kindle, paperback and hardcover, and free to read on Kindle Unlimited.

[Find the book on Amazon](#)

I'm not a doctor, a nurse, a social worker, a lawyer or a financial adviser, and nothing here is medical, legal or financial advice. It's one family's experience, plus the questions I wish I'd known to ask and the order I wish I'd done things in. Where you need a professional, go and get one. Laws, benefits, account types and medical practice vary by state and change over time; verify anything you intend to act on. If your parent is in immediate danger, or you believe someone is being financially exploited, contact emergency services or your local Adult Protective Services rather than a book.

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