



# SOUTH SHORE SENIOR News

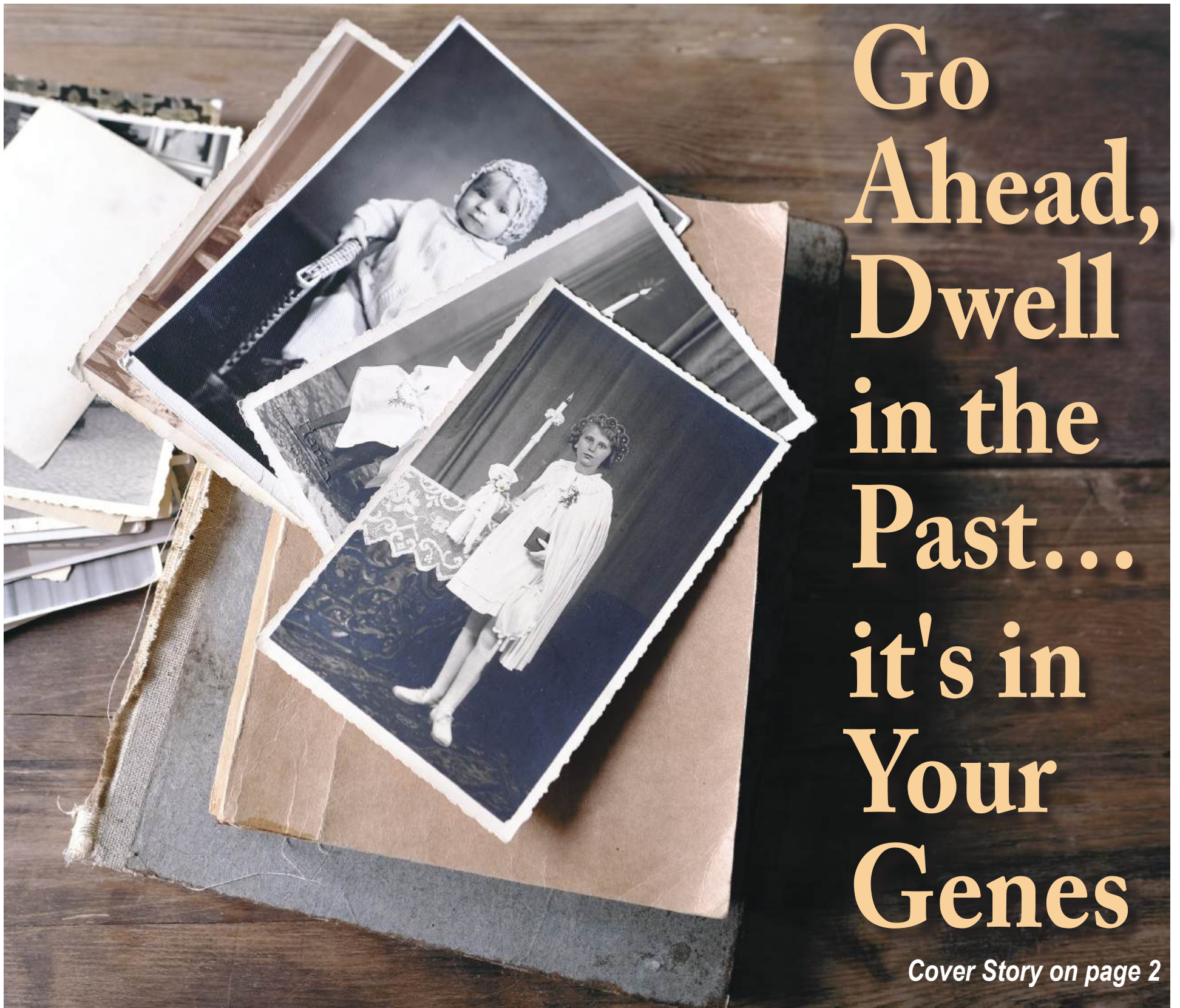
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## Go Ahead, Dwell in the Past... it's in Your Genes

Cover Story on page 2



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BECAUSE BEING ABLE TO AGE IN PLACE

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# Go ahead, dwell in the past... it's in your genes



By Marie Fricker

During a spur-of-the-moment field trip to the Massachusetts Archives Building in 2007, I learned that my great-great-grandmother was not a white woman.

Next to her name, Amanda Perkins, age 80, on her 1925 death certificate, was the abbreviation, "Col.," which stood for "Colored."

This unexpected find launched me on a decades-long journey to discover my roots, beginning with my mother's paternal ancestors, Ransom and Amanda Perkins, who had been slaves on a plantation in Augusta, Georgia until they were freed in 1862. Their light-skinned daughter Elizabeth, my mother's grandmother, later moved her family to Boston where they passed as white. But on the early census records they were listed as "Mulatto."



The author's ancestors, Elizabeth Perkins, left, and Henry Gallishaw.

My Mom died not knowing a thing about her family's mixed-race background but I wanted to know everything, not just about the African-American relatives but also about my father's grandparents, who fled the potato famine in Ireland to immigrate to Newfoundland in the 1850s.

Genealogists, whether expert or amateur, are the "scribes" of their tribe. They are called by their "genes" to bring life to those who came before them and to chronicle the struggles and resilience of their ancestors as they lived and died for their families.

"The study of genealogy is a perfect fit for retirees," said Martha Mayo, former director of the Center for Lowell History and a lifelong genealogist. "Unlike some hobbies, which may call for more physical stamina, you can search for ancestors from the comfort of your home or a local library. All you need is a computer,

an internet connection and the patience to dig through records."

The rewards and thrills of genealogy are addictive if you get hooked on the chase of finding your elusive relatives from centuries ago. Imagine looking at your great-grandfather's handwritten signature on his World War I draft card, or finding a long lost relative on an 1870 passenger list at Ellis Island?

As an ancestry sleuth myself, I have often stayed up until 3 a.m. when on the track of nearly solving a longtime mystery in my roots. But if your sleep means more to you than poring through faded records, take a break in your quest at bedtime, but don't be surprised if your "genes" call you back in the morning to resume the hunt.

The good news is that genealogy is far from the arduous task that it was 20 years ago when I first caught the bug. The digitization of vital records has been a godsend. Instead of hauling giant register books around dizzying archive buildings, Xeroxing yellowed pages from local town hall ledgers, or scrolling through miles of slippery microfilm in darkened rooms, people can now search worldwide databases while sitting at their kitchen table and sipping a cup of coffee.

Local libraries usually offer free ancestry browsing services on site, but most of the commercial providers, like the giant Ancestry.com, require a paid subscription for customer access to their full collection of records. There is also an additional membership fee (well worth it, in my opinion) for old newspapers and magazines dating back to the 1700s. You can also buy an at-home DNA test to find out your specific ancestral regions and ethnicities.

"At first, genealogy may seem like a simple hobby," said Mayo, who enjoys her ancestry pastime even more in her retirement. "You find a few census and birth records that match your search names, and get mildly intrigued. But keep at it, digging deeper, uncovering family secrets, and you are hooked.

"While you may at times think you've discovered everything there is to know about a particular ancestor, rest assured you haven't. There is always a new challenge, an unexpected clue or a missing puzzle piece to find. It's an open-ended journey. And after all these years, I'm still dogged and persistent and I still love doing it."

Ancestry service companies are vying for customers on today's social media market by offering discount DNA kits, introductory free memberships, and special holiday promotions. Some of the more popular providers are Ancestry.com, My Heritage.com, familytree.com, 23andMe.com and FamilySearch.com, which is a free service run by the Church of Jesus Christ of Latter-Day Saints.

Remember, searching for ancestors is not everyone's "thing." Don't be surprised if some friends and relatives belittle your zest for the field of genealogy.



Martha Mayo, former director of the Center for Lowell History and a lifelong genealogist.

My sister Betty recently questioned my motivation for staying up late one night combing an old Southern newspaper that held the key to my great-grandfather Ransom's death.

I phoned her immediately when I saw the barely legible article in the 1886 edition of the "Savannah Morning News." It said a 45-year-old "Mulatto" waiter named Ransom Perkins had fallen overboard on the steamship "Katie" and drowned. There was a reward being offered for the recovery of his body, which was found the next day. His wife was listed as Amanda Perkins of Augusta, Georgia.

"It is our Ransom," I said to my sister when she sleepily picked up the phone. "Now I know why he wasn't on the 1880 census record. I'm sorry he died that way, but isn't this amazing?"

"Why do you care," said my sister with a yawn. "We never met these people. They're strangers. Stop dwelling on the past."

But, in my opinion, the past is a wonderful place in which to dwell. It's where our ancestors lived, raised their families, fought for freedom, endured wars, famines and worldwide epidemics, got the right to vote and used it, and did all they could to survive so that, one day, we could too.

I thank my ancestors daily for the legacy they left us. They will never be strangers. Genealogy has told me their names.

## We are the chosen...

In each family there is one member who seems called to find the ancestors. To make them live again, to tell their story and to feel that, somehow, they know and approve. Doing genealogy is not a cold gathering of facts, but instead, breathing life into all who have gone before. We are the scribes of the tribe.

Marie Fricker will be hosting a genealogical panel discussion, "Let's Dwell on the Past Together!" at the Scituate Senior Center on May 14 and June 11 from, 2:30-3:30 p.m. Call 781-545-8722 to register. ∞

## AI's role in elder in-home care: Promise, pushback, and the real path forward



By Mark Friedman

I recently spoke at the Health 2.0 conference on the topic of technology in eldercare and, at its core, this conversation is about artificial intelligence and how it will – if used wisely – reshape the way care is actually delivered in the home.

Artificial intelligence is making its way into non-medical home care, bringing both opportunity and unease. For families trying to support an aging parent – and for agencies responsible for delivering reliable, high-quality care – the conversation has shifted. It's no longer about

whether AI will be part of the future, but how thoughtfully it will be introduced and whether it will enhance or quietly erode what matters most: the human experience of being cared for.

There is a tendency to frame AI as a replacement for caregivers – devices in the home, robots, and automation stepping in for people. That framing is not just simplistic; it's wrong. The more likely, and more effective, path forward is a blended model, where technology supports care rather than substitutes for it.

Still, before any of that can take hold, there is a very real hurdle to overcome. Many older adults, and often their families, are wary of AI. To them, it can feel impersonal, intrusive, even unsettling. Questions surface quickly: Who is listening? What's being tracked? Am I losing control?

These concerns are not abstract. They come from a generation that has spent a lifetime protecting its independence and privacy. If AI is introduced without sensitivity to those concerns, it will be resisted, if not outright rejected.

The difference lies in how the technology is positioned and used. When it is framed as a tool that helps someone remain independent longer or reduces the burden on a spouse or adult child, the reaction shifts. It becomes less about surveillance and more about support. Less about being watched, and more about having someone – or something – quietly looking out for you.

From an operational standpoint, agencies don't have much of a choice. The pressures on the current home care model are undeniable. Caregiver shortages persist, costs continue to rise, and families expect more visibility, responsiveness, and consistency.

Care is often delivered in fragments: five hours a day, six days a week, sometimes with multiple caregivers rotating through the same home. In real life, that means handoffs, missed nuances, and small but meaningful details getting lost between shifts. Communication gaps are not the exception; they are the norm. This is where thoughtfully applied technology begins to show its value.

But technology, on its own, is not a strategy. The real question is: how does it fit into a broader plan for aging well?

That is where frameworks matter.

Through the Aging Advantage Guide, we've long emphasized that successful aging is not reactive; it is planned. And at the center of that planning is a clear understanding of two things: what matters most to the individual, and what they actually need as their condition evolves.

The Age-Friendly Care "4Ms" framework – What Matters, Mentation, Mobility, and Medication – helps define a person's priorities. It captures preferences, goals, and quality-of-life considerations. In other words, it defines the "wants."

The Life Profile framework complements that by defining the "needs" across five critical dimensions: safety, medical condition (including medication and vital management), autonomy in daily activities, burden of care, and life engagement.

Real success lies in balancing the two.

This is where AI, used properly, becomes powerful – not as a replacement for care, but as a tool to help maintain that balance over time.

Two practical examples illustrate this.

First, conversational check-ins between caregiver visits. These are not

rigid scripts, but natural interactions designed to gauge how someone is doing on a given day. Over time, they can detect subtle changes in routine, mood, or cognition – small shifts that might otherwise go unnoticed. When aligned with a Life Profile, these check-ins are not random; they are purposeful, tied to known risks in safety, cognition, or engagement.

Second, communication and information flow. Anyone involved in caring for an older adult understands how fragmented information can become. One family member hears one thing, a caregiver notes another, and the agency may only see part of the picture. When multiple caregivers, both professional and family, are involved, important details inevitably slip through the cracks.

With the right systems in place, information can be captured more consistently and shared more effectively. Patterns begin to emerge. Subtle changes become visible earlier. And when those insights are mapped back to both "What Matters" and the Life Profile, decisions become clearer, more proactive, and better aligned with the individual's goals.

At the center of this shift is a model that blends human care and technology – each doing what it does best.

### Intelligently Blended Care Model

Function	Human Caregiver	AI Support
Personal care (ADLs)	Essential	None
Companionship	Essential	Supplemental
Monitoring & check-ins	Limited by time	Continuous
Documentation	Inconsistent	Standardized
Risk detection	Observational	Pattern-driven
Family communication	Manual	Automated + real-time

### The result:

- Better outcomes for the senior – Wants and Needs balanced and current
- Greater peace of mind for families
- More efficient operations for agencies

There is no ambiguity about where human care is irreplaceable. Personal care and companionship rely on presence, empathy, and trust – qualities that technology cannot replicate.

Where AI contributes is in two key ways. In the background, it tracks patterns over time and connects dots across days, weeks, and months. It can identify trends that no single visit would reveal – a slight change in mobility, a shift in sleep or appetite, or growing inconsistency in daily routines. In the foreground, it supports well-designed, voice-first check-ins that feel supportive rather than clinical, while also capturing consistent and usable care data.

When changes are identified early, they can be addressed early. That shift – from reacting to problems to anticipating them – has meaningful implications for both quality of care and cost. It allows agencies to help families better optimize their investment in hands-on care, while maintaining a higher level of oversight.

With the rising cost of care, leveraging smart technology can help offset those increases while improving both quality and consistency. Many organizations will struggle, not because the technology isn't capable, but because it is implemented poorly. Too much automation, and it feels impersonal. Too little explanation, and it creates anxiety. Simply layering new tools onto old workflows without rethinking how care is coordinated often adds complexity instead of reducing it.

The conversation must begin with desired outcomes. It starts with the family's concerns, not the technology itself. Families are not asking for AI. They are asking for reassurance, clarity, and fewer surprises. Over time, the goal is not to make care more technological, but more connected.

*Navigating the Future... continued on p.8*

# Retirement Dreams – or Nightmares

‘How are you?’ is a loaded question when the answer causes the conversation to take a turn



By Steven V. Dubin

Careful what you ask for.

I was sitting down with my old friend Will when our conversation took an early turn.

There comes a certain age when a casual “How are you?” can

trigger a full organ recital.

“Oh, I’m fine,” he begins, before launching into a detailed update on his left knee (temperamental), his right shoulder (rebellious), and a lower back that now predicts the weather more accurately than any app. Five minutes later, I’m wondering if there’s a polite way to fake a small emergency.

It’s not that physical ailments aren’t real – they most certainly are. Bodies, after all, are like used cars: they start making noises, require more maintenance, and occasionally refuse to start for no clear reason. But when every conversation turns into a medical symposium, something important gets lost: connection, curiosity, and, frankly, fun.

So how can a seasoned gentleman keep his conversations lively without defaulting to a rundown of his latest aches and pains? Here are a few whimsical (but practical) tips.

**1. Institute the ‘two-sentence rule’.** You’re allowed to mention a physical complaint – but only in two sentences. This forces brevity and prevents you from wandering into a detailed analysis of cartilage deterioration.

Example: “My knee’s been acting up this week, but I’m managing. Anyway, have you seen that new documentary everyone’s talking about?”

Boom. You’ve acknowledged reality and pivoted. You’re not suppressing the truth – you’re just not turning it into a TED Talk.

**2. Replace symptoms with stories.** Here’s a secret: people don’t actually dislike hearing about your life. They just prefer it with a plot.

Instead of: “My back hurts when I stand too long.”

Try: “I tried to assemble a grill last weekend and learned two things: I’m not as flexible as I used to be, and the instruction manual was written by a comedian.”

Same information, but now it’s a story. Stories invite laughter, empathy, and engagement. Symptoms invite... polite nodding.

**3. Develop a ‘conversation menu’.** Before heading into social situations, stock your mental shelves with a few go-to topics that have nothing to do with your physical condition. Think of it like carrying conversational snacks.

Good options include:

- A recent movie, show, or book

- A bizarre news story
- A hobby or project you’re tinkering with
- A memory from “back in the day” (preferably one that doesn’t involve a hospital)

This way, when your brain tries to default to “Let me tell you about my cholesterol,” you can gently redirect it to, “You won’t believe what happened at the hardware store.”

**4. Ask better questions.** One of the simplest ways to avoid talking about your ailments is to get genuinely interested in someone else’s life.

Not the lazy, “How’s everything?” but something more specific: “What’s been the highlight of your week?” “Have you picked up anything new lately – hobby, habit, obsession?” “What’s the most fun thing you’ve done this month?”

When you ask engaging questions, people respond with engaging answers, and suddenly the conversation becomes a two-way street instead of a medical monologue.

**5. Embrace the absurdity of aging.** Aging is inherently ridiculous. Glasses on your head while you search for your glasses. Walking into a room and forgetting why. Making a noise every time you stand up, like an old wooden chair.

Lean into that humor.

Humor transforms shared experience into shared joy. It says, “Yes, this is happening, but isn’t it kind of funny?”

**6. Diversify your identity.** If your primary self-description becomes “a collection of ailments,” it’s only natural that your conversations will follow suit.

So, add some new chapters:

- Learn something (even casually)
- Volunteer
- Start a small project
- Revisit an old passion

When your life contains variety, your conversations will too. You’ll have more to say than, “My hip is acting up again.”

**7. Set a friendly accountability trap.** If you have a spouse, friend, or trusted companion, give them permission to gently steer you off course when you drift into Medical Update Mode.

A subtle cue – like a raised eyebrow or a code word (“weather report!”) – can remind you to pivot without embarrassment.

It’s not about silencing you. It’s about helping you stay engaging.

**8. Remember why people are there.** People gather for connection, laughter, and shared experience, not a detailed breakdown of your latest test results (unless they specifically asked, and even then, proceed with caution).

Your stories, your humor, your perspective – those are the things people actually want. The aches and pains? They’re just background noise.

**9. Save it for the right audience.** There is a place for discussing health concerns: with



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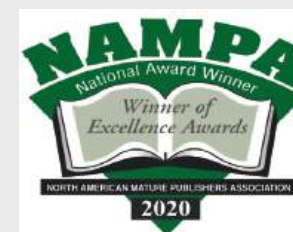
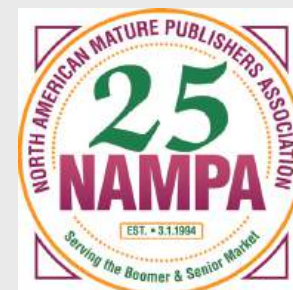
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The Publishers also produce a podcast entitled “My Generation,” which covers a wide range of topics of interest to seniors, from dating to downsizing and everything in between. The podcasts air on the 1st and 15th of every month and audio archives can be found at [SouthShoreSenior.com](http://SouthShoreSenior.com) and Spotify.

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*Retirement Dreams... continued on p.14*

# Celtic Angels team welcomes Kelly Gannon



By Maria Burke, RN, Founder and CEO, Celtic Angels Home Health Care

Originally from the West of Ireland, Kelly joined Celtic Angels in late 2025, bringing a diverse background in healthcare, engineering, and music.

While studying biomedical engineering at university in Galway, she worked in healthcare systems before later becoming an embedded software engineer and professional musician. After moving to the United States in 2019, Kelly returned to hands-on caregiving, working directly in clients' homes. That experience gave her a deep appreciation for the dedication and compassion caregivers bring to their work each day.

As scheduling coordinator, Kelly's favorite part of her role is creating thoughtful matches between caregivers and clients. She approaches every schedule with one guiding principle: treat each client as you would your own family. Her goal is to ensure that both caregiver and client are positioned for a positive, successful day.

Outside of work, Kelly enjoys writing computer code, playing classical piano, and spending time with her young daughter, embracing life's simple joys.



**About Celtic Angels Inc.:** *Celtic Angels Inc. is a trusted provider of high-quality, in-home care services across Massachusetts. Founded and led by Maria Burke, RN, the organization offers companion care, personal care, RN Case Management, and thoughtfully integrated advanced technologies to support individuals living with Parkinson's disease, Alzheimer's, and other neurological conditions. ∞*



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# SENIOR FITNESS

## A senior's transformation through regular exercise – a success story in her own words



By Rita La Rosa Loud, B.S.

This is the success story of 76-year-old Louise Doty, in her own words:

**August 2021.** I had knee replacement surgery and completed pre- and post-physical therapy, with a three-month recovery.

**Spring 2022.** At that time, I weighed 165 pounds, and being five feet tall, it did not help my situation. After completing physical therapy

for my knee and rotator cuff problem, my husband, Bob, felt it essential that I join an exercise program. He heard about Dr. Wayne Westcott who managed a fitness facility at Quincy College. Back in January of 2022, he went for a consult on my behalf. But I was still reluctant to exercise. Dr. Westcott reassured him his instructional staff could work with me and at my pace. I finally agreed and that spring was promptly enrolled in the group exercise program.

Pleased with the guidance received much to my surprise, I easily adjusted to the strength machines. Training slowly, gradually increasing my weight loads and incorporating physical therapy exercises using rubber bands. Although I did not lose weight yet, I began feeling stronger. Honestly, at times I wanted to skip working out. But once in my car it became easier to go to the gym. Having a trainer present motivated me to exercise.

**February 2023.** In February, I developed atrial fibrillation (AFib) with rapid ventricular return (RVR) and was forced to temporarily discontinue exercising. Eventually cleared by my cardiologist to use a treadmill to build up my cardiovascular system, the structured gym environment was the best choice. Once again, I felt stronger. Throughout the program a nutrition plan was also suggested to address my weight problem. However, with so many futile attempts, I was convinced it was impossible to lose the extra pounds. Little did I know.

**June 2025.** A stomach issue emerged over the summer resulting in my consuming only liquids and easily digestible foods, and I lost four pounds. A switch had flipped! Thinking this was a good time to change my diet, I planned simple, healthy meals while still eating some of my favorite foods. Once adjusted to the new way of eating, an occasional dinner out or special holidays, I ate what I wanted. Curiously, eliminating



Louise Doty, age 76, before (left) and after (right) her transformation through the group exercise program.

refined sugars and desserts became much easier and something I never thought I could do!

**March 2026 .** To date, my weight is 138 pounds. It came off slowly, eating only when I was hungry and eating food I enjoyed. I consistently consume four to five small meals per day and never resort to self-starvation. I felt satisfied and felt strong and healthy. My other knee will need surgery. In preparation, my trainer, Rita, is teaching me resistance and cardio exercises to build strength around my knee. It still takes effort to get myself to the gym, but I always feel better physically and mentally afterward.

Build muscle, strengthen muscles and bones in the adult fitness program – resistance exercise, endurance, flexibility; functional training. The Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College is located at Presidents Place, 1250 Hancock St., Quincy. Call 617-405-5978 to tour, inquire about complimentary training and obtain registration procedures. Street parking is available; a parking garage is next to the building.

**About the Author:** Rita La Rosa Loud holds a B.S. in Exercise Physiology with additional education in Sports Medicine and Athletic Training. She is NASM Certified and has been actively involved in the fitness industry for more than 35 years. She is also an author and writes fitness-related articles for various publications. Currently, she is a fitness researcher and directs the Wayne Westcott, Ph.D. Center for Health and Fitness at Quincy College. She can be reached at 617-405-5978 or by email at Rita.larosaloud@quincycollge.edu. ∞



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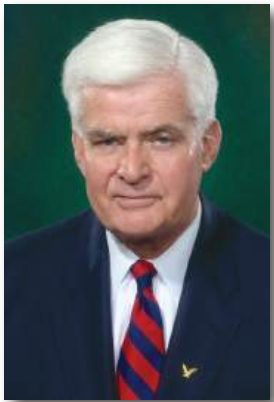
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# HOME EQUITY WEALTH MANAGEMENT

## The one question every reverse mortgage borrower should ask after the closing

*"If all my debt were paid off tomorrow, what would my plan be going forward?" For many homeowners, that question is never fully considered*



By **George A. Downey**

A reverse mortgage can feel like a huge relief. Monthly mortgage payments disappear. Credit cards may be paid off. Cash flow improves, sometimes overnight. Stress goes down, and many homeowners feel as though they've

finally crossed a financial finish line.

Based on an article by Shannon Hicks in "HECM World," this moment is not the end of the journey – it's the beginning of a new chapter. And what happens next often matters more than the loan itself.

Relief is real, but it can be misleading

A reverse mortgage restructures debt. Required monthly payments are eliminated, and high-interest balances can be paid off. This creates real financial breathing room.

However, that relief can sometimes feel like a financial "win" or even a windfall, even though income hasn't changed. Without a plan, this can quietly lead people back into the same spending habits that caused financial stress in the first place.

Paid-off credit cards now have available limits. Small purchases begin to add up. Over time, larger expenses may creep in – vehicles, recreational purchases, or costly home upgrades. Eventually, debt and pressure can return, leaving homeowners wondering how they ended up back where they started.

Two borrowers, two very different outcomes

Hicks points out that two homeowners can take out the same reverse mortgage and experience completely different results years later.

One borrower uses the extra cash flow carefully – building emergency savings, living within their means, and preserving home equity. Over time, they gain not just relief, but confidence and control.

The other borrower enjoys the initial relief but makes no behavioral changes. Debt slowly rebuilds, financial stress returns, and the reverse mortgage feels like a temporary fix in-

stead of a lasting solution.

The difference isn't the product; it's what the homeowner does after closing.

The conversation that matters most

Reverse mortgages are powerful financial tools, but they work best when paired with planning and intention. Instead of focusing only on how much money is available or which debts can be paid off, borrowers should also think about life after the transaction.

Questions like:

- What will I do with my extra money each month?
- Will my spending habits change?
- Where do I want to be financially in five years?

These aren't loan questions; they're outcome questions.

As Shannon Hicks emphasizes, a reverse mortgage can relieve pressure, but financial freedom depends on the choices made after the pressure is gone. In the end, the loan doesn't determine the future – the homeowner does.

**About the Author:** *George Downey, CRMP (NMLS ID 10239) is the Regional Senior Vice President of The Federal Savings Bank branch located at 100 Grandview Road, Suite 105, Braintree, MA 02184. Contact Mr. Downey at 781-843-5553 / Cell 617-594-3666 / gdowney@thefederalsavingsbank.com, www.thefederalsavingsbank.com/georgedowney ∞*

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# What to expect at your first visit with a new dentist

By Dr. Qian Lin, DMD  
The Toothboss, [www.toothboss.com](http://www.toothboss.com)



In February, I took over The Toothboss when Dr. Richard Wolfert, DMD, the original Toothboss and previous author of this column, retired. So, all the patients I've been seeing are visiting a new dentist. Some of those patients have been coming to The

Toothboss for decades – 10, 20, 30 or more years. Some have even been coming to the practice for more than 60 years when Dr. Wolfert's predecessor was here.

Let me reassure you: it's completely natural to be a little unsure about that first visit to a new dentist.

**What you should expect.** Whether it's here at The Toothboss or any other dental practice that's new to you, a good first visit should feel more like a conversation than a procedure. Yes, you want to focus on specific issues that you're

having – e.g., sensitivity, dry mouth, etc. But you also want to get to know the dentist and vice versa.

The benefit I've had here at the Toothboss is that Dr. Wolfert began each patient relationship with a comprehensive exam, which was fully documented in writing and shared in a report with patients. That's been a great start for me in building a relationship with existing patients. It's also been a big help that team we had with Dr. Wolfert, Bev, Michaella and Courtney – I call them the Dream Team – are still in place.

For those patients new to our practice, we start with a comprehensive exam. This includes evaluating your teeth, gums, bite, and overall oral health. We also take digital X-rays and conduct an oral cancer screening. These steps help identify areas that may need attention – even those that aren't causing symptoms yet.

Just as important as the exam is the explanation of what we're doing as the examination takes place and after. The goal is to inform you the patient without overwhelming you. That means taking the time to clearly explain what I'm seeing, as your dentist, what it means, and what options are available.

One of the many things we've continued from Dr. Wolfert is providing new patients with a written summary of findings along with a recommended treatment plan. This allows patients to review everything at their own pace and make decisions that feel right for them.

It's worth noting that not every visit leads to

immediate treatment. Sometimes, the best next step is simply monitoring a condition or focusing on preventive care. Dentistry isn't one-size-fits-all, and your care plan should reflect your individual needs and comfort level.

## Is it the dentist or is it going to the dentist?

If you're feeling a bit apprehensive about seeing a new dentist, you're not alone. For some, even a trip to a dentist you've been seeing for years can create anxiety. Fortunately, modern dentistry has come a long way, and that's helped alleviate a lot of the worry for patients. Still, if you have concerns with your new dentist, don't hesitate to share those concerns. All dentists want you to be as comfortable as possible during the exam and even small adjustments can make a big difference.

**Conclusion.** Your first visit to a new or new-to-you dentist is just the beginning of a relationship. Over time, regular visits allow you to get more comfortable and your dentist to track changes, address concerns early, and help you maintain a healthy smile.

If you've been putting off finding a new dentist, I hope this gives you a clearer picture of what to expect. A first visit doesn't have to be complicated – it's simply a starting point. And if you're in the market for a new dentist, please consider The Toothboss.

**About the Author:** Dr. Qian Lin, DMD is the owner of The Toothboss, 1121 Main St., South Weymouth. For more information, call 781-335-0604 or visit [www.toothboss.com](http://www.toothboss.com). ∞

## Navigating the Future

Continued from page 3

In the end, the most effective model will strike a balance: human where it needs to be human, and technological where it can be helpful. When that balance is guided by both what matters most and what is truly needed, the result is not colder care, but more responsive care – more informed, more coordinated, and, for families trying to do the right thing for someone they love, a little less overwhelming.

That, more than anything, is what people are really looking for: better outcomes.

And for agencies like Senior Helpers Boston and South Shore, that must remain the standard as care continues to evolve. The tools are not all there yet, but they are coming. Used thoughtfully, and grounded in a clear understanding of both wants and needs, they will not replace hands-on care – they will strengthen it.

**About the Author:** Mark Friedman is the owner and Chief Education Officer of Senior Helpers Boston and South Shore. Passionate about seniors and healthcare, the goal of his agency is to change the trajectory of aging for his clients and their families first by delivering an exceptional homecare experience in a combination of highly trained and high-touch caregivers, and second by providing education and guidance with and connection to resources and services in the 43 communities his company serves. Contact Mark at [MFriedman@SeniorHelpers.com](mailto:MFriedman@SeniorHelpers.com) or visit [www.SeniorHelpersBoston.com](http://www.SeniorHelpersBoston.com). ∞

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# A feeling of relief is a natural part of grieving a loss, and is not a reason to feel any guilt



By Meghan Fitzpatrick,  
Hospice & Palliative Care Representative  
Old Colony Hospice & Palliative Care

Grief is supposed to look a certain way. Heavy. Hollow. Unrelenting. It's the kind of thing people lower their voices around, the kind of thing we brace ourselves to witness in others. And when it arrives in our own lives, we expect it to follow the same script.

But it doesn't always.

The other day I was talking with a coworker in an assisted living community. We were standing in that in-between space that so much of this work happens in, not quite clinical, not quite personal, but deeply human. We were talking about a resident who had recently died, someone who had been struggling for a long time. There had been pain. There had been confusion. There had been a slow unraveling that everyone could see but no one could stop.

And somewhere in that conversation, almost in a whisper, we both acknowledged the same thing. There was sadness, of course. But there was also relief.

It felt almost disloyal to say it out loud.

Relief can feel like the wrong emotion in the presence of loss. It can sneak in quietly, catching you off guard. You might feel it in the stillness after the chaos, in the absence of constant worry, in the knowing that someone you love is no longer suffering. And almost immediately, it can be followed by guilt. A sharp, uncomfortable question rises up. What kind of person feels relief when someone dies?

A human one.

When someone we love has been hurting, really hurting, in ways we cannot fix, we carry that with them. We hold our breath through every setback. We brace ourselves for every phone call. We watch the slow erosion of who they were, and it takes something from us, too. Loving someone in that space is not passive. It is active, exhausting, and often heartbreaking.

So when that suffering ends, something in us exhales.

That exhale is not a betrayal. It is not a sign that we loved them any less. If anything, it is evidence of how closely we were tethered to their experience. We were in it with them. We felt the weight of it. And when that weight lifts, even just a little, our bodies and minds respond.

Relief does not cancel out grief. They exist side by side, sometimes in the very same moment. You can miss someone deeply and still feel grateful that their pain has ended. You can wish they were still here and also recognize that their leaving brought a kind of peace that staying could not.

We do ourselves a disservice when we try to edit grief into something more palatable, more acceptable. When we decide that only certain emotions are allowed, we start to question our own humanity. We turn an already painful experience into something even more isolating.

The truth is, grief is expansive. It makes room for contradictions. It allows for complexity. It does not ask you to choose between love and relief, between sorrow and peace.

That small sense of relief you might feel does not need to be pushed away or hidden. It can be acknowledged gently, without judgment. It can sit alongside your sadness without diminishing it. It can simply be part of the story you are living through.

Because when someone you love is no longer suffering, it is OK to feel that shift. It is OK to recognize the quiet that follows. It is OK to exhale.

And it is certainly nothing to feel guilty about.

**About the Author:** Meghan Fitzpatrick is a business development representative at Old Colony Hospice & Palliative Care. She has a strong background in assisted living and dementia care. She is also a trained support group facilitator for the Alzheimer's Association. Her compassion and knowledge make her a vital part of Old Colony Hospice's outreach efforts. She is a trusted resource in the community, connecting with families, providers, and community partners throughout the region and can be reached at [mfitzpatrick@oldcolonyhospice.com](mailto:mfitzpatrick@oldcolonyhospice.com). ∞

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## Spring selling season is here – Don't fall into the 'Steal Estate Trap'



**By Korey Welch, Owner of Boom Realty and Senior Mortgage Broker, Loan Factory**

As the weather warms up across the South Shore and throughout the Northeast, so does the real estate market. Spring has always been the busiest time of year for home sales. Buyers come out in force, inventory slowly builds, and sellers are in the driver's seat more than at any other

point in the year.

If you're even thinking about selling, now is the time to start planning.

But there's something new happening in today's market that sellers need to be aware of – something I call the "Steal Estate Trap."

It's not about the market. It's not about your home. It's about how some agents are structuring their fees.

### What is the "Steal Estate Trap?"

In the wake of the National Association of Realtors settlement, the real estate industry has gone through some major changes. Transparency has improved, but so has the opportunity for certain brokerages to quietly increase what sellers pay.

Here's how it's playing out:

Some of the large, "big box" real estate companies are now charging 2% to 3.5% just for the listing side alone, and that's before any buyer agent compensation is factored in.

In many cases, sellers are still expected to offer an additional 2% or more to a buyer's agent.

Do the math, and suddenly you're right back to paying 5%-6% (or more) in a market where homes are often selling quickly and with strong demand.

That's the trap.

### It gets worse: When the deal is 'structured' against you

What's even more concerning is how some transactions are being handled behind the scenes.

I recently encountered a situation where a listing agent created a buyer agency relationship mid-transaction, effectively turning the deal into a dual agency setup. On paper, it may look compliant. But in practice, it resulted in:

- Higher overall cost to the seller
- Less transparency in how commissions were allocated

- A referral agent being cut out of compensation they were expecting
- This isn't about one agent. It's about a growing pattern.

When representation gets blurred and commission structures become flexible only when it benefits the agent, sellers are the ones who end up paying the price.

### Here's the reality sellers need to understand

The truth is, selling real estate today is not about who has the biggest office or the most agents.

It's about exposure, and more importantly, presentation.

Your home is going to be seen online first. Platforms like Zillow, Redfin, and Realtor.com dominate the buyer experience. The MLS feeds these platforms, and nearly every qualified buyer is starting their search there.

That means the differentiators are:

- Professional photography
- Clean, compelling marketing
- Smart pricing strategy
- Maximum online visibility
- Not whether your agent works for a national franchise.

### How to avoid the trap this spring

If you're preparing to sell, here are a few simple ways to protect yourself:

1. Question the listing fee. Ask exactly what you're paying, and what you're getting. A higher fee does not equal better results.
2. Understand buyer agent compensation. You have flexibility here. Make sure you're not blindly agreeing to outdated norms without understanding your options.
3. Watch for dual agency scenarios. If the listing agent brings the buyer, ask how the commission changes. If it doesn't – or if it increases – that's a red flag.
4. Focus on net, not just sale price. A higher offer doesn't always mean more money in your pocket. Commission structure plays a major role in your bottom line.

### Selling smart this spring

Spring is one of the best opportunities you'll have to sell your home for top dollar. Demand is strong, buyers are motivated, and the timing works in your favor.

But the biggest mistake sellers can make right now isn't pricing their home wrong – it's choosing the wrong representation and overpaying for it.

At Boom Realty, I've built my business around a simple idea: sellers shouldn't have to give away tens of thousands of dollars just to get their home sold. That's why I offer a 1% listing commission, while still providing full-service marketing: professional photography, maximum online exposure, and a strategy built to create demand.

Recently, I sold a \$2.8 million home in Falmouth and saved the seller \$56,000 in listing commission fees compared to what many traditional brokerages would have charged.

Same market. Same exposure. Same result. Just a very different outcome for the seller.

The "Steal Estate Trap" is real – but it's also avoidable.

Before you sign anything this spring, make sure you understand exactly where your money is going, and how much of it you can keep, because in this market, you shouldn't just be selling your home; you should be selling smart with Boom Realty.

**About the Author:** *Korey Welch, Owner of Boom Realty and Senior Mortgage Broker (NMLS: 14991) with Loan Factory (NMLS: 320841), is a licensed mortgage broker/real estate broker based in Rockland. For more than two decades, Korey has been helping seniors determine the best fit. For a complimentary consultation, contact him at [korey@koreywelch.com](mailto:korey@koreywelch.com), 781-367-3351. ∞*

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# Five key steps to take charge of your health

By Nicole Long, MSW, LICSW  
CEO of Old Colony Elder Services



In May, we celebrate Older Americans Month, which is led by the Administration for Community Living (ACL). Older Americans Month is a time to recognize older Americans contributions, highlight aging trends, and reaffirm commitments to serving older adults in our communities.

This year's theme, "Champion Your Health," is focused on prevention, wellness, and personal responsibility as cornerstones of healthy aging. It encourages older adults to take an active role in their health by advocating for themselves, accessing preventive care, and making informed decisions that support their independence.

Here are a few ways individuals can take charge of their health:

**Stay up to date on preventive care and screenings.** Have regular health check-ups, including screenings for high blood pressure, high cholesterol, diabetes, and more. Vision and hearing exams should also be scheduled regularly.

**Practice daily habits that support mental health and resilience.** Nurture optimism. One way to do so is to think about the things that you are thankful for each day. Getting enough sleep every night also helps support mental health. Develop a healthy sleep routine by going to bed and waking up at the same time each

day, aiming for at least seven hours of sleep.

**Build and maintain social connections that support emotional well-being.** Keep in touch with friends and family. Get involved in your community, as it provides a sense of belonging and is another way to maintain social connections. Older adults who stay engaged in the community are less likely to experience loneliness and social isolation. Don't know how to get involved? Your local council on aging provides many activities and resources.

**Incorporate regular physical activity to maintain strength and mobility.** For example, walking is a good form of exercise as it helps you maintain mobility. Try to walk for 30 minutes a day, at least three times a week. (Be sure to check with your health care provider first.)

**Choose nutritious, minimally processed foods.** A diet that is high in saturated fats and trans fats, found in fried foods and snack foods, can raise your cholesterol. Many highly processed foods such as packaged snacks and instant products are also high in sodium. Too much sodium can increase your blood pressure.


Choose a healthy diet that is well-balanced and rich with various fruits and vegetables.

Older adults looking for nutrition assistance or resources, can contact the Nutrition Program at Old Colony Elder Services, which offers nutritional counseling and dietician services. Healthy meals

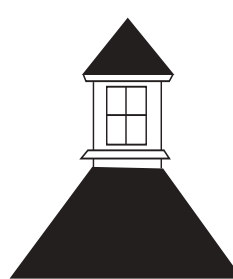
planned by a Registered Dietitian are available through Meals on Wheels and Community Dining. Meals on Wheels provides nutritious meals directly to your home. Community Dining offers older adults the opportunity to gather, socialize, and enjoy a balanced meal together.

Champion Your Health. Stay healthy, active and engaged. For more information and resources, visit [www.ocesma.org](http://www.ocesma.org)

**About the Author:** *Nicole Long is the Chief Executive Officer of Old Colony Elder Services (OCES). Founded in 1974, OCES is a private, non-profit organization proudly serving greater Plymouth County and surrounding communities. OCES is designated as one of 27 Aging Services Access Points (ASAPs) and Area Agencies on Aging (AAAs) in the Commonwealth of Massachusetts. OCES's mission is to support the independence and dignity of older adults and individuals with disabilities by providing essential information and services that promote healthy and safe living. The agency offers a number of programs to serve older adults, individuals with disabilities, their families and caregivers. For more information call 508-584-1561 or visit [www.ocesma.org](http://www.ocesma.org).* ∞



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# Champion your health: Celebrating older Americans month this May



By Michelle Sonia, President and CEO  
Seniors Helping Seniors Boston South Shore

Each May, we celebrate Older Americans Month – a time to recognize the contributions, resilience, and vitality of older adults in our communities. This year’s theme, “Champion Your Health,” is a powerful reminder that wellness is not defined by age, but by the choices we make every day to care for our bodies, minds, and overall well-being.

Healthy aging is about more than just avoiding illness – it’s about staying active, connected, and engaged in life. Whether it’s taking a daily walk, joining a local group, eating balanced meals, or simply making time for meaningful social interactions, small, consistent habits can have a lasting impact. Prioritizing preventive care, attending regular check-ups, and staying informed about your health are all key ways to take charge and “champion” your own well-being.

This message becomes even more important as May also marks Stroke Awareness Month and High Blood Pressure (Hypertension) Awareness Month. These observances highlight critical health issues that disproportionately affect older adults, but are often preventable or manageable with the right approach.

High blood pressure, often called the “silent killer,” can go unnoticed without regular monitoring. Left uncontrolled, it significantly increases the risk of stroke, heart disease, and other serious conditions. The good news is that simple steps – like reducing sodium intake, staying physically active, managing stress, and following prescribed treatments – can help keep blood pressure in a healthy range.

Stroke awareness goes hand-in-hand with this effort. Recognizing the signs of a stroke and acting quickly can save lives and improve outcomes. Remember the acronym FAST:



- Face drooping
- Arm weakness
- Speech difficulty
- Time to call 911

Immediate action can make all the difference.

In addition to focusing on personal wellness, May is also a time to raise our voices on behalf of older adults. On May 6, Older Adult Advocacy Day at the Massachusetts State House brings together community members, service providers, and advocates to highlight the needs of older residents and support policies that promote healthy, dignified aging. It’s an opportunity to ensure that the systems and resources older adults rely on continue to grow stronger for generations to come.

As we honor Older Americans Month, let’s shift the narrative around aging. It’s not just about adding years to life, it’s about adding life to years. By embracing the theme “Champion Your Health,” older adults – and those who support them – can take proactive steps toward stronger, healthier, and more fulfilling lives.

This May, take the opportunity to check in on your health, encourage a loved one to do the same, and celebrate the strength and wisdom that comes with age. Wellness is a lifelong journey – and it’s never too late to take the lead.

**About the Author:** Michelle Sonia is the president and CEO of Seniors Helping Seniors Boston South Shore. Michelle grew up in Hanson and lives in Weymouth. She was valedictorian at Notre Dame Academy and holds a bachelor’s degree from Harvard University and a master’s degree from the University of North Carolina at Chapel Hill. Having worked in management consulting for more than 15 years, she is now excited about making an impact on her community. For more information, visit [www.shsbostonsouthshore.com](http://www.shsbostonsouthshore.com), email [info@shsbostonsouthshore.com](mailto:info@shsbostonsouthshore.com), or call 781-626-4800. ∞

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## Myth or fact? Massachusetts estates under \$2M don't have any tax implications

By Elizabeth A. Caruso, Esq.  
Legal Legacy Planning, LLC



Myth or fact? If my estate does not meet the \$2 million dollar estate tax in Massachusetts, my heirs do not need to worry about any tax issues.

This is a myth!

After April 15, many people want to stop thinking about taxes, but

for elder law attorneys, tax considerations are a year-round issue. While wills and trusts often take center stage, there's an important tax rule that doesn't always get the attention it deserves: the "stepped-up basis." Though the term may sound technical, it can have a meaningful impact on how much of your assets your loved ones ultimately keep.

In simple terms, "basis" refers to what you originally paid for an asset. Assets can include things like your home, stock, or any other investments. Over time, many of these assets increase in value. If you sell them during your lifetime, you may owe capital gains tax on the difference

between your purchase price and the sale price. However, the rules are different when assets are passed on after death, either through probate or trusts. In most cases, when the asset is includable in the your taxable estate, the value of the asset is "stepped up" to its fair market value at the time of your passing. This means your heirs inherit the asset as if they had purchased it at its current value, not what you originally paid.

Consider a common example; suppose you bought a home many years ago for \$50,000, and by the time of your passing it is worth \$450,000. If you had sold the home yourself, taxes could be owed on the \$400,000 gain (though certain homeowner exemptions may apply). But if your children inherit the property, their new basis becomes \$450,000. If they sell it at that value, they may owe little or no capital gains tax. This adjustment can be especially beneficial for families who inherit long-held, highly appreciated assets such as real estate, stocks, or small businesses. Without the stepped-up basis, heirs might face a significant tax bill based on decades of appreciation.

Understanding this rule can also influence how you plan to transfer assets. For instance,

giving property or investments as a gift during your lifetime may not offer the same tax advantage, since the recipient typically takes on your original basis. In some cases, it may be more beneficial to pass assets through inheritance rather than gifting, depending on your overall financial situation. However this inheritance should be planned carefully and strategically to avoid probate, but also trigger the stepped-up basis.

The stepped-up basis is a powerful tool that can help preserve more of your wealth for the next generation. By understanding how it works and factoring it into your estate planning, you can reduce potential tax burdens and ensure that your legacy benefits your loved ones as fully as possible. Of course, tax laws are subject to change, and every family's circumstances are unique. That's why it's wise to review your plans with an elder law attorney who can help you make informed decisions.

**About the Author:** *Elizabeth A. Caruso, Esq. is an attorney at Legacy Legal Planning, LLC, in Norwell. She has been practicing estate planning, probate, and elder law on the South Shore for more than a decade. If this article has sparked questions for you, please feel free to reach out via phone 781-971-5900 or email [elizabeth@legacylegalplanning.com](mailto:elizabeth@legacylegalplanning.com) to schedule a time to discuss your unique situation. ∞*

## 'Anticipatory grief' is a normal emotional response to the impending loss of a loved one



By Jessica Judge, LICSW APHSW-C  
Old Colony Hospice & Palliative Care

"It's his smile." That was what I heard that got me thinking about the cumulative loss that occurs in chronic and terminal illness. We often talk about grief in terms of physical loss, the loss that comes after death. But when someone is diagnosed with a terminal illness, grief often begins long before that

moment. It arrives alongside fear of the unknown, an unexpected chapter no one imagines being part of their story.

As we begin to lose pieces of the person who is dying, reality sets in. The subtlest changes can be the most emotionally impactful. In these everyday moments and quiet realizations, we may find ourselves grieving in silence.

Anticipatory grief is the natural emotional response to an impending loss. As a caregiver, friend, or family member, you are asked to navigate the complexity of living in two realities at once, trying to stay present while also imagining life without this person. Anticipating loss can lead us to predict outcomes that may never come to fruition. It is human to begin forming a narrative before the story has fully unfolded.

So how do we balance the anxiety and sadness of anticipatory grief with the need to remain present?

Too often, I hear people say, "I know it's bad, but I feel like she/he is already gone." Feelings of guilt are normal, shaped by societal expectations of what grief is "supposed" to look like. But the truth is, grief, both anticipatory and after loss, does not follow a linear path. It is deeply personal and unique to each individual experiencing it.

In the depths of grief, it is easy to lose sight of what once helped us cope. When our minds feel pulled in competing directions, it can be grounding to return to something simple and human: our stories.

We all carry stories shaped by our experiences and connections. These stories become our memories, our legacies, and the moments we return to for meaning. It is important to give yourself the space and grace to feel sadness, while also recognizing that pain and joy can coexist.

In end-of-life care, clinicians often use the term "life review," which is a practice rooted in storytelling. Through storytelling, we remember moments of joy, faith, pain, laughter, sorrow, and perseverance. We reconnect with the person beyond their illness.

In a world where stories are shared instantly on social media, I sometimes wonder if we are losing something tangible, something lasting. Printed photographs and photo albums feel like a forgotten treasure. And yet, when words are hard to find and silence takes over, they can become something more: a therapeutic tool, a bridge to connection, a catalyst for storytelling.

A photo album cannot stop loss. But it can remind us, gently and powerfully, that even as we grieve what is changing, we can still hold on to what has been. And in that space, grief and joy are not opposites, but companions.

**About the Author:** *Jessica Judge has been a hospice social worker for just over five years and a medical social worker for 10 years. She holds a special place for working with families and patients through stages of advanced illness. For more information, email [info@oldcolonyhospice.com](mailto:info@oldcolonyhospice.com).*

# Prior authorization: How to fight back when your insurance stops covering your prescription

By Patricia Prewitt, My Personal Rx Adviser



Most of us have received the dreaded notification that a medication is “no longer covered” on our insurance plan. Often this occurs at the beginning of the year, or mid-year when formulary committees evaluate utilization and cost to benefit ratios.

## How do insurance companies decide which medications they will cover?

Each year, insurance companies evaluate which products to cover on their formulary list. Rules exist to ensure that each carrier offers at least two medications for major therapeutic areas.

## Why do insurance companies change the products they will cover?

It could be that the plan has negotiated a more favorable price or incentives with a competitor product. Sometimes, certain types of medications may be dropped from the plan altogether.

Here in Massachusetts, many of the insurance carriers stopped covering the newer GLP-1 medications for weight loss in 2026, leaving people searching for alternative ways to continue on GLP-1 therapy. Some insurance plans may continue to cover these medications, but only for specific usage cases and significant medical conditions.

## What can I do if my prescription insurance plan stops covering my medication?

The easiest course of action is to accept the change when an alternative product is offered by the plan.

## What if I had side effects or am allergic to the alternative product they suggest?

Your medical provider has probably noted a treatment failure on therapy in your chart. Having documentation can be a key element in your favor for obtaining what’s called a “prior authorization” to request continuation of in-

urance coverage for the medication that works well for you.

## Are there tactics a medical office uses to obtain an approval?

Many medical offices use a digital tool called Cover My Meds to argue why the specific medication is needed.

## What can I do to help my provider get the medication approved?

Tell your doctor about all of the medications you have tried, along with the side effects experienced. Explain why this medication matters to you in terms of cost, and effectiveness.

## I’ve heard that obtaining approvals is difficult, and often takes a long time. Is that true?

No question, this is an administration burden. Digital tools can help to streamline the process, but approvals will take a few days or longer. Insurance companies often request even more documentation—appeals after initial denials are common.

## Is it worth fighting for prior authorization for a needed medication if I am a Medicare subscriber?

For Medicare subscribers, an approval may translate to better health and save money. I’ve seen a client push for insurance approval – the physician was able to document a medical necessity. The prescription was approved at a \$625 monthly cost to the patient. Expensive? Yes! However, due to the 2026 Inflation Reduction Act rules, the maximum Medicare annual out-of-pocket costs for approved prescriptions is capped at \$2,100 per year. This threshold will be reached in less than four months, with the prescription plan covering costs until the end of 2026.

The alternative source at \$499 a month, (lower than \$625) would translate to nearly \$6,000 out-of-pocket annually, none of which is covered by insurance. Health needs and prescription plans are unique to each person, so always confirm what works best for your health and wallet.

Content provided is for educational purposes only and is not intended as a substitute for

advice from a qualified medical professional. The opinions expressed within are those of the author.

**About the Author:** Patricia Prewitt is a local Massachusetts resident who spent more than 30 years in the pharmaceutical industry. Tricia is a consumer education advocate, and loves helping people find ways to save money on their prescriptions. More information and free resources are available on her website at <https://mypersonal-rxadvisor.com/resources> or call her at 508-507-8840. Favorite Quote: “Act as if what you do makes a difference. It does.” – William James ∞

## Retirement Dreams

Continued from page 4

doctors, close family, and trusted friends who genuinely want (and are prepared) to hear the details.

Not every conversation needs to carry that weight. Think of it as audience-appropriate content. You wouldn’t give a financial presentation at a birthday party; similarly, you don’t need to deliver a medical briefing at brunch.

**10. End on a high note.** If you do mention something physical, try to land somewhere positive or forward-looking.

“I’ve been dealing with some shoulder issues, but I’ve started physical therapy, and I’m determined to get back to golfing terribly by summer.”

Optimism is contagious. It reassures people that while life has its creaks and groans, it also has momentum.

What do you ask to start a lively conversation?

I look forward to hearing from you! Please email me at [SDubin@PRWorkZone.com](mailto:SDubin@PRWorkZone.com).

**About the Author:** Steven V. Dubin is the founder of PR Works, a lightly used public relations firm based in Plymouth which helps small to mid-sized nonprofit organizations and for-profit companies navigate the overwhelming options of advertising. Steve lives in Plymouth with his wife, Wendy. He is a contributing author to “Get Slightly Famous” and “Tricks of the Trade,” the complete guide to succeeding in the advice business. He recently authored “PR 101,” an E-book. ∞




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