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Are you in an ‘obligationship?’

Here’s how to find out where to draw the line between true friendships and acquaintances

By Sally Rummel

Sometimes, the “ship” has sailed and it’s time to let go.

We’re talking about the “obligationship,” that relationship we no longer feel like putting energy into, but can’t seem to cut off, either.

Maybe it’s a friendship that’s gone sour after a hurtful argument but you keep getting together for coffee because you’ve been doing it for ages. Or it could be a benign friendship that’s just not going anywhere.

The thing about “obligationships” is that they take your time and energy away from the people you’d call your A-list friendships. These are the friends you’ve cultivated over a lifetime of shared experiences, or just “click with,” without obligatory get-togethers.

These relationships are deeper than just an occasional cup of coffee or a few quick likes or comments on Facebook. The best part about these kinds of friends is that you pick up right where you left off, without missing a beat.

With everyone’s time at a premium, it’s hard enough to maintain the strong bonds you have with your significant other, your children, and your closest, dearest friends. Why add another layer of “obligationships” that have no deeper meaning for you?

At some point in your life, you’ll have to make decisions based on quality, not quantity.

One rule of thumb from AskDrNandi.com is: If you no longer get a warm, fuzzy feeling when thinking of a person you have some sort of “ship” with, chances are that it’s time to cut the anchor and sail away…"

Karin Katz
Quoted from AskDrNandi.com

Feel like you’re on ‘pins and needles?’

- Restless legs syndrome might be the cause of your symptoms

By Sally Rummel

We’ve all heard the commercials on TV for restless legs syndrome (RLS), but who really knows what it is?

Restless legs syndrome is a disorder of the part of the nervous system that causes an urge to move the legs, according to WebMD. Because it usually interferes with sleep, it is also considered a sleep disorder.

How do you know if you have RLS? People with this condition have uncomfortable sensations in their legs and an
Your medicine cabinet could open the door to drug abuse

By Sally Rummel

Your home medicine cabinet can bring devastating drug use into your own home. Your prescription medicines can be as easy to access as opening a pill container and trying a drug, perhaps for the first time.

Prescription drugs are the second most commonly abused category of drugs other than alcohol, behind marijuana and ahead of cocaine, heroin, methamphetamine and other drugs, according to Stop-prescriptionabuse.com.

Many of these prescription drugs are as dangerous as heroin and can be used by family members or friends who have access to your bathroom medicine cabinet or drawers or kitchen cabinet. It can happen right in your own home and you don’t even know it.

In 2015, prescription opioids, drugs like OxyContin, Vicodin, methadone and fentanyl, were involved in 45 percent of the drug poisoning deaths in Michigan, according to a recent article in the Detroit Free Press. About 20 percent of deaths involved heroin, an illegally made opioid, without the presence of prescription opioids.

Many of these prescription drugs can be found in most homes and there is also a street trade for these drugs.

Proper disposal of unused, expired or unwanted prescription drugs is a key weapon in the fight against their misuse. It’s important for them to be disposed of in a way that is both responsible and environmentally sound.

If you have a medicine cabinet that needs to be cleaned out, you can take prescription pills to the Fenton City Police Department where there is...
I ‘mustache’ you a question . . .

Why is the ‘scruffy look’ more popular than being clean-shaven?

By Sally Rummel

From hipsters to Hollywood stars, you’ll find facial hair on just about every guy these days, no matter what his age. “Scuffy” is in and it doesn’t appear to be going away anytime soon. Everywhere I look, I notice how many men have beards now,” said Colleen Andrews, a licensed barber at Headlines in Fenton.

It’s a trend she sees every day at her workplace, where many men gather to trim, shave, scrub and fluff their facial hair. “It’s gotten really big,” she said.

No month throughout the year emphasizes beards and mustaches more than November. “The Movember” movement aims to increase awareness for men’s health issues like prostate and testicular cancer, by encouraging participants to grow a mustache for the

See ‘MUSTACHE’ on 8

On the downside, some of these pat-

terns land in the bad column of habits

days a week.

If you have habits you want to break:

If your habit is to go to the refrigerator and get the beer or junk food right after work, then proactively get the junk food and beer out of the house. A new behavior would be to sit in the car and listen to calm, relaxing music instead, or do a few minutes of deep breathing to relax. This will keep you from automatically marching into the danger zone of the kitchen.

STEP 4 — Develop a substitute plan

When you know what triggers your habitual behavior, you can push against it, rather than going ahead on autopilot.

STEP 3 — Deal with the triggers

If your habit is to go to the refrigerator and get the beer or junk food right after work, then proactively get the junk food and beer out of the house. A new behavior would be to sit in the car and listen to calm, relaxing music instead, or do a few minutes of deep breathing to relax. This will keep you from automatically marching into the danger zone of the kitchen.

STEP 5 — Change the larger pattern

Here, we are widening the context that surrounds the habit-pattern. For example, you go to the gym during your lunch break because you know going after work is too hard when you’re so tired.

If you’re trying to break the habit of eating dinner while sitting in front of the TV, then you’ll need to keep the table clear of papers and “stuff,” and set the table before you leave for work.

STEP 6 — Use prompts

These are reminders to help you break the pattern by creating positive triggers and alerts to keep you on track. Put your running shoes at the side of your bed so you see them first thing in the morning, or put an alert on your phone to leave for the gym.

STEP 7 — Get support

Find a running buddy, a party buddy, an online forum you can tap into when cravings start to kick in and you are struggling. Rather than stand outside your workplace smoking cigarettes, grab your friend for a quick cup of coffee together. Go to AA meetings.

STEP 8 — Support and reward yourself

Keep your eyes on the prize of better health, or better relationships, when trying to kick your habit. Make sure you also build in a payoff. Take the money you would have spent on cigarettes or alcohol and save it up for something you’ve always wanted — a mini-vacation, a new outfit, etc.

STEP 9 — Be persistent and patient

It takes time for the new brain connects to kick in, for the old brain-firings to calm down and for new patterns to replace the old. Don’t beat yourself up for slip-ups or use them as a rationale for quitting. Take one day at a time.

STEP 10 — Consider professional help

If you’re still struggling, consider seeking professional support.

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When you purchase a life insurance policy from Auto-Owners Life Insurance Company, you can know you’re protecting the ones you love with a company you can trust.
Our restless urge to move our legs to relieve the sensations. It can sometimes be felt in the arms or other parts of the body. RLS causes an uncomfortable, “itchy,” “pins and needles” or “creepy crawly” feeling in the legs. The sensations are usually worse at rest, especially when lying down or sleeping.

RLS may affect up to 10 percent of Americans. It affects both sexes, but is more common in women and may begin at any age, even in young children. Most people who are affected severely are middle-aged or older.

Genes seem to play a role, as nearly half of people with RLS also have a family member with the condition. RLS is often unrecognized or misdiagnosed, but once it is correctly diagnosed, symptoms can often be treated successfully. There is no cure for RLS, but many times, this disorder is caused by other medical conditions, and once those are treated, it gives some relief from RLS symptoms.

Some factors, including alcohol use and sleep deprivation, may trigger symptoms or make them worse.

Ten steps to relieve symptoms of RLS

1. Avoid or limit alcohol, nicotine and caffeine at least several hours before bedtime.
2. Review with your doctor all the medications you take, including prescription and non-prescription.
3. Exercise every day and stretch your legs at the beginning and end of each day.
4. Massage your legs regularly.
5. Avoid eating a heavy meal close to bedtime.
6. Maintain a regular sleep schedule.
7. Avoid daytime naps.
8. Use your bed only for sleeping or sex. No worrying allowed.
9. Have your blood tested for iron levels and kidney function.
10. Soak your legs in warm water.

Prepare your will

Your last will and testament is a document that designates what happens with your property, guardianship of your children and names the executor of your estate.
Grandmother and grandson share college experience from 1968 to 2018

By Sally Rummel

Bev Tippett, 74, and her grandson, Colin Hodgkin, 21, both of Fenton, are several generations apart — she is a Baby Boomer (born between 1944 and 1964) and he is a member of Generation Z (born between 1995 and 2015). Tippett graduated from University of Michigan-Flint in 1968 and Hodgkin will graduate in May 2019 from Wright State University in Dayton, Ohio with a bachelor of fine arts degree in acting. His college or career?

What was your biggest fear? Where do I go? There aren’t any grades or class work to prove yourself. Hodgkin: My biggest fear is ‘What’s next? Where do I go?’ There aren’t any grades or class work to prove yourself. It’s all about getting a job.

How do you spend your time when you’re not in class? Tippett: My college experience had a different tenor to it because I lived at home. Then I was married in ‘65 before I graduated from college. I was 21 then, and it wasn’t unusual to be married at that age. Most of my friends got married young. I did join a square dance club at Flint Junior College. I was taking badminton in gym class and square dancing looked like a lot more fun. We still get together every spring and fall.

Hodgkin: I try to give myself as much downtime as possible. I watch critically acclaimed movies. I find ways to create something fun with my friends, like short videos or writing a show. I also enjoy playing banjo or piano. Trying to teach myself something new is also a great pastime.

See COLLEGE on 9

Drug Abuse

Continued from Page 3

A large drop-box for unpackaged pills. Most police departments offer this service daily.

“People come in daily,” said Samantha Sturgis, dispatch supervisor. The Fenton Police Department is at 301 S. LeRoy St., and the box is in the lobby, available 24 hours a day. The Holly Police Department, at 315 S. Broad St., accepts prescription medications for disposal Monday through Saturday, from 8 a.m. to 4 p.m.

If you’re disposing of prescription medications at home, follow these guidelines for safe disposal:

• Do not flush medications down the drain or toilet, because chemicals can pollute the water supply.

• Remove personal, identifiable information from bottles and packages before discarding.

• Mix prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and place in sealed containers.

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Here’s how to play ‘catch up’ with retirement savings if you’re off to a late start

By Sally Rummel

Help! I’m in my early 50s and just beginning to plan for retirement. Life got in the way and I wasn’t able to start saving early like I should have.

What can I do to catch up?

You still have enough time to put yourself in a better position to retire, but it will take a serious commitment of saving to make it happen, according to Money.cnn.com.

Here are the steps you need to take:

STEP 1 — Stash away as much money as you can between now and the time you retire.

If you have access to a workplace plan like a 401(k), that’s a good place to start, as it will automatically deduct your contribution from your paycheck before you have a chance to spend it. If your employer participates with matching funds, that will also help leverage your savings effort.

STEP 2 — Contribute to an IRA

Ideally, make the maximum allowable contribution — currently $5,500 plus a $1,000 catch-up for people age 50 and older.

If at all possible, get that amount into your account by the April 15, 2019 tax filing deadline for 2018. Then you also will be able to make an IRA contribution for the 2019 tax year.

Funding your IRA(s) will allow you to end up with sizeable savings — about $160,000 by age 65, if you’re 50, and contribute $6,500 annually and earn

See RETIREMENT on 10

‘MUSTACHE’ Continued from Page 4

month of November. “Grow a mo, save a bro” is its slogan and the group aims to have men start conversations about these important health issues.

Similarly, No-Shave November is another movement that asks participants to forego shaving for the entire month and donate the money that would have been spent on shaving products to the American Cancer Society.

Why do men today, even those older than 50, want to grow beards and mustaches? It seems that the answer is because they can. Just like tattoos, facial hair for men has become much more mainstream and is becoming more acceptable in the workplace.

While The Washington Post reported that dollars spent on razors and blades have fallen, barbers like Andrews say that there’s a lot of grooming going on for all these whiskers. “The hot towel straight razor shave is really popular,” Andrews said.

Even a men’s retailer like Bridge Street Exchange in Fenton is seeing a growth in sales of men’s grooming products. “Beard butters are our most popular product,” said Kim Gerber of Bridge Street Exchange. “We’ve got at least 15 different beard oils, plus mustache wax, beard shampoos and conditioners. It’s really a big trend.”

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Are you ‘leaking’?

Shhh... Both men and women suffer from bladder control issues but no one wants to talk about it

By Sally Rummel

While everyone makes a joke about it, urinary incontinence is actually a common problem, with 17 million Americans having a daily occurrence of bladder control issues. But it’s so rarely discussed that you might think you’re the only one dealing with it.

What causes this “leakage?” A number of conditions can result in urinary incontinence, including overactive bladder muscles, weakened pelvic floor muscles, for some men, an enlarged prostate, nerve damage that affects bladder control, chronic bladder inflammation, side effects from surgery, older age, sleep apnea, and more.

There are several different kinds of urinary continence, but they all can result in the same embarrassing social issues for some people, who tend to avoid going out with friends or veering too far away from a bathroom.

Stress Urinary Incontinence (SUI)

This is when urine leaks out when you exercise, sneeze, laugh, stand up or bend over, caused by sudden pressure on the bladder and urethra, which forces the sphincter muscles to open.

SUI is the most prevalent form of incontinence among women, affecting an estimated 15 million adult women in the U.S. women and occurs less often in men, according to the National Association for Continence.

Pregnancy and childbirth can cause weakened pelvic muscles, which can result in SUI. Occurrences become more prevalent with age.

Overactive Bladder (OAB)

People with OAB have an urgent, “got to go” feeling they can’t control. Some people with OAB leak urine when they feel that urge. The difference between SUI and OAB is all in the anatomy. SUI is a urethral issue, the urethra can’t stop the sudden increase in pressure. With OAB, it’s a bladder issue, the bladder spasms and squeezes uncontrollably.

About one in five adults over age 40 are affected by OAB or recurring symptoms of urgency and frequency.

When you should see your doctor:

• You have to go to the bathroom a lot more than usual, and often can’t hold in your urine until you get to the toilet.
• You leak when you sneeze, cough, or even stand up.
• You leak at random times, even if you didn’t cough or sneeze.
• You feel like your bladder still has urine in it, even after you go.
• Your stream of urine is weak.
• You have to strain when you urinate.
• It hurts to urinate.
• You feel pressure in your lower abdomen.

Behavioral treatments, medication and surgery are all possible remedies for urinary incontinence. If UI is causing you to withdraw socially or become depressed, you should definitely see your doctor.

SOURCES: WebMD.com, National Association for Continence

Help! I have to get up to pee all the time at night

Here are some reasons you might have to get up at night to use the bathroom:

• You’re drinking too many liquids before bedtime. Stop drinking two hours beforehand.
• You’re drinking alcohol or caffeine too close to bedtime — both can affect your urine output.
• You’re on an anti-diuretic hormone that helps your kidneys control their fluid levels.
• You may have a urinary tract infection, if unnerving is accompanied by burning, dribbling or discomfort.
• Your legs are swollen — you have excess fluids in your body. Elevate your legs several hours before bedtime.
• You are diabetic or pre-diabetic — your body may ramp up urine production to clear out any excess blood sugar.
• Your bladder is slipping (prolapsed).

What’s your dream job?

Tippett: When I graduated from college, women were either a teacher, nurse or secretary. Today, there are so many options, which makes it both easier and harder to decide. I would have loved to have been a working artist. I love creating things. Toadie Middleton and I had a folk art business for 30 years.

Hodgkin: I would love to star in a Broadway show like Dear Evan Hansen or Spongebob. I also would love to be on an improv-based TV show or movie like The Office, Anchorman, 30 Rock, SNL, etc. Basically, I would just like a pedestal to showcase my work.

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**PREPARED** Continued from Page 6

This is best done with an attorney who can keep your will updated, understands state-specific tax issues and the complicated situations of real life. However, if you need only a very basic will, you can use a simple online template.

**Life insurance**

Life insurance can fill a variety of needs, including covering the finite years of a mortgage and protecting the interests of a special-needs child who will need financial support after you’re gone. Its main function is to protect family members from the loss of income if you or another primary wage earner dies.

For most of your adult life, you’ve probably had a life insurance policy through a benefits package at work. However, as you move closer to retirement you’ll have to decide whether to pay for a life insurance policy on your own or enter your later years without one.

If your family is still dependent upon your income, if you carry a lot of debt or still pay off a mortgage, you might consider keeping a life insurance policy as a “better safe than sorry” approach. Maybe there is a gap between employment and your ability to begin Medicare rather than paying a hefty health insurance premium every month. In that case, life insurance might still make sense.

- **How you use life insurance as part of your estate plan can be complicated and should be addressed with an attorney who specializes in estate planning.**

**Organize your finances and important paperwork**

Make it easy for your heirs to find exactly what they need. Two of the most important documents are your life insurance policy (especially policies from former employers) and your retirement plans (including pensions and annuities) because both are easy to overlook. So gather your various policies and keep them together.

**What happens if you become ill or incapacitated?**

These are tough issues for a family, yet you can face them unafraid if you have a living will, power of attorney and durable power of attorney.

- **The difference between a will, which distributes a person’s property after death, is that a living will explains what kind of medical care a person wants while he or she is still alive, but is unable to explain his or her wishes.**

- **A power of attorney is the person who can attend to financial or legal matters if you become ill or are unable to handle them for yourself. The power of attorney expires after your death, and the control of your finances typically shifts to the executor you named in your will.**

- **A durable power of attorney for health care allows someone to make medical decisions for you, if you are no longer able to speak for yourself.**

**Planning your funeral**

There are many ways you can think ahead about your funeral, starting with a life insurance policy that will at least pay for funeral expenses.

- **By thinking ahead, you can make informed and thoughtful decisions about funeral arrangements, sparing your survivors the stress of making these decisions under pressure and strong emotions.**

- **You can make decisions about your arrangements in advance, but not pay for them in advance, or you can pre-pay for your funeral.** Put your preferences in writing, give copies to family members and your attorney and keep a copy in a handy place.

Don’t designate your preferences in a will, because a will is often not read until after the funeral. Don’t put your only copy in a safe deposit box, in case your family has to make arrangements on a weekend or holiday.

**Sources:** Nolo.com, Legalzoom.com, Investopedia.com
Your life partner may also be your front line of defense for serious health issues

By Sally Rummel

Who is closer to you than your spouse or significant other? Your life partner is often the one to be the first to notice signs of potential health concerns.

Here are a few things your spouse might catch with an extra set of eyes before you do, according to Methodist Health Systems in Dallas, Texas:

Alarming sleep habits
Your sleeping partner is far more likely to notice symptoms of sleep apnea than you are. Lying next to you at night gives your spouse a front-row seat and ears to hear your snoring, gasps for breath or even momentary lapses in breathing. These are the most common signs of sleep apnea.

Does your spouse complain about being tired all the time? That’s another sign of a sleep disorder like sleep apnea, which can be life threatening but is very treatable. Insist on a doctor’s visit for a sleep study and perhaps a CPAP or BIPAP machine to regulate breathing.

Mood changes
A man might notice that his wife is crying more frequently or a woman might notice that her husband is increasingly more irritable.

While symptoms of depression can be non-specific, there are signs that point to this underdiagnosed and undertreated mental illness.

You may also notice a decrease in your spouse’s interest in sex, poor sleep habits or a general loss of enjoyment in favorite activities.

Spots and bumps on the skin
Your spouse will more easily notice bumps, spots, moles or sores in certain parts of the body that he or she might not regularly see, such as the upper back or the back of the thigh or neck.

Keep this ABCDE checklist in mind when you look each other over:

Assymetry: Is the growth asymmetrical?
Border: Does the growth have a ragged border?
Color: Are there multiple colors, or is the growth dark in color?
Diameter: Is the growth larger than a pencil eraser?
Evolution: Has the spot changed over time?

The ABCDE tip is a starting point in evaluating skin lesions as signs of skin cancer, although not all skin cancers will appear this way.

For more common skin conditions like rashes, sores and bug bites, seek a doctor’s opinion if there is no improvement in three to seven days. During that time, avoid using household or over-the-counter treatments for a skin condition you don’t know the cause of. It could change the appearance of the condition and make diagnosis more difficult.

Unbalanced blood sugars
Nearly 10 percent of the U.S. population has diabetes, but almost 30 percent of them are unaware of it. If you’re noticing your spouse having more frequent urination, complaints of blurry vision or excessive thirst, have your doctor check them out for a diagnosis of pre-diabetes or type 2 diabetes.

Blood pressure issues
Is your spouse having more headaches and fatigue than usual? These are two signs of possible high blood pressure issues. Check it out with your doctor.

Poor posture and pain
Osteoporosis, a bone disease that causes bones to break easily and become brittle, is often called a “silent disease,” because it is symptomless as it progresses. It most commonly strikes white women over age 50, but it can also strike men and other ethnicities at any age. Take note if your spouse mentions back pain or you’ve noticed a hunched over posture.

In the event of a serious health issue, your spouse can also be your best advocate for getting proper treatment, a second opinion, etc. Now it’s up to you to listen and take action by getting to your doctor.
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