

Our Mom

Helen Zettler

1913-2005



1894

-- 1918 --

Bernice
Bobby Reggo (neighbor)
Helen (captains)

1918

2nd St SW

Helen's writing



Bernice

Helen



1920



1931



1933

5

1940g

FOUR GENERATIONS - 1940

John J. Immel

Grandma



Mom's Niece Janet's writing

JANET ZETTER

41.2
Mom →

HELEN Z

PROBABLY MIKE
NOT
TORY ZETTER
according to Mom

Mike ↗

taken at Arboretum Park in Canton

4 GENERATIONS

44

6



1940

MOM BOUGHT BURIAL PLOT FOR HER DAD.

1942C

Know all Men by these Presents, That we George Schult

Preston Creighton and Kenneth Motts

Trustees of OSNABURG TOWNSHIP CEMETERY for and in consideration of

Eight Dollars Dollars

in hand paid by Mrs. Helen Zettler have bargained and

sold and do hereby sell and convey unto said Mrs. Helen Zettler

her heirs and assigns forever, the following described premises, situate in the Township of Osnaburg, County of Stark and State of Ohio, and being lot number # 193 in the cemetery grounds of Osnaburg Township, as said lot is described as shown on the plat of said Cemetery and so recorded in the Book of Records of said Township, and by Plat Record in the office of the Recorder of Stark County, Ohio volume 11 page 74.

To have and to hold said premises with the appurtenances thereto belonging unto the said

Mrs, Helen Zettler h. heirs and assigns forever with

proviso and agreement that said lot is to be used for no other purpose whatever than for a burial ground of the dead.

In testimony whereof George Schult Preston Creighton

and Kenneth Motts Trustees of Osnaburg Township, have here-

unto set their hands this 1st day of Sept. 19 42

Executed in presence of

John Snyder

Preston Creighton Geo Schult

Township Trustees

STATE OF OHIO, } ss. Stark County

Before me, the undersigned, authority within and for the county

of said personally appeared the above named George Schult Preston Creighton



1942

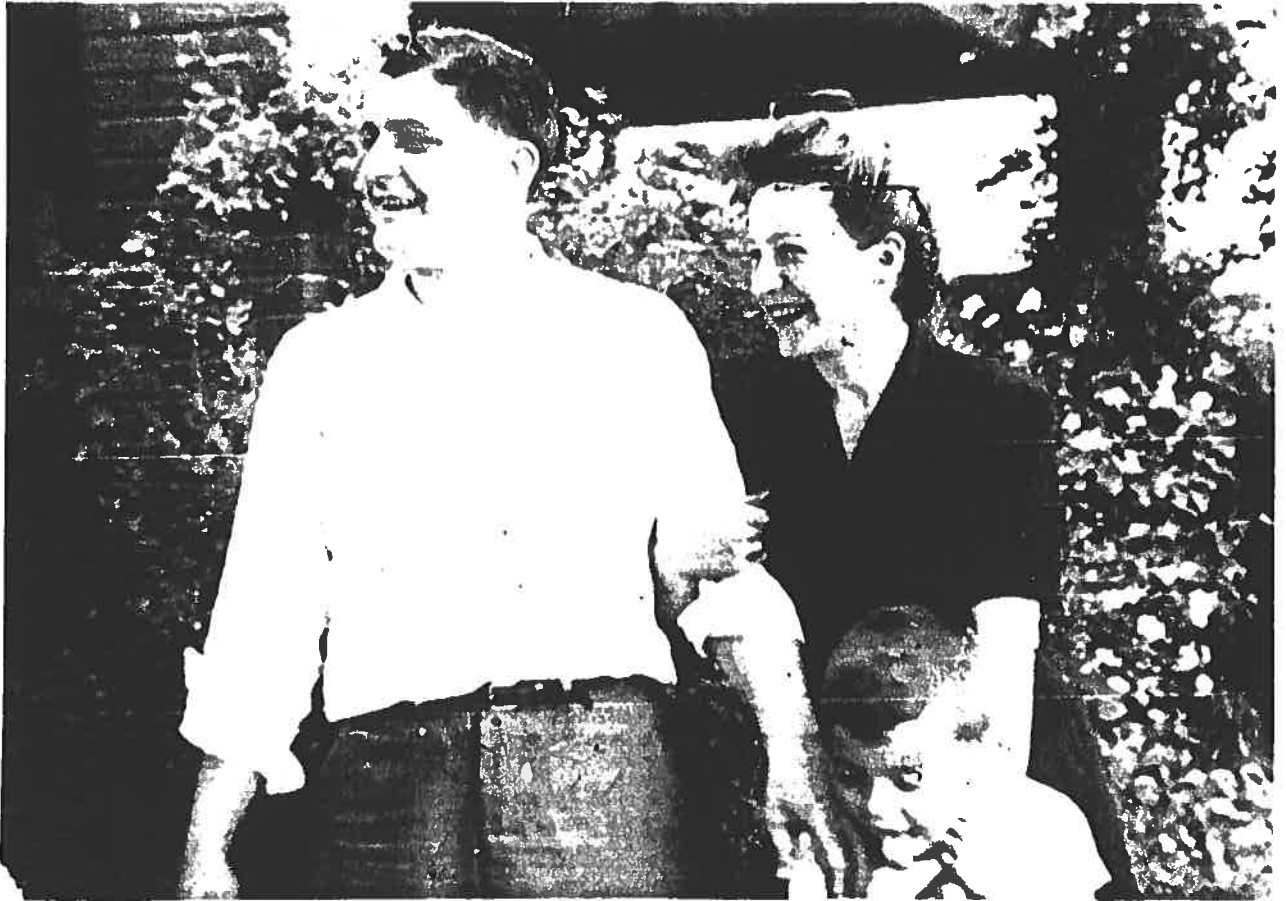


1943



1943

MOM & DAD AT 32 - RESTAURANTEURS



1945



1948



1950



1955

15

Feb
1958

"TORCH"
&
"Baby
of
Family"

•
56
•
JAN

Torch
&
Mary Jo



Mary Jo

Helen

Monica's Wedding

Bill G. T.
Vacation

Fiery sunsets in the west
Bacon & Eggs that ~~Bill G. T.~~
Children yelling in ~~(53.54)~~
Gentlemen golfers mangling turf.
Cards late at night
and noises in the morning
Just stay home and work
All friends take my warning!

Shades of Emily Dickinson
If I can keep one little spot less unbrooked
I shall not have lived in vain
If I can keep one trike wheel oiled
I shall not have lived in vain
Or help one wayward child
On the straight & narrow again
I shall not have lived in vain

Oh would some gods the gift
begin
To play our bridge hands as it
all there.



1957



1951

20



Ages 47

1960

21



1960

Michael J. Zetter and Associates, Inc.
Computer System Consultants
450 West Wilson Bridge Road
Cincinnati, Ohio 45208
(614) 438-0844

1962

Helen's Eulogy
to her Mother

Grief

Grief does not come as the morbid mouth
Their worn cliches in a darkened room.
Modern day customs put the mourners to task,
Give not the time any questions to ask:
Numbers to quote, responsibilities to take
And perhaps it is best for ~~all of our~~ everyone's sake.
But later, in doing some homely job
Dishes or gardening or talking to God;
Seeing the rose she planted in spring's green hope,
Finding the tasks put back with which later to cope,
Grief hits like the lightning from out of the sky
And between the tears, we wonder why
It had to be, when life was wanted
And others live day to weary day, haunted.

Sad

1972



1
Joe and Helen in Belgrade - started home from Yugo-
slavia. Plane acted up we went back and waited
6 hours. Only time Joe went to Europe, hated it
except bread and coffee. He didn't do so well
at the Casino and no golf. He brought his golf clubs

1976a



TWO SISTERS - 1976 (Th Ireland)



1980

1982
KELLEY'S ISLAND
Bill's House



Mon Arour
1983a



MIKE

HELEN

MARY JO

MONICA

JOE

1984



ZETTLER BRANCH IN 1986

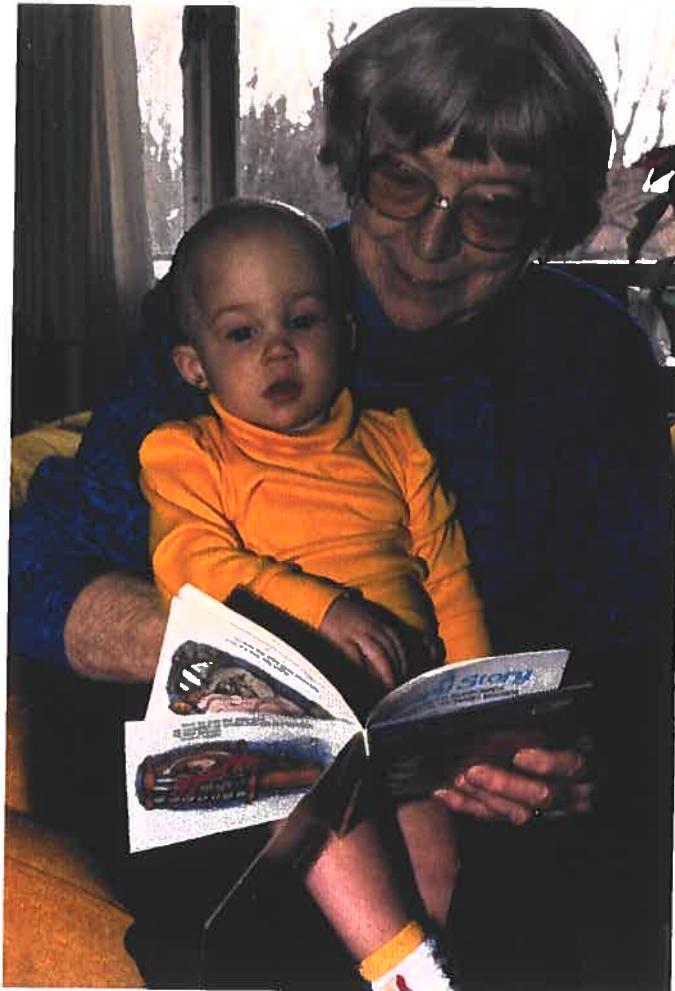
One of our
Kellogg Island
Holidays - we
had fun!



May 2, 1987
3 weeks before
you died!

Sandusky - K.I.
Branch 1992

Great Great
Grandchild →
~~Isabella W.~~
Abby Helen
1992



I BELIEVE

by JAMES HILTON
Author of "Good-bye, Mr. Chips," "Lost Horizon," Etc.

I BELIEVE in Truth—the Truth we may never find, but which, hopefully even though it may be hopeless, we must pursue to the end.

I BELIEVE in Faith, which is the Frame round the invisible image of Truth.

I BELIEVE in Doubt, which is the solvent of lies and the deep foundation of Faith.

I BELIEVE in Goodness, as a dog believes in a bone — no more arguably, no less eagerly.

I BELIEVE in all the possible kinds of Love.

I BELIEVE in God — something including yet also beyond the sum-total of everything I believe in.

I BELIEVE that Life is worth living, and that Death is probably worth dying also.

I BELIEVE that the present structure of civilization is probably doomed, and the next to be evolved is probably doomed also, and the

touch between lovers, being tired after a long walk, being old after a busy life.

I BELIEVE that Music is the highest of the arts because at its peak it is like pure mathematics in having no meaning interpretable in words; and I believe that the Binomial Theorem and a Bach Fugue are, in the long run, more important than all the battles of history.

I BELIEVE that it is good to desire, but that the exploitation of desire in terms of greed for profit is the fatal disease of which our civilization is dying.

I BELIEVE that the recurrent crisis of this disease is War.

I BELIEVE that Ideas will survive, and that, if there were no other immortality, this would be enough.

I BELIEVE in the wisdom of often saying "probably" and "perhaps."

I BELIEVE that a whole lifetime is nothing weighed in the balance against a moment's lifting of the veil that hides Beauty.

I BELIEVE that personal happiness is a good thing, and that there is no inherent virtue in doing without it.

I BELIEVE that personal unhappiness is a bad thing, and that the worst private sin is to take pleasure in the pain and discomfort of others.

I BELIEVE that the best luck in life is to be happily married, and that the next best luck is to have good friends.

I BELIEVE that we are ninety per cent animal, and that the remaining ten per cent offers us our chance to rise above or sink below the animal level.

I BELIEVE in the enjoyment of simple things — a child's love for a toy, a smile between friends, a

next after that, and so on; but I could be reasonably optimistic in regard to the next half-million years.

I BELIEVE that, though we may have no proof that life of any kind is of any lasting importance in the universal scheme, it is nevertheless necessary to assume so, just as it is necessary to keep to the right in traffic.

I BELIEVE that men are no wiser today than in the age of Pericles, and that it is unfortunate that they are in some ways cleverer.

I BELIEVE that democracy has fewer absurdities than autocracy; and that the art and craft of living is the discovery of the minimum check needed on personal freedom.

Mike - This ^{is} where we went first in Ireland. Dedre had made reservations. We could walk around the hills and saw 2 stone cottages (deserted) with the thatched roofs blown off. 3 or 4 rooms with fireplaces at each end. No water, no toilets, no microwaves. You would have starved. I'm going in today for a venogram on my left leg. It's been bad, I use a cane sometimes. I try to tell my leg it's been around a long time but it just says "Hey, how about the right one, it's been everyplace I have". Don't let them kid you, old age is work. Poor Monica dragging me every place!

Love,
mom

Well, now I guess you will be nicer to me and more respectful since I got my name in the Sunday Rep and not in the Obits. I have to admit I didn't know I made any impression on Pam. She used to come over and talk to me when I was ironing and I've written her on the death of a baby, the birth of Alex and when her husband "walked out" to find himself. He did and married her the day the divorce was final. She's doing very well. We are having 17 people for 4 PM Dinner for Easter and Jerry's Birthday (Apr 1 - Kennys too). The leaves are all coming out so fast, I can see the difference by each day. Tell Megan I need a family picture for my new board. Happy Easter, and love, Mom

From Billy

1993A

Dear Mom,

May 24, 1993

Being a parent is such an important undertaking- in fact it must be the most important job in the world. In a world rife with perversion, hostility, egomania and indifference the enormous value of good parenting cannot be underestimated.

I want you to know that your life has been full of meaning and you have influenced in a very positive manner many, many people, not the least of which has been your children.

You have taught us by word and example to set meaningful priorities. Some of my favorite "Momisms" are:

The man who complained he had no shoes- until he met a man who had no legs.

Believe half of what you see and none of what you hear.
(I actually quoted this to a customer about buying software)

Money does not make you happy - the unhappiest people you knew had lots of money.

Life's greatest pleasures are simple ones.

Seven sweets and seven sour.
This is the only philosophy of life you can have for dinner.

To each his own.
And boy did each of your kids have his own !

I'd rather read a book.
So would I.

The character traits I see in myself that you and Dad have influenced the most are:

Fairness: I have been told at times I am "Too fair"- an implied criticism I take as a compliment.

Tolerance: I distinctly remember Dad telling me, on more than one occasion, to be more tolerant and to take into consideration other peoples problems. And I know he practiced what he preached because he put up with me (not an easy job!)

Humor: From you I have learned to laugh well and often and, most importantly, at myself.

Concern: For those less fortunate than ourselves, you have taught me that most peoples position in life is not a matter of choice but one of circumstance. Our circumstance has been very fortunate, many others less so.

So, in the end, what is the highest compliment a child can pay a parent?

I think it is this:

If my children are as positively influenced by my parenting as I have been by yours then my life will have been meaningful and important. I will have done my job and done it well. I ask no more.

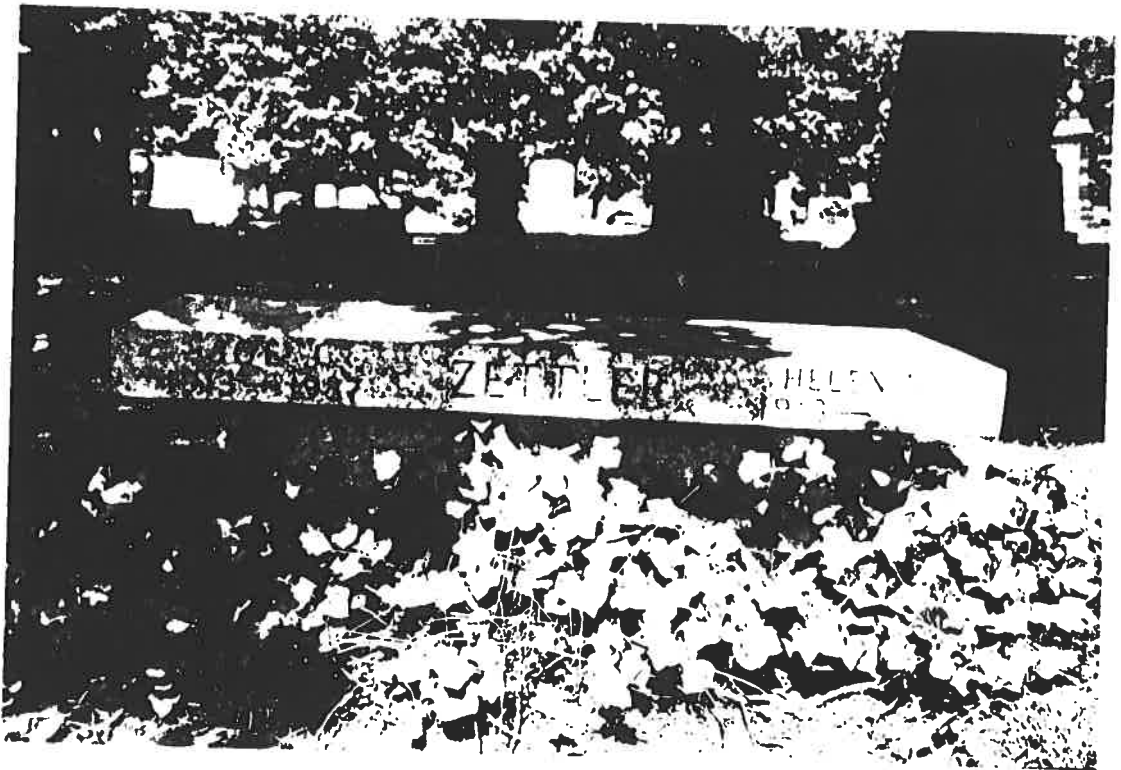
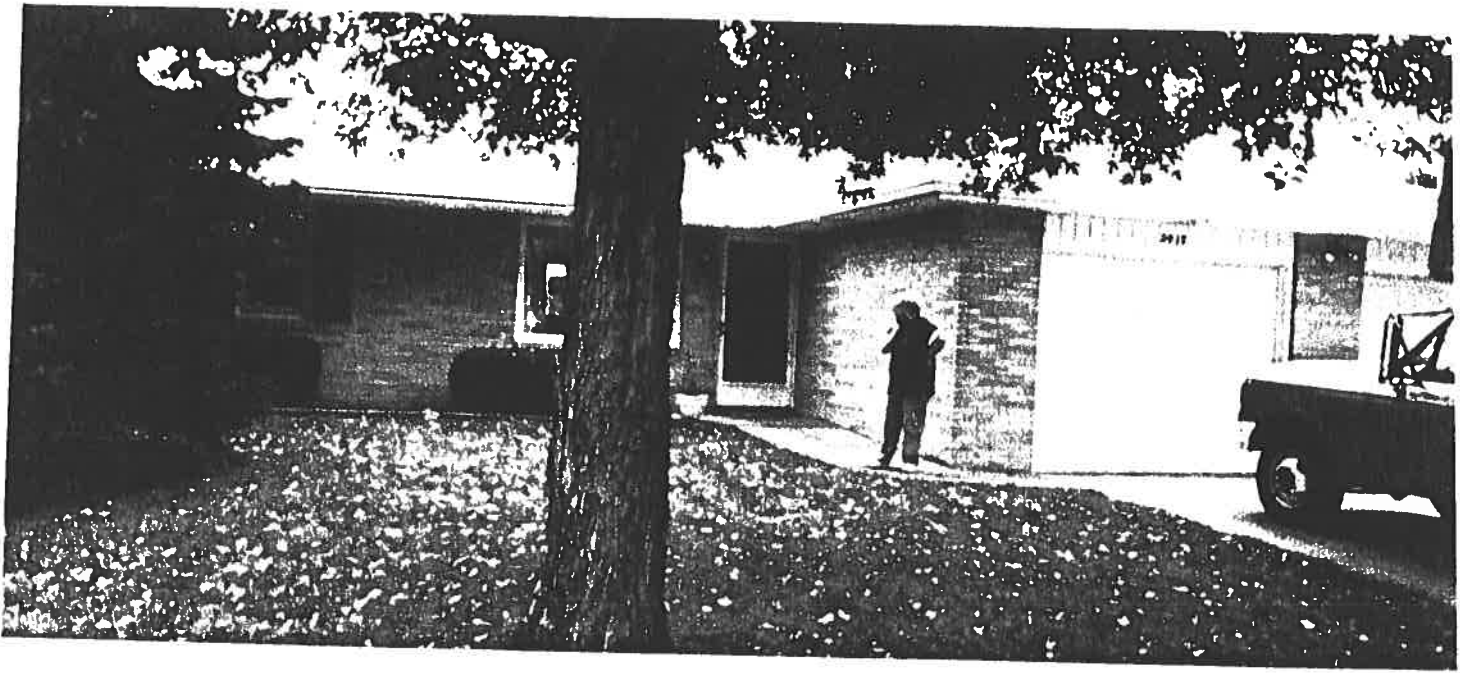
You have taught me with patience and love to enjoy the simple things in life - like my children for one.

Thank you Mom for being there when I needed you and for giving so much of yourself to me.

I love you Mom.

A handwritten signature in cursive script, appearing to read "Bill".

1995



1996



Ann Schreck & Mike Zettler
200 Ceramic Drive
Columbus, Ohio 43214

Telephone: 614-268-5975
Toll free: 800-436-8004
Fax: 614-268-8820

January 12, 1997

Dear Burnside, Immel and Zettler Families,

Happy New Year!

Helen Zettler will be in Canton on:

Friday and Saturday
January 31 and February 1, 1997

We would like to get together with you for lunch or dinner one of those days. Name your place (or if you want us to stop by.)

Please call me any morning before noon, toll-free at 800 - 436 - 8804 and we will plan the time and place to meet and reminisce.

Mom and I are looking forward to seeing you.

P.S. I have updates on the life Mary Immel Burnside and Joe Zettler. Please bring whatever items of family history you want to share.

DOCUMENT1



PRIORITY CLIENT SERVICES

TOBY T ZETTLER TTEE
U/A DTG 03/24/1994
BY HELEN M ZETTLER
1285 ARLINGTON RD
LAKEWOOD OH 44107-1001

YOUR FINANCIAL CONSULTANT:
DANIELS/SLAVIK
FC# 8778
(216) 363-6500

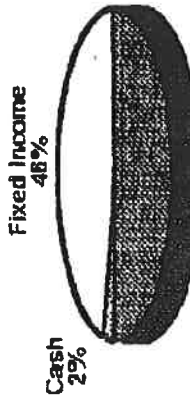
For Client Service Questions Call:
1-877-2PRIORITY(1-877-277-4674)

Office Serving Your Account
1375 E 9TH STREET
CLEVELAND OHIO 44114

*Office FAX yr recs.
for buying blk
low. CD proceeds*

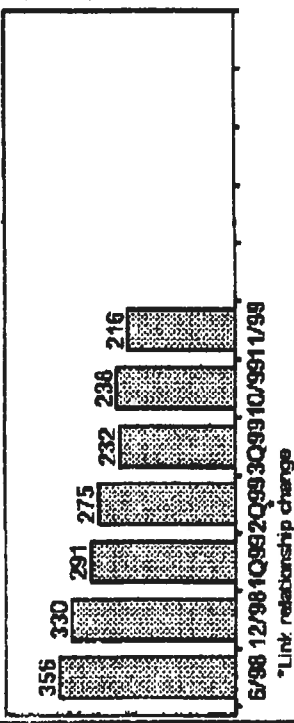
Total Value as of November 30, 1999
\$215,978.00

Asset Allocation Summary



*May not reflect all holdings

Total Value Comparison (in \$ thousands)



*Link relationship change

Activity Summary

	Nov 99	Jan 99 To Date
Beginning Value	237,727	\$42,162
Net Depts/Withdrawls	-10,310	-91,235
Div/Int Income	769	10,804
Chg in Market Value	-12,208	-45,753
Ending Value	215,978	215,978

Statement Information

Account No. 646-16S61
Account Name TOBY T ZETTLER TTEE
Page 1 to 10

Summary of Account(s)

Account Type	This Month	Last Month	YTD Realized	Unrealized
1 CMA	215,978	237,727	24,756	1,657
Total	215,978	237,727	24,756	1,657

11/30/99





P. 04

PRIORITY CLIENT CMAA ACCOUNT

TOBY T. ZETTLER TTEE

Current Portfolio

Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
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Mutual Funds and Defined Asset Funds

Mutual Funds - Equity	Quantity	Security Description	Symbol	Sector	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Annual Income	Current Yield %
1,214	JOHN MANCOCK REGIONAL BANK FUND CL B (.8600 FRACTIONAL SHARE)	REINV	N/A	N/A	40.40	49,045	47.92	58,174	9,137	451	.77	
Total Client Investment						\$58,174						
Investment Return												
Total Mutual Funds - Equity							71,939		69,512	17,528	451	.50
Total Mutual Funds - Fixed Income												
1,600	CORPORATE HIGH YLD FD III				15.00	24,000	10.06	16,099	(7,900)	2,227	13.83	
1,600	PUTNAM DIVERSIFIED INCOME TRUST CLASS B				N/A	24,000	4.50	16,099	(7,900)	2,227	13.83	
490	PUTNAM HIGH YIELD ADVANTAGE TRUST CLASS B				N/A	N/A	10.57	5,228	(8,800)	435	8.32	
Total Client Investment												
Investment Return												
Total Mutual Funds - Fixed Income												
Total Mutual Funds - Fixed Income							24,000		36,207	(7,900)	4,946	17.38

ex div 12/8 - Good time to buy

12/4 DD/M : 14.9%

wait



Account No. 646-16561

Statement Period 10/30/99 TO 11/30/99

Page 5 OF 10

PLEASE SEE REVERSE SIDE

39

DEC-21-99 TUE 15:54

CAC

FAX NO. 2168218153

910401 J



P. 03



Toby T Zettler TTEE

FAX NO. 216218153

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %	
Cash and Money Funds										
	CASH		192		192					
5,368	CMA MONEY FUND		1.00	1.00	5,368			272	5.07	
	Total Cash/Money Funds				5,560			272	5.07	
CDs, Deposit Notes and Equivalents										
70,000	DN US BANK NA MINNEAPOLIS MN BE 06.030% MAY 01 2008 MTLY	04/29/98	99.47	86.08	61,661	(7,971)		4,220	6.84	
	Total - CDs, Deposit Notes & Equivalents				61,661	(7,971)		4,220	6.84	

*about same 7/14
D.D./ML
confirmed by
↑
of
↑
noted*

PLEASE SEE REVERSE SIDE

Page 3 OF 10 Statement Period 10/30/99 TO 11/30/99

Account No. 646-16561

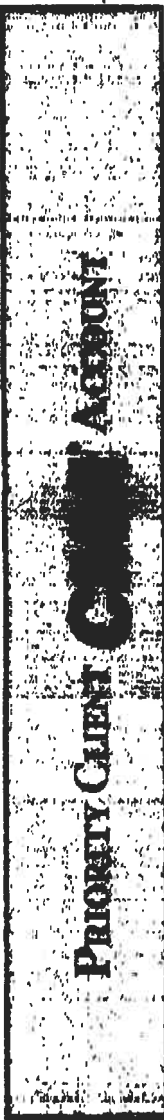
010013



CAC

DEC-21-99 TUE 15:53

4c



TOBY T ZETTLER TTEE

Cash Flow Summary

Activity Summary		Credits		Debits	
This Statement	Year-to-Date	This Statement	Year-to-Date	This Statement	Year-to-Date
Opening Balance Cash & Money Funds	15,101.59	Sales	83,642.15	Purchases	87,223.00
Net Credits & Debits	9,540.94DR	Income	10,810.78	Withdrawals	8,012.93
Closing Balance Cash & Money Funds	5,560.65	Funds Received	769.37	CMA Checks	10,225.00
		Other		Visa Transactions	85.31
				Other	646.24
		Total Credits	769.37	Total Debits	10,310.31
			94,452.93		95,882.17

Realized Capital Gain and Loss Summary*

	This Month	Year-to-Date
Short-Term	.00	.00
Long-Term	.00	24,736.67

*Excludes transactions for which we have insufficient data.

NURSING SERVICE CONTRACT

Contractor ("CON") Name & Address

Services for

_____ ("Client")

Note: all blanks must be filled in.

Services to be provided:

- General care-taking
- Bathing
- Dressing
- Feeding
- Prepare meals
- Administer shots
- Transport patient in my car
- Medical services such as blood sugar/blood pressure measurement
-

Other _____

Terms and conditions:

1. CON agrees to provide service hourly up to the limit below. See fee schedule below.
2. Client agrees to pay on bi-weekly basis for service provided.
3. Out-of-pocket expenses (telephone charges, etc.) incurred in the provision of service will be paid separately by Client.
4. Upon acceptance of this agreement by Client, CON will be an independent agent, responsible for her own business and not an employee or agent of Client. This agreement is not intended and shall not be construed to create a relationship of employer-employee between CON and Client. CON will not be treated as an employee with regard to any state or federal laws covering employees, including but not limited to the Federal Insurance Contributions Act, Workmen's Compensation, Income Tax withholding at source, or any federal or state tax laws. It is CON's responsibility to pay self-employment, state, and federal income taxes as required by law.
5. CON will work independently and will not require direct supervision.
6. Agreement may be canceled by any party for any reason provided Client has paid in full for all services performed under this agreement at the rate appropriate to the level of service received.
7. The construction, validity and performance of this agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania and venue of any action arising out of or related to this agreement shall be in Allegheny County, Pennsylvania.

Fee schedule: \$ _____/hr

LIMIT: _____ hours from ____/____/____ to ____/____/____ = \$ _____

CON

Client

DATE

TO TOBY Zettler

Mike Zettler
200 Ceramic Dr.
Columbus, Ohio 43214
Phone : 614-268-5975

DRAFT

Tuesday, December 07, 1999

Judith Bender, LSW
Copeland Oaks
800 S 15th St
Sebring, OH 44672

Dear Judy,

Enclosed is the application for Helen M. Zettler. Her son, Toby T. Zettler, has power of attorney. His address and phone number are:
1285 Arlington Road, Lakewood OH, 44107
216-226-8535.

At this time, Helen's disposition toward the move is negative. Much of this attitude is due to lack of knowledge. Can you process this application sufficiently to determine her destination: assisted care or skilled nursing? Once you do, Toby will bring her over for one more visit to the appropriate area, so she can get more information. At that point, a decision will be made. If positive, Toby will give you the deposit check for \$1,100.

Thank you,

Mike

PS: Toby and I feel she is probably headed towards skilled nursing. Do you have a list of all possible services you would provide in this area (I am assuming the services would be customized to her own particular needs, while others would be the responsibility of the family)?

This Hr in Act

Michael Zettler

From: Erik Zettler <ezettler@sea.edu>
To: Kirt Robbie Zettler <kiwineco@aol.com>; Ellis <r2j2mellis@starpower.net>; Erik Zettler <ezettler@sea.edu>; Dante <DZettler@PIRNIE.com>; Omar Zettler <omar@stratos.net>; Zach Elizabeth Zettler <zzettler@aol.com>; Megan Spellacy <mmspellacy@aol.com>; Pete Nikki Sexton <the.sextons5@worldnet.att.net>; Pete Sexton <psexton@us.ibm.com>; Zorba Zettler <zzettler@hotmail.com>; Zoey Zettler <zzett@aol.com>; Gantry Zettler <gantry@cfbinc.com>; Kirsten O'Hearn <kirsten+@pitt.edu>
Cc: Michael Zettler <mzettler@columbus.rr.com>; Toby Zettler <tobyzettler@stratos.net>
Sent: Monday, November 01, 1999 7:54 AM
Attach: ezettler.vcf
Subject: Grandma Helen visit schedule 1Nov99

JAN
Dante and Carolynne

FEB
Zach and Elisabeth
Zorba and Deanne
Megan

MAR
Erik and Linda

APR
Dante and Carolynne

MAY

JUNE
Megan

JULY
Dante and Carolynne

AUG
Zach and Elisabeth
Zorba and Deanne

SEPT
Erik and Linda

OCT
Dante and Carolynne

NOV
Megan

DEC
Erik and Linda

INSULIN CHART

BEFORE BREAKFAST (7-8am)

	B/S	
24N	Less than 100	0 H
	100-150	4 H
	151-200	5 H
	201-250	6 H
	251-300	7 H
	more than 300	8 H

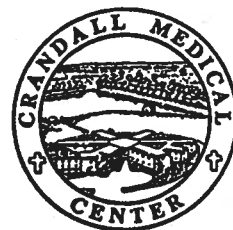
BEFORE DINNER (6-6:30 PM)

No N	less than 100	1 H
	101-150	2 H
	151-200	4 H
	201-299	5 H
	300-350	7 H
	351-up	8 H

BEDTIME (9-10 PM)

6 N	0 H
------------	------------

COPELAND OAKS ASSISTED CARE
CRANDALL MEDICAL CENTER
RESIDENT APPLICATION



1. Name Helen Mary Zettler
Address 967 Macon City Pittsburgh
State PA Zip 15218 County Allegheny Phone () _____
2. Date of Birth 8-21-13 Birthplace Canton, Ohio Sex F Race W
3. Marital Status () Single () Married (X) Widowed () Divorced
Spouse Joseph J. Zettler Date of Marriage 9/30/33 Date of Death 5/30/87
Applicant's father's name Harry Burnsides
Applicant's mother's maiden name Immel
4. Present location of resident: Nursing home _____ Hospital _____ Own Home _____ Family member X
5. Children or nearest relative (Please list in order of contact in case of emergency)
 - Name Toby Zettler Relation Son
Address 1285 Arlington Rd. City Lakewood State OH Zip 44107
Home Phone # (216) 226-8535 Business Phone # (216) 621-8900 x3812
 - Name Monica Zettler-Segal Relation daughter
Address 967 Macon City Pittsburgh State PA Zip 15218
Home Phone # (412) 371-5456 Business Phone # (800) Dormont
 - Name Michael Zettler Relation Son
Address 200 Ceramic Dr. City Columbus State OH Zip 43214
Home Phone # (614) 268-5975 Business Phone # () same
6. Personal information:
 - a. Area of residence most of your life: Canton, Ohio teacher (Life Master)
 - b. Profession or Occupation (please specify): housewife, tour director, bridge
 - c. Educational background: Graduate, McKinley H.S., Canton, 1931
 - d. Community service performed: Volunteer, Drs. Hospital, Canton, Reception, YWCA
 - e. Hobbies and interests: Bridge, reading, music, poetry, nature Soup Kitch
 - f. Organizations belonged to: YWCA, Shady Hollow C.C.
 - g. Is applicant a Veteran: Yes _____ No X
7. Church recently attended: none
Religious affiliation: none
8. Health insurance? Yes X No _____ Company name Security Blue
9. Social Security # 287-38-8063 Medicare # 287-38-8063 Part A X Part B _____
10. Medicare Supplement _____ Policy _____
HMO Security Blue Medicaid # _____ County _____
11. Funeral Director or Medical School to notify - Cremation? Yes _____ No _____
Name _____ City _____
State _____ Zip _____ Phone # () _____ Pre-paid plan Yes _____ No _____

12. Power of Attorney or Legal Guardian (Please Specify)

Name Toby T. Zettler Relation Son
Address 1285 Arlington Rd City Lakewood State OH Zip 44107
Home Phone # (216) 226-8535 Business Phone # (216) 621-8900 x 3812

13. Executor (Executrix) Please complete if different than above.

Name same Relation _____
Address _____ City _____ State _____ Zip _____
Home Phone # () _____ Business Phone # () _____

14. Do you have a living will? Yes No (please furnish a copy)

Do you have a durable power of attorney for health care? Yes No

15. Will Copeland Oaks Physician be your regular Doctor? Yes No

If you answered no to question 15, please write the name and address of your physician:

Dr. Goldstein Whipple Rd Canton OH
(Name) (address) (Phone #)

16. Proposed payment plan: Private Pay _____ Medicare _____ Medicaid _____

17. Where will you want your monthly statements sent to:

Toby T. Zettler, 1285 Arlington Rd, Lakewood OH 44107

18. Did you participate in the decision to come to Crandall Medical Center? Yes No

19. Reason seeking Nursing Home or Assisted Care admission Results of stroke and

loss of vision require fulltime care

A. Skin Condition: History of skin problems or irritations? Yes No

If so, please describe _____

B. Teeth: Do you have dentures? Yes No

Do dentures fit comfortably? Yes N/A No

If you have your own teeth are they satisfactory to chew meat? Yes No

Any other dental problems/needs _____

Name of Dentist Dr. Marchy Massillon

C. Hearing: Can you hear normal conversation? Yes No

Can you hear normal conversation with help of a hearing aid? Yes N/A No

Are you prone to wax plugs? Yes No

Any other hearing problems/needs considerable loss of hearing in left ear

D. Vision: Do you wear glasses? Yes No

Can you read normal print? Yes No

If no, can you read large print? Yes No

Have you had any previous eye surgery? Yes No

If yes, what type of surgery? Laser for macular degeneration Dates _____

E. Condition of feet: Do you have thick or long nails? Yes No

Are your feet prone to discoloration? Yes No

Are feet malformed? Yes No

Do you wear special shoes? Yes No

If yes, for what reason? stroke,

Are you prone to corns, callus or bunions? Yes No

F. Elimination-Bowel: Do you have occasional impaction? Yes No
Do you have occasional loose stools? Yes No
Do you waken to toilet all of most nights? Yes No
Do you have irregular bowel movement patterns? Yes No

G. Elimination-Bladder: Do you dribble? Yes No
Do you have occasional incontinence? Yes No
Are you incontinent at night? Yes No
Have you had 3 or more urinary tract infections in the past 12 months? Yes No
AM PM

H. Bathing: Do you prefer Bath _____ or shower ?

I. Diet: Your favorite foods are most
You do not like very little
Are you on a special diet? Yes No
If yes, please describe brittle diabetic diet
Do you eat between meals all or most days? Yes No
Do you use alcoholic beverages at least weekly? Yes No
Do you drink fluids well? Yes No
Do you refuse to eat fairly often? Yes No

J. Extremities: Are your legs prone to swelling? Yes No
Are you prone to varicose veins? Yes No

K. Respirations: Do you have chronic cough? Yes No
Do you expectorate? Yes No
Do you have history of chronic lung problems? Yes No
If yes, please describe _____

L. Sleep Patterns: Do you stay up late at night? Yes No
Do you awaken during the night regularly? Yes No
Normal hours you sleep at night 930-630
Do you nap during the day at least one hour? Yes No
Do you have difficulty awakening? Yes No

M. Social Patterns: Have you ever been treated for depression and/or anxiety? Yes No
If yes, when did this occur? periodically over past few years
Are you sometimes confused? (mix up events) Yes No
Are you sometimes disoriented? (loss of awareness of space, time & person) Yes No
Do you stay busy with hobbies, reading or a fixed daily routine? Yes No
Please describe _____
Do you go out 1 + days a week? Yes No
Do you spend most time alone or watching TV? Yes No

N. Speech: Do you have any problems understanding - Oral _____ Written communication ?
Please describe eyesight prevents reading

O. Ambulation: Are you capable of independent ambulation? - some Yes No
If no, please describe condition/devices used walker or wheelchair for short distances; needs help with leg brace

P. Involvement Patterns:

Are you involved in daily contact with relatives or friends?

Yes No

Do you usually attend church?

Yes No

Do you find strength in faith?

Yes No

Have you had an animal for daily companionship?

Yes No

Are you involved in group activities?

Yes No

Q. PLEASE LIST ANY FOOD OR MEDICINE ALLERGIES THAT YOU MAY HAVE:

None

By signing this application you acknowledge that, should you become a resident at Crandall Medical Center or Assisted Care at Copeland Oaks:

- A. You will be responsible to and abide by the information manual for residents.
- B. You authorize the Copeland Oaks/Crandall Medical Center Nursing staff to conduct a TB mantoux test and the home health staff will not be held liable for any reaction resulting from this test or treatment, if necessary.
- C. In the event of your death, you authorize Copeland Oaks or Crandall Medical Center to release your body to the Funeral Director or medical school listed in this application. Should neither of these be available, Copeland Oaks will make the necessary arrangements for your funeral.
- D. You will designate an individual as your potential legal power of attorney and provide Copeland Oaks with the legal documentation as evidence to the fact. The Power of Attorney does not have to become effective until you feel ready to do so.
- E. You certify that the information given by you in applying for payment under title XVIII of the Social Security Act is correct. You authorize any holder of medical or other information about you to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. You request that payment of authorized benefits be made on your behalf. You assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to you. You request that payment under the medical insurance program be made either to you or the Doctor on any bills for services furnished to you.
- F. Name and day time phone number of person to be contacted when opening occurs:
Toby Zettler 216-226-8535
- G. Please submit one copy of applicant's Social Security, Medicare and any health insurance cards with application. Submit one copy of Power of Attorney or guardianship papers also.
- H. Completion of application does not guarantee admission to Assisted Care or Crandall Medical Center.
- I. You give CMC permission to photograph you. This picture will be used for medical identification only.

Date 11/24/99 Signature of Resident _____

Helen M Zettler

and/or

Date 11/24/99 Signature of Power of Attorney _____

[Signature]

***** THIS APPLICATION MUST BE DATED AND SIGNED ***** 8/98