Miller Trust Form

Elder Law of East Tennessee

In order to complete the Miller Trust the following information is required. If information is complete, documents will be more quickly provided. **All dollar amounts must be exact (NO ROUNDING OR ESTIMATING).**

If the beneficiary cannot sign for himself or herself, **we will need to see the beneficiary's Durable General Power of Attorney** document at the time of your appointment. The agent named in the Power of Attorney will be required to sign the Trust document.

Name of Beneficiary: _____

Address of Beneficiary: _____

Beneficiary's Soc. Sec. # _____ Date of Birth: _____

Gross Monthly Income (ALL sources)	
Soc. Security:	$
Pension:	$
IRA Distributions:	$
Annuities:	$
VA:	$
Rental Income:	$
Other:	$
Other:	$
Total:	$

Medical Insurance Info	
Medicare Part B Premium:	$
Supplemental Insurance Premium:	$
Provider:	
Medicare Part D Premium:	$
Other Rx Premium:	$
Drug Coverage Provider:	

Name of Trustee: _____

Address of Trustee: _____

Telephone # _____

Trustee's Soc. Sec. # _____ Date of Birth: _____

Name of Successor Trustee: _____

Address of Trustee: _____

Telephone # _____

Trustee's Soc. Sec. # _____ Date of Birth: _____

Name of Person Completing Form: _____