

Monthly Budget

Item	Amount
Property Tax	\$
Home Maintenance and Upkeep	\$
Homeowners Insurance	\$
Utilities (gas, electric, water and sewer, security)	\$
Residential Facility	\$
Private Health Care Services	\$
Telephone	\$
Cable Television	\$
Auto Operation (gas and maintenance)	\$
Auto Insurance	\$
Clothing	\$
Groceries and Other Household	\$
Hair Cuts and Personal Grooming	\$
Laundry and Cleaning	\$
Checking Account Charges and Bank Fees	\$
Newspapers and Magazines	\$
Recreation, Vacation, and Entertainment	\$
Health Insurance (such as Medicare supplement)	\$
Unreimbursed Medical Expenses (such as for drugs)	\$
Life Insurance	\$
Long Term Care Insurance	\$
Charitable Contributions	\$
Other: _____	\$
Other: _____	\$
Total Monthly Expenses:	\$

Miller Trust Form

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: _____