

# Income Only Trusts (aka Miller Trust)

[Strictly Confidential]

Fax to 866-658-6408 or 800-508-2912

Make Check to: Legal Document Solutions, LLC  
7650 S. McClintock Rd. #103-493  
Tempe, Arizona 85283

READ INSTRUCTION AND GLOSSARY ON LAST PAGE

Name of Trust (include "The _____ Income Only Trust")		Resident State: AZ	
ALTCS Claimant full legal name:		State of residence: AZ	
Marital Status :		Social Security #:        /        /	
US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, what nationality:		Date of Birth:	
Address that you want to use on the Trust:			
Phone number:			
Email Address			

## Type of document to be prepared:

<input type="checkbox"/> <b>Income Only Trust</b>	<input type="checkbox"/> <b>Durable Power of Attorney</b>	<input type="checkbox"/> <b>Health Care Power of Attorney</b>	<input type="checkbox"/> <b>Mental Health Care Power of Attorney</b>

Income Sources to be transferred:	Provide information on assets to be transferred into the trust. Deeds, Trade accounts, annuity information: <input type="checkbox"/> Social Security <input type="checkbox"/> Pension Company Name: _____ <input type="checkbox"/> Pension Company Name: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rail Road Retirement
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**Initial Trustee Options:**

Initial Trustee (Name) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Who would be your Successor Trustee?**

First Successor Trustee (Name): \_\_\_\_\_

**Other Options: (if needed)**

Do you need a Durable Power of Attorney? Yes  No

If yes, Type of POA  Immediate  Spring (see instructions)

Name of the Agent \_\_\_\_\_

Address of the Agent: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you want to appoint a Co-Agent? Yes  No

If yes, name and address of the Co-Agent \_\_\_\_\_

Require all co-Agent to sign? Yes  No  [Default is No]

Do you want to appoint Alternate Agents: Yes  No

If yes, List the name of the Alternate Agent (s) in order:

First Alternate Agent \_\_\_\_\_

**Disclaimer:** We were not given any legal or tax advice from Steve Dabbs or Ana Dabbs .This form was completed by us and not by either Steve Dabbs or Ana Dabbs.

Trustor/ Grantor/POA initials\_\_\_\_\_

We understand that this trust is being prepared by Ana Dabbs who is licensed legal document preparer in Arizona, and that no advice was given or implied as to the need or use of an Income Only Trust. We understand we should consult an attorney in our state for legal advice as well as a tax professional for tax advice.

Trustor/ Grantor /POA initials\_\_\_\_\_

We were not solicited by Ana Dabbs to purchase this document, we requested an Income Only Trust to be prepared by Ana Dabbs, she did not give any recommendation or legal advice that helped make the decision to purchase an Income Only Trust.

Trustor/ Grantor/POA initials\_\_\_\_\_

\_\_\_\_\_ Date:\_\_\_\_\_

Trustor/Grantor/POA Signature

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## **GUARANTEE POLICY**

Ana Dabbs guarantees that all of the legal documents prepared by their staff will be correct and will be prepared in a timely manner. If there are any corrections that need to be made due to errors by Ana Dabbs, they will be corrected without charge. If corrections are needed because of incorrect information given to Ana Dabbs, or information that has been changed by a consumer after the legal documents have been prepared, there could be additional charges. Ana Dabbs is not an attorney and does not give legal advice.

Dated: \_\_\_\_\_

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Trustor/Grantor/POA Signature

## Instructions to the Trustee for the Income Only Trust (Miller Trust)

### Step One:

Once the trust is prepared it must be signed by the “Trustor” or their POA. The Trustor is the person who needs the trust in order to qualify “ALTCS Benefits”.

### Step Two:

Open a \$0 balance account at the bank. Bank of America, **Chase (Best Choice)**, Wells Fargo banks have experience with this type of an account. They may be more familiar with the term “Miller Trust”, rather than what the “State of Arizona” calls it, which is an “Income Only Trust”.

### Step Three:

Have all income assigned to the trust (forms provided) and change the account so that no taxes or any deductions are subtracted from the gross payments.

### Step Four:

Submit Proof;

The trust document itself is used for proof of who created the trust and that the full amount of the gross income is assigned to the IOT.

- A copy of the request to stop deductions for withholding taxes, life insurance premiums, and union dues from the income going into the trust, if applicable;
- The account statements from the date the trust account was opened to show that the account was funded with all or part of the customer’s current monthly income and previously had a zero balance;
- For financial accounts containing trust assets, all account statements from the date the trust account was opened through the current month; and
- Proof of total countable income.

Notify Legal Document solutions of any request to change the trust document. The State of Arizona ALTCS has requested changes to be made this will be done within 24 hrs. from the time of request by the trustee.

Credit Card Authorizaton

Name on Card:\_\_\_\_\_

Billing Address:\_\_\_\_\_

City \_\_\_\_\_ State:\_\_\_\_\_ ZIP:\_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover Card \_\_\_\_ American Express (add 2%) \$750 +\$15.00= \$765.00

Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_ Security Code\_\_\_\_\_

I authorize a charge of \$750 which will appear on my credit card statement.

Fax to 1-800-508-2912 or scan and email to [steve@cfs911.com](mailto:steve@cfs911.com)

Credit card holder phone number:\_\_\_\_\_