



THE LAW OFFICES OF
GABRIEL LENHART

TRUST DATA SHEET
Supporting Documents

Date: _____

Name: _____ Date of birth: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

Email address: _____

Financial Power Of Attorney

The purpose of this document is for management of any assets that are not listed or held by the trust. Generally the individual you list here should be the same person(s) you selected as your trustee(s) of your trust.

Primary Agent

Name/Relationship: _____

Address: _____

Phone: _____ Email: _____

1st Alternate

Name/Relationship: _____

Address: _____

Phone: _____ Email: _____

2nd Alternate

Name/Relationship: _____

Address: _____

Phone: _____ Email: _____

