

PA Gun Trust Questionnaire

To register a gun trust, please fill out the following questionnaire and return by fax (412-471-3175) or E-mail (info@SommerLawGroup.com) at your earliest convenience.

1. Personal Information

Applicant Name: _____

Phone Number: _____

E-Mail Address: _____

Home Address: _____

2. Gun Trust Information

Name of Trust: _____

Trustee Name (or Co-Trustee names): _____

Trustee Address: _____

Successor Trustees: _____

I verify that the above information is correct and accurate to the best of my knowledge

Signature: _____