



Register of Wills

TRUST INQUIRY FORM

ESTATE OF _____

Folio # _____

Does this Will create a trust: YES NO

If **YES**, do you anticipate that this trust will be created/Funded? YES NO

If **NO**, why not?

If **YES**, please list the trustee's contact information:

Name of Trustee: _____

Address of Trustee: _____

Phone Number of Trustee: _____

If **YES**, please list the attorney for the estate's contact information (if applicable):

Name of Attorney: _____

Address of Attorney: _____

Phone Number of Attorney: _____

Dated: _____

Signature of Personal Representative(s)/Attorney

Indicates Required Field