



## Register of Wills

### TRUST INQUIRY FORM

ESTATE OF **ETHEL S. SCOTT**

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?

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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**