

# TRUST INQUIRY

ESTATE OF \_\_\_\_\_

Does this Will create a Trust \_\_\_ Yes \_\_\_ No if no go directly to the bottom of page sign and date.

If Yes do you anticipate that this trust be will be created/funded? \_\_\_ Yes \_\_\_ No if not why

\_\_\_\_\_

\_\_\_\_\_

If yes please complete the following

Name of Trustee: \_\_\_\_\_

Address of Trustee: \_\_\_\_\_

\_\_\_\_\_

Phone number of Trustee: \_\_\_\_\_

Attorney for the estates contact information (if applicable.)

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

Phone number of Attorney: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Personal Representative/Attorney