



800 North French Street, 2nd Floor
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Wilmington, DE 19801

Phone 302-395-7800
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www.nccde.org/wills

Ciro Poppiti, III
Register of Wills

TRUST INQUIRY FORM

ESTATE OF _____

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: (_____) _____ - _____

Date

Signature of Personal Representative/Attorney

File# _____