

5 East Pine Street  
P.O. Box 743  
Georgetown, DE 19947



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# Register of Wills

## TRUST INQUIRY FORM

\* Indicates required fields

\* 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 #: \_\_\_\_\_