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**AMERICAN GUARANTY & TRUST COMPANY**

**ATTORNEY REFERRAL NETWORK  
ATTORNEY INFORMATION SHEET**

**Name** \_\_\_\_\_

**Name of Firm** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Education**

**Year Graduated**

**College** \_\_\_\_\_

\_\_\_\_\_

**Law School** \_\_\_\_\_

\_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

**States Admitted To Practice** \_\_\_\_\_

**Professional Designations and/or Specialty Certifications** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Areas of Practice** \_\_\_\_\_

**Fee Information**

Please describe your charges for drafting and/or reviewing wills and trusts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you carry errors and omissions coverage?** \_\_\_\_\_

**Please fax to Christine March at (302) 731-5157 or mail to her attention at the address below.**