Jackson County Probate Policies/Procedures and Electronic Statements
Developed with the KCMBA Probate and Estate Planning Committee

Tuesday, February 24, 2015 • 3:15 PM – 4:45 PM
KCMBA Conference Center
Credit: Missouri – 1.5 / Kansas – 1.5
Cost: KCMBA Member - $35 / Non-Member - $70 / Non-Attorneys - $20

DESCRIPTION

Come out and meet the newest Jackson County Probate Commissioners as they provide a refresher course on the policies and procedures of the Probate Court. In addition, they will give a presentation on the new electronic settlement form which has been created to help simplify the filing of annual and final settlements, followed by a question and answer period. Paralegals and legal assistants are welcome.

SCHEDULE

3:15 PM  Registration
3:30 PM  Program
4:45 PM  Cocktail Reception

SPEAKER

Scott R. Manuel, Commissioner
Mark A. Styles, Jr., Deputy Probate Commissioner

*Course materials will be provided in electronic format only and are accessible with your laptop, tablet or other mobile device during the event. Final course materials will be sent via email when size permits and posted prior to the event at kcmba.org. Parking will be validated at the event.

**On-site registrations are welcome; however, seating and/or meals cannot be guaranteed unless you pre-register.
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4 WAYS TO PRE-REGISTER:
1. Online at www.KCMBA.org
2. Mail completed registration form with payment to KCMBA, Two Pershing Sq.,
   2300 Main St., Suite 100, Kansas City, MO 64108
3. Fax 816-474-0103
4. Phone 816-474-4322

REGISTRATION: 15-286

**Please Print Clearly**

NAME ________________________________

FIRM ________________________________

ADDRESS ____________________________________________

CITY __________________________ STATE ___________ ZIP ___________

OFFICE PHONE ________________________________

E-MAIL ADDRESS ____________________________________________

PAYMENT INFORMATION
Cost: KCMBA Member $35 / Non-Member $70 / Non-Attorneys $20

Credit Card:
☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Card No. ____________________________________________
Exp. Date _______________________
Cardholder Name ____________________________________________

Check No. ________________________ Make checks payable to KCMBA

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