



QUEENS COUNTY BAR ASSOCIATION

90-35 148th Street, Jamaica, NY 11435 • Tel 718-291-4500 • Fax 718-657-1789 • www.qcba.org

Academy of Law

Gary F. Miret, Esq., Dean
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*Queens County Bar Association Surrogate's Court Estates & Trusts Committee &
Queens County Surrogate's Court presents*

TRUSTS: BASICS & BALANCE

Friday, October 13, 2017 1:00 pm - 4:00 pm

Held at:

**Jamaica Supreme Court Building, Queens County
Surrogate's Courtroom – 6th Floor
88-11 Sutphin Boulevard, Jamaica, New York**

PRESENTERS:

Honorable Peter J. Kelly – Moderator; Surrogate, Queens County

David N. Adler, Esq. – Moderator; Chair – Surrogate's Court Estates & Trusts Committee

Richard T. Kerins, Esq. – Mahon, Mahon, Kerins & O'Brien, LLC

David Schoenhaar, Esq. – Ruskin, Moscou, Faltischek, PC

**CLE CREDIT: 3.0 CLE credits in Skills
Transitional Credit – Valid for All Attorneys**

PROGRAM:

A discussion of certain basic elements and advantages of the trust format, with an emphasis on Disclaimer trusts and Life Insurance trusts as two vehicles providing options for flexibility and reliability in an age of economic and political volatility.

Cost for those that pre-register and pre-pay at least one day before the CLE:

Live Seminar \$105.00 – Members \$155.00 – Non-Members Free – Students

An additional \$10 will be charged to those that do not pre-register and pre-pay.

CD/ DVD \$120.00 – Members \$170.00 – Non Members

Financial Hardship Policy: Please contact Arthur N. Terranova, Executive Director at 718-291-4500 for information on financial alternatives.

ACCREDITATION: The Queens County Bar Association has been certified by the NYS Continuing Legal Education Board as an Accredited Continuing Legal Education Provider in the State of New York for the period of October 8, 2016 through October 7, 2019.

FREE PARKING: Available on a first serve basis at 148-15 89th Avenue between 148th & 150th Streets.

RESERVATION FORM: TRUSTS: BASICS & BALANCE – 10/13/2017

Return to: QCBA, 90-35 148th Street, Jamaica, NY 11435 FAX: 718-657-1789 EMAIL: CLE@QCBA.ORG

Pay by: Check MC Visa AMEX Disc Authorized Signature _____

Card #: _____ Exp. Date ____/____/____ CSC/CVV# _____ Amt: \$ _____

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PRE-REGISTRATION IS REQUIRED, SPACE IS LIMITED!