

# **CERTIFICATE OF ATTENDANCE**

## **MISSOURI**

### **CONTINUING LEGAL EDUCATION (CLE)**

*Name of Provider:* Estate Planning Council of St Louis

*Date of Program:* 01-26-2026

Title of presentation: 2026 New Developments and Planning Ideas

Location of Program: Saint Louis Club 7676 Forsyth Blvd., Clayton MO 63105

Instructor(s): **Elliot Dole, Steve Gorin, John Scott, Michael Tessler**

CLE: 2.0 hour.

Delivery Method: In Person

**Attendee Name:** \_\_\_\_\_

Attendee Address: \_\_\_\_\_

*Last 4 Social Security #:* \_\_\_\_\_ *License #:* \_\_\_\_\_

I certify that the above identified individual attended the continuing education program noted, for the actual number of credit hours indicated.

**Joan Hecker**

*Printed Name of Approved Provider Official*

*Signature of Approved Provider Official*

**Accreditation Coordinator**

*Title*      **Executive Director**

*Date*

*1/26/2026*

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