

INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT / ESTATE OF

[Client Name]
[Client Address]
[Client Phone]

MATTER REFERENCE

[Matter Name/Case Number]
[Attorney/Consultant Name]

Description of Legal Services	Hours / Qty	Rate	Amount
Last Will & Testament Drafting, review, and finalization of primary testamentary documents.	[0.0]	[\$0.00]	[\$0.00]
Revocable Living Trust Creation of trust agreement and associated schedules.	[0.0]	[\$0.00]	[\$0.00]
Power of Attorney & Healthcare Directives Durable POAs, Living Wills, and HIPAA Authorizations.	[0.0]	[\$0.00]	[\$0.00]

Description of Legal Services	Hours / Qty	Rate	Amount
Asset Funding & Deed Transfers Transfer of real estate and coordination of beneficiary designations.	[0.0]	[\$0.00]	[\$0.00]
Administrative/Filing Fees Notary fees, county recording fees, and courier costs.	[1]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
 Retainer Applied: (\$[0.00])
 Balance Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to [Law Firm Name]. For wire transfers or credit card payments, please contact our billing department. Payments not received within 30 days are subject to late fees.

Thank you for allowing us to assist with your estate planning needs.