

ESTATE PLANNING INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Matter ID: [Client-EP-2023]

BILL TO:

[Client Full Name]
[Client Street Address]
[City, State, Zip]

DATE	DESCRIPTION OF PROFESSIONAL SERVICES	HOURS	RATE	TOTAL
[Date]	Initial Consultation; review of current assets and family structure.	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Drafting Revocable Living Trust and Pour-Over Will.	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Preparation of Durable Power of Attorney and Advance Healthcare Directive.	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Trust Funding: Preparation of Quitclaim Deeds for Real Property.	[0.0]	[\$[0.00]]	[\$[0.00]]

COSTS & DISBURSEMENTS	AMOUNT
County Recorder Filing Fees (Deeds)	[\$0.00]
Notary Public Fees	[\$0.00]
Services Subtotal: [\$0.00]	
Costs Subtotal: [\$0.00]	
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TOTAL DUE: [\$0.00]	

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for the opportunity to assist with your estate planning needs. If you have questions regarding this statement, please contact our billing department.