

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____
Matter #: _____

Estate of:

[Name of Deceased]

To (Executor/Administrator):

[Client Name]
[Client Address]

Professional Services

Date	Description of Legal Services	Hours	Rate	Total

Disbursements & Costs

Date	Description (Court Fees, Filing, Postages, etc.)	Amount

Services Subtotal: \$ _____

Disbursements Subtotal: \$ _____

Tax (if applicable): \$ _____

TOTAL BALANCE DUE: \$ _____

Payment Instructions:

Please make checks payable to "[Law Firm Name]". Payments are due within [Number] days of invoice date.

Thank you for allowing us to assist with this estate administration.