

[LAW FIRM NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]

EXECUTOR / CLIENT

[Executor Name]
[Executor Address]
[City, State, Zip]

ESTATE MATTER

Estate of: [Deceased Name]
Case/File #: [File Number]
Court: [Probate Court Name]

Date	Description of Legal Services / Professional Activities	Hours	Rate	Amount
[MM/DD]	Initial review of Will and preparation of Petition for Probate.	0.0	\$0.00	\$0.00
[MM/DD]	Communication with Executor regarding inventory of estate assets.	0.0	\$0.00	\$0.00
[MM/DD]	Drafting and filing Notice to Creditors.	0.0	\$0.00	\$0.00

Expenses / Disbursements	Amount
Court Filing Fees (Petition for Probate)	\$0.00
Certified Copies of Letters Testamentary	\$0.00

Service Subtotal: \$0.00
Expenses Subtotal: \$0.00
Total Balance Due: \$0.00

Terms: Payment due within [30] days of invoice date.
Please make all checks payable to "[Law Firm Name]".