

# ESTATE PLANNING INVOICE

[Law Firm Name]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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**BILL TO:**

[Client Name]  
[Client Address Line 1]  
[City, State, Zip]

**MATTER REFERENCE:**

Estate Planning Consultation  
File ID: [Reference Number]

Description of Services	Hours/Qty	Rate	Total
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Initial Estate Planning Consultation			
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Document Review (Wills, Trusts, POA)			
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Administrative/Filing Fees			
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**Description of Services**

**Hours/Qty**

**Rate**

**Total**

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Subtotal: \$0.00

Tax: \$0.00

Balance Due: \$0.00

**PAYMENT INSTRUCTIONS:**

Please make all checks payable to **[Law Firm Name]**. For wire transfers or credit card payments, please contact our billing department at **[Phone Number]**. Thank you for your business.