

[Law Firm Name]

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

INVOICE

[Invoice Number]
Date: [Date]

CLIENT

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

MATTER

[Matter Name/Description]
File Ref: [Reference Number]

Description of Professional Services (Flat Fee)	Amount
Estate Planning Package Includes: Last Will & Testament, Power of Attorney, Healthcare Proxy, and Living Will.	\$ 0.00
Revocable Living Trust Agreement	\$ 0.00
Deed Preparation & Funding Services	\$ 0.00

Subtotal: \$ 0.00

Filing Fees/Costs: \$ 0.00
Total Due: \$ 0.00

Please make all checks payable to **[Law Firm Name]**.

Thank you for choosing our firm for your estate planning needs.