

[LAW FIRM NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [00000]
Date: [Date]
Matter: Estate Planning

BILL TO

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

Date	Description of Professional Services	Hours	Rate	Total
[Date]	Initial consultation; review of existing assets and family structure.	0.00	\$0.00	\$0.00
[Date]	Drafting Revocable Living Trust and Pour-Over Will.	0.00	\$0.00	\$0.00
[Date]	Preparation of Durable Power of Attorney and Advance Healthcare Directive.	0.00	\$0.00	\$0.00

Date	Description of Professional Services	Hours	Rate	Total
[Date]	Correspondence with client regarding trust funding and beneficiary designations.	0.00	\$0.00	\$0.00

ADDITIONAL EXPENSES / DISBURSEMENTS

County Recording Fees (Deed Transfers) \$0.00

Notary Services & Overnight Courier Fees \$0.00

Services Subtotal: \$0.00
Expenses Subtotal: \$0.00
Total Amount Due: \$0.00

Payment Terms: Due upon receipt. Please make checks payable to "[Law Firm Name]".

Thank you for allowing us to assist with your estate planning needs.