

[LAW FIRM NAME]

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

INVOICE

Invoice #: _____
Date: _____

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

Matter:
Estate Planning & Asset Protection
File ID: [Reference Number]

Description of Legal Services	Rate/Fixed	Hours	Total
Initial Consultation & Estate Review	\$		\$
Drafting: Last Will and Testament	\$		\$
Drafting: Revocable Living Trust	\$		\$
Powers of Attorney (Financial & Healthcare)	\$		\$
Advanced Healthcare Directives / Living Will	\$		\$

Description of Legal Services	Rate/Fixed	Hours	Total
Filing Fees / Notary Services / Disbursements	\$	-	\$
			Subtotal: \$ _____
			Adjustments/Retainer Credit: (\$ _____)
			Total Amount Due: \$ _____

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

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