

**[Attorney or Law Firm Name]**  
[Street Address]  
[City, State, Zip Code]  
[Phone Number] | [Email]

# INVOICE

Date: [Date]  
Invoice #: [00000]

**Client:**

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

**Matter:**

Estate Planning: [Name of Trust]  
File ID: [File Number]

Description of Services / Documents	Hours / Qty	Rate	Amount
Initial Consultation & Estate Strategy	[0.0]	[\$0.00]	[\$0.00]
Drafting Revocable Living Trust Agreement	[0.0]	[\$0.00]	[\$0.00]
Pour-Over Will & Power of Attorney Drafting	[0.0]	[\$0.00]	[\$0.00]
Trust Funding & Deed Preparation (Real Estate)	[0.0]	[\$0.00]	[\$0.00]

Description of Services / Documents	Hours / Qty	Rate	Amount
Administrative / Filing Fees	1	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax: [\$0.00]

**Total Due: \$[0.00]**

**Payment Instructions:**

Please make checks payable to "[Law Firm Name]" or pay via [Online Payment Link].

Payment is due within [30] days of invoice date.

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