

ESTATE PLANNING INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [Month Day, Year]
Matter ID: [EP-000]

Client:

[Client Name(s)]
[Client Mailing Address]
[City, State, Zip]

Matter:
[e.g., Comprehensive Trust Package]

| DESCRIPTION OF PROFESSIONAL SERVICES | HOURS/QTY | RATE | AMOUNT |
|---|-----------|----------|----------|
| Initial Consultation & Estate Tax Analysis | [0.0] | [\$0.00] | [\$0.00] |
| Drafting: Revocable Living Trust & Pour-Over Will | [0.0] | [\$0.00] | [\$0.00] |
| Power of Attorney & Healthcare Directives | [0.0] | [\$0.00] | [\$0.00] |
| Asset Funding Coordination & Deed Preparation | [0.0] | [\$0.00] | [\$0.00] |
| Administrative Costs (Filing Fees/Notary/Postage) | - | - | [\$0.00] |

Subtotal: \$[0.00]

Applied Retainer/Credit: (\$[0.00])

Total Balance Due: \$[0.00]

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

Trust accounts and filing fees are handled in accordance with State Bar requirements.