

# INVOICE

[Law Firm Name]  
[Address Line 1]  
[Phone Number]

**Estate Planning Services**

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**CLIENT:**

[Client Name]  
[Client Address]

**Invoice #:** [0000]

**Date:** [MM/DD/YYYY]

**Due Date:** [MM/DD/YYYY]

Service Description	Rate/Flat Fee	Hours/Qty	Total
Initial Estate Planning Consultation	\$0.00	0	\$0.00
Drafting of Last Will and Testament	\$0.00	0	\$0.00
Revocable Living Trust Preparation	\$0.00	0	\$0.00
Power of Attorney & Healthcare Directives	\$0.00	0	\$0.00
County Recording Fees / Notary Services	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Balance Due: \$0.00**

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**Payment Instructions:**

Please make checks payable to: [Law Firm Name]

Wiring instructions or credit card link: [Link/Details]

Thank you for trusting us with your estate planning needs.