

COPENBARGER & VOORHEES, LLP
18200 Von Karman Avenue, Suite 200
Irvine, California 92612

(TO BE COMPLETED AT EXECUTION CONFERENCE)

NAME _____ DATE ____/____/____

CLIENT NUMBER _____ MATTER NUMBER _____ ATTORNEY CODE _____

WORK TYPE _____ REFERENCE #: _____

STATEMENT FOR SERVICES

BASIC FEE \$ _____

Adjustment(s): _____ \$ _____

_____ \$ _____ \$ _____

EXCESS BILLABLE TIME:

_____ hrs at \$ _____ per hour = \$ _____

BILLABLE COSTS:

Extra Originals..... \$ _____

File Copy..... \$ _____

Extra Deeds..... \$ _____

Filing Fees..... \$ _____

Other: _____ \$ _____ \$ _____

TOTAL CHARGES: \$ _____

Less: Initial Payment \$ _____

Subsequent Payment(s) \$ _____

TOTAL PRIOR PAYMENTS \$ _____

BALANCE DUE: \$ _____

----- PAYMENT RECORD -----

Date Rec'd ____/____/____ Check or CC Number _____ Name on Card _____

Expiration Date _____ CC Code _____ Statement Street Address _____ Amount \$ _____

AMOUNT OF FEE DEDUCTIBLE AS TAX PLANNING \$ _____

INSTRUCTIONS TO BOOKKEEPER

(Check as many as are applicable)

_____ Enter _____ hours for revision conference (code _____).

_____ Enter _____ hours for execution conference (code _____).

CHARITABLE GIVING INFORMATION

(Complete even if there are no Charitable Gifts)

NAME _____ SEMINAR # _____

CLIENT NO _____ MATTER NO _____ SEMINAR SPONSOR _____

REFERENCE # _____ DATE ____/____/____

REFERRAL SOURCE _____

ESTATE NET WORTH \$ _____ DATE OF EXECUTION _____

DEFERRED: RC = Revocable Contingent RNC = Revocable Non-Contingent
IC = Irrevocable Contingent INC = Irrevocable Non-Contingent

EXACT Organization Name: _____ Phone _____

Organization Address: _____ City _____ State _____

\$ _____ RC \$ _____ RNC \$ _____ IC \$ _____ INC

EXACT Organization Name: _____ Phone _____

Organization Address: _____ City _____ State _____

\$ _____ RC \$ _____ RNC \$ _____ IC \$ _____ INC

EXACT Organization Name: _____ Phone _____

Organization Address: _____ City _____ State _____

\$ _____ RC \$ _____ RNC \$ _____ IC \$ _____ INC

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EXACT Organization Name: _____ Phone _____

Organization Address: _____ City _____ State _____

\$ _____ RC \$ _____ RNC \$ _____ IC \$ _____ INC
