ESTATE PLANNING FEE AGREEMENT

SECOND APPOINTMENT WITH: _____

_____ _____ _____
Day **Date** **Time**

1. WHAT TO MAIL OR DELIVER TO LAW OFFICE PRIOR TO APPOINTMENT:

_____

_____

2. WHAT TO BRING TO APPOINTMENT:

_____

_____

3. FEE:

DESCRIPTION	QUANTITY	AMOUNT
☐ **Last Will(s) and Testament(s)**	_____	**$**_____
☐ **Durable Power(s) of Attorney - Financial**	_____	**$**_____
☐ **Health Care Directives**	_____	**$**_____
☐ **Community Property Agreement**	_____	**$**_____
☐ **Irrevocable Life Insurance Trust**	_____	**$**_____
☐ _____	_____	**$**_____
☐ _____	_____	**$**_____
TOTAL:		**$**_____
Retainer Pd. Check # _____	**Retainer Due**	**($**_____**)**
	Balance due after retainer	**$**_____

4. CHECKS NEEDED AT TIME OF SIGNING:

Payable to Law Office $_____
Other Payable to: _____ $_____
_____ $_____
_____ $_____

I hereby retain the LAW OFFICE OF GARY C. JOHNSON , hereinafter referred to as LAW OFFICE, to complete my estate plan, and warrant that I will be responsible ON THE SECOND APPOINTMENT AT LAW OFFICE for payment for the balance remaining after the initial retainer is paid. If, by my choice, I do not return for a second appointment WITHIN TWO WEEKS of the date of this agreement, FULL PAYMENT REMAINING OUTSTANDING SHALL BE DUE two weeks from the date of this agreement. I realize that my estate plan is drafted for my individual situation, so, upon signing this agreement, I agree to pay fees specified in this agreement even if I decide not to execute the estate planning documents.

Fees outlined above shall include analysis, preparation, and execution of the estate planning documents listed above. Amendments or revisions to documents after initial drafting are not included in the fees specified in this agreement.

Fees shown do not include consultations or activities of any kind with client or third parties on client's behalf after execution of documents. I understand that these services will be billed at the hourly rate on the date representation is given, and I agree to pay for any services provided.

Fees above do not include law office disbursements. Disbursements of the law office for costs such as long distance telephone calls will be billed and are payable upon receipt of the statement.

Dated: _____ _____ _____
Client's Signature Client's Signature