***BENEFICIARY PACKAGE
COVER LETTER (INVOICE)***

**INSERT FIRM LETTERHEAD HERE**

November 21, 2024

BENEFICIARY NAME

BENEFICIARY ADDRESS

CITY, STATE ZIP

**RE: ESTATE OF DECEDENT NAME**

Dear BENEFICIARY NAME:

Enclosed please find the final Statement of Legal and Professional Services Rendered for the TRUST NAME dated DATE OF TRUST. Please remit the final payment upon receipt.

Should you have any other questions, please feel free to contact our office.

Sincerely,

FIRM NAME

ATTORNEY NAME

Attorney at Law

ATTY INITIALS/admin initials

Enclosures