EXHIBIT III

ATTORNEY SUMMARY OF FEE ACTIVITY

STATE OF RHODE ISLAND
COUNTY PROVIDENCE

PROBATE COURT OF
CITY OF PROVIDENCE

ESTATE OF

No.

APPLICATION FOR APPROVAL OF
ATTORNEY FEES
FOR THE ACCOUNT

Attorney :

Value of Gross Probate Assets:

Value of Non-Probate Assets:

Jointly Owned Assets:

Real Estate individually owned:

OTHER (Detail)

Date of Death:

Date Fiduciary qualified:

Date Inventory filed:

Date Last Prior Account Allowed:

Detail any special problems and difficulties presented: (additional pages)

Approximate hours of attorney: hours; **PLEASE ATTACH ITEMIZED TIME SPENT**

_____ Bar#_____
Name of Attorney

_____
Address

_____
City

_____
Signature