

C E R T I F I C A T E

I, Dr. M. N. Mastin hereby certify that I am a Medical Doctor, practicing in the State of Maryland and have so practiced for the last five years; that I, within ten days of the date of this Certificate, attended and examined Grace Leona Summers who is in my opinion incompetent by reason of her mental disability, to manage her property and estate and that the cause of the incompetence is Congenital Mental Condition defective since birth and the nature of the said incompetence is Mental Deficiency & Psychosis and the extent of the said incompetence is complete, and the probable duration of the said incompetence is for life

Dated this 13 day of Dec, 1950.

M. N. Mastin M.D.
M. N. Mastin, M. D.

STATE OF MARYLAND
COUNTY OF CARROLL, TO WIT:

This is to certify that on this 13th day of Dec, 1950, before me the subscriber, a Notary Public of the State and County aforesaid, personally appeared M. N. Mastin, M.D. who subscribed in my presence the foregoing Affidavit and who made oath in due form of law before me that the matters and facts state in the foregoing Certificate are true to the best of his knowledge and belief.

Witness my hand and Notarial Seal.

Ida B. Watkins
Ida B. Watkins,
Notary Public

My Commission Expires 5/7/51

Filed December 16, 1950