

"EXHIBIT B"

C E R T I F I C A T E

I, Irene L. Hitchman, M. D., hereby certify that I am a resident of Carroll County, State of Maryland; that I am a physician duly licensed to practice medicine in the State of Maryland, that I am a neuropsychiatrist and employed by the Springfield State Hospital; that I know Grayson David Dutrow, who has been a patient in this hospital since July 29th, 1958; that I have examined the said Grayson David Dutrow on or about the 9th day of September 1958; I further certify that the patient is of unsound mind, incapable of the government of him~~self~~ and of the management of his~~own~~ property due to a serious mental disorder, termed Chronic brain syndrome associated with cerebral arteriosclerosis, with psychotic reaction

and that the disability is incapacitating and of indefinite duration. Because of the present mental and physical condition of the patient, it would be to his~~own~~ best interest not to require his~~own~~ attendance at the hearing of a petition for the appointment of a guardian.

Irene L. Hitchman, M.D.
 AFFIANT
 (Irene L. Hitchman, M. D.)

Subscribed and sworn to before me, a Notary Public, this 9th day of September 1958.

Glen E. Buckner
 NOTARY PUBLIC

(My commission expires May 6, 1959)
 No.981

Filed September 16, 1958

