CERTIFICATE.

I, Joseph Lerner, M.D., hereby certify that I am a Medical Doctor and Neuro Psychiatrist practicing in the State of Maryland, and have been in practice for five years; that I attended and examined Lillie R. Myers, of Frederick County, Maryland, on the _22nd day of _ _May_ _ _ , 1957, and she has been a patient in the RIGGS HOSPITAL, operated under my supervision, since the time of her entry on February 15, 1957.

I HEREBY CERTIFY that the said Lillie R. Myers is incompetent in my opinion, by reason of her mental disability, to manage her property and estate and that the cause of said incompetency is Arteriosclerosis of the Brain, and the nature of the said incompetency is disturbed behaviour, several attempts at suicide, periods of confusion, and the extent of said incompetency is so marked as to require complete supervision, and the probable duration of the said incompetency is for the remainder of her life.

Dated this _22nd day of _ May _ _ _, 1957.

Joseph Lerner
JOSEPH LERNER, M.D.,
Ijamsville, Md.

SUBSCRIBED and sworn to
before me this _22nd day
of _May_ _ _ , 1957.

Louise M. Zimmerman
Louise M. Zimmerman,
Notary Public.

Filed May 23. 1957