C E R T I F I C A T E

I, Dr. Irene L. Hitchman, 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 Silas W. Etzler, who has been a patient in this hospital since 11-30-24; that I have examined the said Silas W. Etzler on or about the 24th day of January 1957; I further certify that the patient is of unsound mind, incapable of the government of him/~~her~~self and of the management of his/~~her~~ property due to a serious mental disorder, termed Schizophrenic reaction, hebephrenic type.

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/~~her~~ best interest not to require his/~~her~~ attendance at the hearing of a petition for the appointment of a guardian.

Irene L. Hitchman, M.D.
AFFIANT

Subscribed and sworn to before me, a Notary Public, this 25th day of January 1957.

Ann B. Blizzard
NOTARY PUBLIC

No.981

Filed February 4, 1957