

" EXHIBIT 2 "

I, M. Virginia Beyer M.D. 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 attended and examined Grace Trail Babcock, a patient at Springfield State Hospital, Sykesville, Maryland, on the 18 day of July, 1944.

I hereby certify that the said Grace Trail Babcock is in my opinion, incompetent, by reason of her mental disability, to manage her property and estate and that the cause of the said incompetency is A serious mental disorder and the nature of said incompetency is Schizophrenia Paranoid Type, and the extent of said incompetency is complete, and the probable duration of the said incompetency is life.

I further certify that I have examined the said Grace Trail Babcock within ten (10) days from the date hereof.

M. Virginia Beyer M.D.  
Name

Sykesville, Md.  
Address

Subscribed and sworn to before me the 19th day of July, 1944.

J. B. [Signature]  
Notary Public

MY COMMISSION EXPIRES  
MAY 7, 1945

Filed July 21, 1944