



[Stearns County \(Minn.\)](#)  
[Probate Court: Probate case](#)  
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State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

19,432

PETITION FOR COMMITMENT

In the Matter of the ~~Mental Illness~~  
~~XXXXXX~~  
~~XXXXXX~~  
~~XXXXXXXXXXXXXXXXXX~~  
~~XXXXXX~~

of Marcella Braun Patient.

TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

Your petitioner respectfully represents to the Court and alleges that Marcella Braun whose address is 234 19 1/2 Avenue North, St. Cloud, Minn., is off mentally ill person.

That your petitioner is --- related to the said above named person as follows: spouse

That the indications of mental illness manifested by her are as follows:

(Here give fully the symptoms on which the charge of mental illness is based.)

Manic depressive psychosis, manic phase - severe mood swings (elation - depression) and a tendency to remission and recurrence. Information provided by Dr. Donald C. Carter, Central Minnesota Mental Health Center, St. Cloud, Minnesota.

That the said alleged mentally ill person will not appear in Court voluntarily, and that it will --- be necessary to issue a warrant to bring her before this Court.

That the names and addresses of the nearest relatives of the said patient are:

Name	Address	Relationship
Norbert G. Braun	234 19 1/2 Avenue North, St. Cloud	Spouse
John Haider	320 West. County Road B., St. Paul	Father
Mrs. Ann Haider	320 West County Road B., St. Paul	Mother
John Haider Jr.	St. Paul, Minnesota	Brother
Clarie Haider	Roma Avenue, St. Paul, Minn.	Brother
Edward Haider	St. Paul, Minnesota	Brother
Mrs. Eileen Newbauer	St. Paul, Minnesota	Sister

That said patient was born in St. Paul, Minnesota is about 36 years of age, and the parent of two children.

That her residence and place of legal settlement is Stearns County, Minnesota.

(If not a resident of Minnesota, set out as fully as possible where he came from, how long he has been in the County named.)

That said alleged patient is not a United States War Veteran.

That no restraint has been employed.

That the supposed cause of mental illness is not known

That the said patient has been treated by Donald C. Carter, M.D., Central Minnesota Mental Health Center, St. Cloud  
That the said patient is the owner of the following described real and personal property, to wit:

House and lot in joint tenancy, St. Cloud, Minnesota

WHEREFORE, your petitioner prays that this Court will make due inquiry into the matter, and to that end that said above named person be brought into said Court and examined as to said alleged mental illness and if found to be mentally ill that she be committed in accordance with the statutes in such case made and provided.

X Norbert G. Braun

State of Minnesota,

County of Stearns } ss.

Norbert G. Braun, being first duly sworn, deposes and says that he is the petitioner in the foregoing petition; that he knows the contents thereof, and that the averments of said petition are true of his own knowledge, save as to such as are stated on information and belief, and as to those he believes them to be true.

X Norbert G. Braun

Subscribed and sworn to before me this 3rd day of October, 1962

Marie E. Lambrecht

My commission expires         , 19        

97-463

No. 19432

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED  
mental illness

of Marcella Braun

Patient.

PETITION FOR  
COMMITMENT

Filed this 3rd day of

October, 1962

Bridget Kuller  
Probate Judge - Clerk.

No. 394-P

STATE OF MINNESOTA,

County of Stearns

IN PROBATE COURT

ORDER FOR HEARING AND FOR EXAMINATION

In the Matter of the ~~Sentimentality~~ <sup>(Mental Illness)</sup> ~~Mental Deficiency~~ ~~Insanity~~ ~~Idiotism~~ ~~Imbecility~~

of Marcella Braun

Patient

Norbert G. Braun

, having filed in this court a petition alleging that the above named patient is a mentally ill person and praying for <sup>her</sup> ~~his~~ commitment;

IT IS ORDERED, That such petition be heard and said patient be examined, in the Probate Court Room in the Court House in the City of St. Cloud Minnesota on the 4th day of October, 1962, at 1:30 o'clock P.M., and that notice hereof be given to said patient ~~and~~ //

by the service of a copy of this order upon <sup>her</sup> ~~each of them~~ personally, prior to said examination. You may request counsel if you so desire.

Dated October 3rd, 1962

(Probate Court Seal)

John Long Probate Judge

AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of Stearns

David H. Dohlsom, being duly sworn, on oath says: that on the 3<sup>rd</sup> day of Oct., 1962, he served the foregoing order upon the patient therein named at St. Cloud, Minnesota in said county and state by handing to and leaving with him personally a true copy thereof.

Subscribed and sworn to before me

David H. Dohlsom

this 5<sup>th</sup> day of October, 1962

Marie E. Dombrowski  
Notary Public

MADE BY THE MINNESOTA STATE BAR, ST. CLOUD, MINN.  
Notary Public, Stearns County, Minn.  
Commission Expires May 6, 1965

19,432

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

mental illness

of Marcella Braun

Patient

ORDER FOR HEARING  
AND  
FOR EXAMINATION

ADMISSION OF SERVICE

I hereby admit due and personal service of the within order this

day of \_\_\_\_\_, 19\_\_\_\_\_.

Attorney for Patient

County Attorney

Filed this 453

day of October, 19 62

Walter H. Johnson  
Probate Judge-Clerk

No. 3954-P

005682933

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the Mental Illness

of Marcella Braun

} Patient

ORDER APPOINTING  
GUARDIAN AD LITEM

A petition having been filed in this Court alleging that the above named patient is a mentally ill

person and praying for commitment; and it appearing that a guardian ad litem should be appointed to protect the interests of said person in said matter,

IT IS ORDERED, That Norman Scherer

of St. Cloud, Minnesota, be and he hereby is appointed guardian ad litem of said patient to act in all the proceedings herein.

Dated October 4th, 19 62

(PROBATE COURT SEAL)

*John Long*  
Probate Judge.

CONSENT

I do hereby consent to act as guardian ad litem of the patient named in the foregoing order for the purposes stated therein.

Dated October 4th, 19 62

*Norman Scherer*

No. 19,432

**State of Minnesota,**

County of Stearns

**IN PROBATE COURT**

**IN THE MATTER OF THE ALLEGED**

**Mental Illness**

of Marcella Braun  
*Patient.*

**ORDER APPOINTING  
GUARDIAN AD LITEM**

Filed this 4th day of

October, 1962

*Roselyn Kephause*  
Probate Judge - Clerk.

No. 3912\*

005682835

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness  
Senility  
Inebriety  
Mental Deficiency  
Epilepsy

of Marcella Braun

To the Hon. David T. Shay, County Attorney of said County:

SIR: Please take notice that a petition has been filed with the above court alleging the

Mental Illness

of the above named patient.

Mental Illness—Senility—Inebriety—Mental Deficiency—Epilepsy

You are hereby notified and required to appear at the examination of said patient to be held at my office on

the 4th day of October, 1962 at 1:30 o'clock P.M., to represent

the petitioner in said matter and to take part in the said examination as provided by law.

Dated this 4th day of October, 1962

(Court Seal)

John Long  
Judge of Probate.



No. 19,432

**State of Minnesota,**

County of Stearns

**IN PROBATE COURT**

**Notice to County Attorney  
Mental Illness, Senility, Inebriety,  
Mental Deficiency, Epilepsy**

In the Matter of { Mental Illness  
Senility  
Inebriety  
Mental Deficiency  
Epilepsy  
of

Marcella Braun

Due service of the within notice is  
hereby admitted at

Minn., this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_\_

County Attorney.

By \_\_\_\_\_

Filed in my office this 4th day of  
October 19 62.

*Roselyn Kephouse*  
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness  
Schizoid  
Inebriety  
Mental Deficiency  
Epilepsy

APPOINTMENT OF EXAMINERS

of Marcella Braun

Patient.

Upon all of the files, records and proceedings herein,

IT IS ORDERED, That Dr. P. E. Stangl and Dr. J. P. McDowell

are appointed to assist in the examination of said patient.

Dated this 4th day of October, 1962.

(Probate Court Seal)

Probate Judge.

No. 19,432

**State of Minnesota,**

County of Stearns

**IN PROBATE COURT**

IN THE MATTER OF THE ALLEGED

Mental Illness

of Marcella Braun  
Patient.

**Appointment of  
Examiners**

Filed in my office this 4th day of

October 19 62

*Roselyn Kuehn*  
Clerk—Judge of Probate.

No. 401-R-P

005682939

State of Minnesota, }

County of Stearns

IN PROBATE COURT

In the Matter of the

*Mental Illness*  
~~Specific~~  
~~Anger~~  
~~Mental Disturbance~~  
~~Episodic~~

OATH OF EXAMINERS

of Marcella Braun

Patient.

State of Minnesota, }

County of Stearns

ss.

We Dr. P. E. Stangl

and Dr. J. P. McDowell

do each swear that we will faithfully and justly perform all the duties of the office and trust which we now assume as members of the Board of Examiners to examine the above named patient, and determine as to her being mentally ill to the best of our ability.

*J. P. McDowell M.D.*

*P. E. Stangl M.D.*

Subscribed and sworn to before me this 4th day of October, 19 62

(Probate Court Seal)

*John Long*

Probate Judge-Clerk.

No. 19,432

State of Minnesota, }  
County of Stearns } ss.

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of Marcella Braun  
Patient.

OATH OF EXAMINERS

Filed this 4th day of  
October, 19 62

*Roselynn Kephau*  
Probate Judge-Clerk.

SOCIAL AND MEDICAL HISTORY REPORT

TO BE COMPLETED BY COURT

Patient's Name (Last, First, Middle) <b>Braun, Marcella</b>	Address <b>234 19<sup>1</sup>/<sub>2</sub> Avenue North, St. Cloud, Minnesota</b>
Petitioner's Name <b>Braun, Norbert G.</b>	Relationship to Patient <b>Spouse</b>

*Original*

TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT

County of Legal Settlement <b>Stearns</b>	Date of Birth <b>5-26-26</b>	Place of Birth <b>St. Paul, Minnesota</b>
Social Security No. <b>Not known</b>	Length of Time in U.S.? <b>Life</b>	Citizen of U.S.? <b>Yes</b>
Sex <b>Female</b>	Race <b>Caucasian</b>	Religion <b>Roman Catholic</b>
	Marital Status <b>Married</b>	Date and Place of Marriage <b>6-11-49, St. Paul, Minn.</b>
	Color Eyes <b>Brown</b>	Color Hair <b>Dr. Brown</b>
	Weight <b>150</b>	Height <b>5-8</b>

Patient's behavior leading to petition for hearing: Describe factors which led to petition. Indicate source of information.  
**Manic-depressive psychosis, manic phase - severe mood swings (elation-depression) and a tendency to remission and recurrence. Information provided by Dr. Donald C. Carter, Central Minnesota Mental Health Center, St. Cloud, Minnesota.**

MENTAL SIGNS AND SYMPTOMS: Indicate source of information

Appearance  
**Patient has peculiar behavior - takes care of self.**

Attitude of patient to others  
**Very agitated; aggressive to the point of belligerence.**

Mood  
**Severe mood swings (elation - depression); cyclothymic personality.**

Content of thought (fears, delusions, obsessions, etc.)  
**Characterized by elation, with over talkativeness, extremely rapid ideation, increased motor activity and religiosity.**

Hallucinations: Indicate type (hearing, seeing, or feelings - things that actually do not exist)  
**Both auditory and visual hallucinations.**

Intellect and Memory: Indicate psychological test data, if available.  
**No known memory or intellectual impairment.**

Orientation as to time, place, and person  
**Appears oriented in all spheres.**

Describe patient's adjustment and personality prior to onset of illness. (Significant facts of early life. Include school adjustment and age at which highest grade was attained. Describe any anti-social behavior. Give source of information.)

**Completed high school at St. Paul, Minnesota, graduating in 1944. Symptoms began approximately two years ago and more pronounced during the past month.**

WORK RECORD: Give jobs in chronological order. Get verified information whenever possible.

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
None	Housewife	Since her marriage.		

MEDICAL HISTORY: Indicate only major events believed by patient or family to be significant in relation to present illness. Give dates and places of any previous hospitalization for mental illness, senility or alcoholism. Include any intemperate use of alcohol or drugs. Does patient have any acute or chronic illness or handicap? Give source of information.

Referred to Mental Health Center, St. Cloud, Minnesota by Dr. William H. Rice. The staff of the aforementioned Center, and patient's physician, were of the opinion that her illness necessitates care in the state hospital. Patient is apparently in good physical health.

Describe patient's home situation including family relationships and attitudes. (What does family think of patient? What does patient think of family?) Indicate briefly, living conditions (physical) in relation to care of patient.

Mr. Braun appears sincerely interested in his wife's mental health condition.

Resources available for care of patient if not hospitalized: Availability of suitable nursing, boarding, or relative home, etc.

Unknown

PATIENT'S PROPERTY		Monthly Income from Property or Pensions	PATIENT'S DEBTS	
Type	Pres. Cash Val.		To Whom Owed? (Name and Address)	Amount
House and lot in joint tenancy.				

Name of company and types of hospital insurance carried by patient

Name and address of responsible relative Mr. Norbert G. Braun, 234 19 $\frac{1}{2}$  Avenue No. St. Cloud, Minn.

INCOME OF RESPONSIBLE RELATIVE		Monthly	DEBTS OF RESPONSIBLE RELATIVE		Monthly Payment
Give employer's name	Pensions, OASI, etc.		Type of Debt or Expense	Amount	
Veterans Hospital	St. Cloud, Minn.				
Dividends and Interest					
Rent					
Salary					
TOTAL INCOME		\$375.00 p/m.			

PROPERTY OF RESPONSIBLE RELATIVE		DEPENDENTS OF RESPONSIBLE RELATIVE		
		Name	Relationship	Age
		Mark	Son	7
		David	Son	2 $\frac{1}{2}$

0056-2943

Discharge Planning: With whom should such plans be made when discharge becomes possible? Indicate relationship.

Discharge plans should be made with spouse, Mr. Norbert G. Braun, and with County Welfare Dept.

Worker's Impression: Evaluation of present situation.

According to available information, one can conclude that patient's mental condition requires in-patient psychiatric care.

FAMILY OF PATIENT: Father, Mother\*, Brothers, Sisters, Spouse\*, Children \*Give maiden name

Name	Date & Place of Birth	Address	Occupation	S.S. No.	C #	Mental or Phys. Disab.
Father John Haider	Approx. 70	320 West Co. Rd. B. St. Paul, Minn.	Retired			Not known
Mother* Ann Haider	Approx. 65	320 West Co. Rd. B. St. Paul, Minn.	Housewife			Not known
Brothers — Sisters three brothers and one sister						
Spouse* Norbert G. Braun	6-11 -18	234 19 $\frac{1}{2}$ Ave. North St. Cloud, Minnesota	Plumber's halper			Good health
Children Mark David	9-29-55 1-29-60	234 19 $\frac{1}{2}$ Avenue North 234 19 $\frac{1}{2}$ Avenue North	2nd grade Pre-school			

County Welfare Department Stearns Date 10-3-62 Signature of Welfare Director [Signature]

TO BE FILLED OUT BY THE PHYSICIAN: Additional or different information than already stated relative to the following:

Patient's behavior leading to petition for hearing:

*Religious frustration*

Mental signs and symptoms:

*Religious frustrations - Miracles abundant -*

Attitude of patient

*Continuous ranting about religious*

Mood and content of thought

*Continued evidence of religious fanaticism*

Hallucinations

*many apparitions - Prances -*

Intellect and memory orientation

*within normal*

Medical history: including current medications

*2 children - 4 2 c-7*

Has patient threatened or injured others? If so, how?

*no*

Has patient threatened or attempted suicide? If so, how?

*no*

Does patient have a propensity to suicide now? If so, how manifested?

*no*

Is patient destructive? If so, how?

*no*

Name of family physician

Signature of examining physician

M.D.

Signature of examining physician

M.D.



STATE OF MINNESOTA  
County of Stearns

IN PROBATE COURT

Findings of the

BOARD OF EXAMINERS

In the Matter of the <sup>Mental Illness</sup>  
~~of~~ ~~Marcella Braun~~

Of Marcella Braun

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Oct, 4 19 62  
at 1:30 o'clock in the after noon of said day we met at the Court House in the City of St. Cloud, Minnesota  
Name of City or Village

for the purpose of determining whether the above named is a mentally ill person, as alleged in the petition in the  
(Mentally Ill, Senile, Inebriate)  
above entitled proceeding.

David T. Shay County Attorney appeared in behalf of petitioner, and Norman Scherer  
Gdn. ad Litem  
~~appeared~~ appeared in behalf of said patient who was personally present and was examined and observed by us. All proper  
testimony offered by interested persons was received and considered.

From the examination so made by us and upon due consideration of all of the testimony received, we find and determine that  
the above named is a mentally ill person and the court finds that commitment to an institution for the care of  
mentally ill ~~person~~ ~~personality~~ personality is necessary for the welfare and protection of the patient and society.

Dated at St. Cloud, Minnesota

This 4th day of October 19 62

J. McDowell, M.D.  
P. K. Tang, M.D.  
John Long  
Judge of Probate

19,432

STATE OF MINNESOTA

County of Stearns

PROBATE COURT

REPORT OF EXAMINATION

DPW - Med.-1042 (Rev. 2-60)

In the Matter of

Marcella Braun

a mentally ill person  
a high school graduate  
a native born citizen  
a resident of Stearns County

Filed October 4th, 1962

Radley K. Johnson  
Clerk of Probate

State of Minnesota,

IN PROBATE COURT

County of Stearns

In the Matter of the Alleged Mental Illness  
of Marcella Braun

REPORT OF BOARD OF EXAMINERS

We, the Board of Examiners, in the above entitled proceeding hereby certify and report that on the 4th day of October, 1962, at 1:30 o'clock in the afternoon of said day, we met at the Court Room of the above named Probate Court in the City of St. Cloud in the County of Stearns, State of Minnesota, for the purpose of determining whether Marcella Braun is or mentally ill person, as alleged in the petition in the above entitled proceeding, David T. Shay, Esquire, County Attorney of said County, appeared in behalf of said petitioner.

The said Marcella Braun was present and was examined and observed by us. All proper testimony offered by any person interested was received and the following named persons were duly sworn and testified concerning the matters set forth in said petition:

The following proceedings were also had and taken:

We also elicited from said Marcella Braun and the several witnesses appearing before us in said proceedings information required to properly answer the questions set forth in ~~the~~ Report of Examination hereto attached and have set forth in said schedule the information so obtained and responsive to the said several questions respectively.

From the examination so made by us and upon due consideration of all the testimony received we find and determine that Marcella Braun is

~~1. A person incapable of transacting his or her business by reason of his or her insanity, idiocy, imbecility, or feeble-mindedness.~~

2. A person of unsound mind other than one who may be properly described as only an inebriate or feeble minded person.

~~3. A person not insane, but so mentally defective as to be incapable of managing his or her property, supporting and caring for himself or herself, or of the public welfare.~~

Dated at St. Cloud, Minnesota, this 4th day of October, 1962.

*John Long*  
Judge of Probate

NOTE: Strike out two of the paragraphs not appropriate to the case. In inebriate cases answers to Schedule A should be attached. In insanity cases answers to Schedule B should be attached.

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of

Marcella Braun

Report of the Board of Examiners

State of Minnesota.

County of

I do hereby certify that I have compared the within copy of the Report of the Board of Examiners with the original thereof on file in said Court, and have found the same to be a true and correct copy of such original and the whole thereof.

Witness my hand and the seal of said Court this 4th day of October, 1962

*Paula Lindquist*  
Clerk of Probate

N. 1761

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

CERTIFICATE

This is to certify that Dr. P. E. Stangl

of St. Cloud, Minnesota is a reputable person, a graduate

of Rush Medical College which is an incorporated medical

college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least

one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is

neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of

Mental Illness

(SEAL)

*John Long*  
Judge of Probate.

Dated October 4th, 1962.

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

State of Minnesota, }  
County of Stearns }

**PROBATE COURT**

IN THE MATTER OF

the Mental Illness

of Marcella Braun

**CERTIFICATE**

Filed October 4th, 1962

, 19 62

*Roselyn Kephouse*  
Clerk of Probate Court

Form prescribed by State Board of  
Control, pursuant to Sec. 3871, Revised  
Laws of 1905.

State of Minnesota,  
County of Stearns

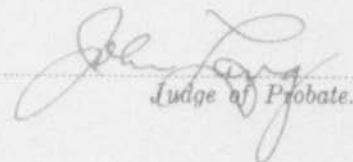
} ss.

IN PROBATE COURT  
CERTIFICATE

This is to certify that Dr. J. P. McDowell

of St. Cloud, Minnesota is a reputable person, a graduate  
of Milwaukee University which is an incorporated medical  
college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least  
one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is  
neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of  
Mental Illness

(SEAL)

  
Judge of Probate.

Dated October 4th, 1952

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

19,432

State of Minnesota, }  
County of Stearns

**PROBATE COURT**

IN THE MATTER OF

the Mental Illness

of Marcella Braun

**CERTIFICATE**

Filed October 4th

, 19.62.

*Russell Kuehn*  
Clerk of Probate Court

Form prescribed by State Board of  
Control, pursuant to Sec. 3871, Revised  
Laws of 1905.

00562957

State of Minnesota,

County of Stearns

ss.

IN PROBATE COURT

In the Matter of the { Mental Illness  
                                  { Sterility  
                                  { Infertility

Warrant of Commitment  
and Superintendent's Receipt

of Marcella Braun

Patient.

To the Sheriff of Stearns County, Minnesota, and the Superintendent  
of the State Hospital, Anoka, Minnesota.

The above named patient having been found to be Mentally Ill, the said  
sheriff is commanded to convey and deliver such patient forthwith to the Superintendent of the State Hospital at  
Anoka, Minnesota, and the said Superintendent is commanded to receive  
and detain such patient in said hospital according to law.

Dated this 4th day of October, 1962.

(PROBATE COURT SEAL)

*John Lang*  
Probate Judge.

RECEIPT OF SUPERINTENDENT

Receipt of the above named patient, a duplicate of this warrant, and a certified copy of the report of examination  
are hereby acknowledged.

Dated this 4<sup>th</sup> day of October, 1962.

*by Phyllis M. Nelson*

*Jerome Lester, M.D.*  
acting Medical Director Superintendent.

005822952



No. 19,432

State of Minnesota, )

County of Stearns )

IN PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of Marcella Braun

Patient.

Warrant of Commitment  
and  
Superintendent's Receipt

Voucher No.

Filed this 5th day of

October

19 62

*Joselyn K. Burkhardt*  
Probate Clerk

No. 400 1/4-R-P

005802953

State of Minnesota,  
County of Stearns

} ss.

IN PROBATE COURT

IN THE MATTER OF  
the Mental Illness of  
Marcella Braun

}

JUDGMENT

The above entitled proceeding having been duly commenced by petition and said

Marcella Braun having been personally before the Court, and examined as to mental illness by a Board of Examiners duly appointed by this Court, and the report of said Board of Examiners having been duly filed herein, whereby said Marcella Braun has been found to be mentally ill and in need of care and treatment in a State Institution.

NOW, THEREFORE, Upon reading and filing said report and upon all the records and proceedings herein, IT IS HEREBY ADJUDGED AND DETERMINED, and the Court does hereby adjudge and determine, that the said Marcella Braun is mentally ill and a proper person for care and treatment in a State Institution.

WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED, That the said Marcella Braun be committed to the custody of Superintendent Anoka State Hospital and that triplicate warrants of commitment be issued out of and under the seal of this Court, as provided by law, to carry this judgment into effect.

Dated October 4th, 1962

*John Long*  
Judge of Probate,  
Stearns County.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF

the Mental Illness

of Marcelia Braun

JUDGMENT

Filed October 4th, 1962

*Joseph H. Hildebrand*  
Clerk of Probate Court.

Recorded in Book 2 of  
Judgments on Page 376

State of Minnesota,

PROBATE COURT

County of Stearns

STATEMENT OF PROPERTY

In the Matter of

Marcella Braun,

Mentally Ill Person - Severe / Person / Inebriate / Person / Psychopathic / Personality

On October 4th, 1962, this Court committed Marcella Braun to the Anoka Minnesota State Hospital.

In accordance with Laws of Minnesota 1947, Chapter 622, Section 4, I find the property of said patient and of the persons upon whom liability is imposed by law for her care and support is as follows:

STATEMENT OF PROPERTY OF PATIENT, SPOUSE, CHILDREN OR PARENTS:

(State which)

1. REALTY:

A. Homestead Description

in Joint Tenancy

2. Value

3. House Value \$

4. Other buildings on Homestead Kind

5. What used for

6. Value of such buildings

7. Annual income from Homestead

8. Are there any mortgages or liens against the above realty

Amount When due

B. Other lands:

1. Description

2. Value

3. Buildings thereon

4. Rented or not

5. Annual income

6. Are there any mortgages or liens against the above lands

Amount When due

C. Household goods Value \$

D. Stock list Value \$

E. Machinery list Value \$

F. Notes, mortgages, corporate stocks, bonds, etc., list

G. Cash

H. Other property

Total, \$

**LIABILITIES:**

List all debts and claims against patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total \$ \_\_\_\_\_

Net Value of Estate, \$ \_\_\_\_\_

**FAMILY:**

Spouse	Norbert G. Braun	Address	234 19 <sup>1</sup> / <sub>2</sub> Avenue No. St. Cloud	Age	_____
Children		Address	_____	Age	_____
		Address	_____	Age	_____
		Address	_____	Age	_____
Parents	John Halder	Address	320 West County Road S. St. Paul	Age	father
	Ann Halder	Address	" " " " " "	Age	mother
Guardian		Address	_____	Age	_____

Dated October 4th, 1962

(PROBATE COURT SEAL)

*John Long*  
Probate Judge.

File No. 19,432

State of Minnesota.

County of Stearns

PROBATE COURT

In the Matter of

Marcella Braun,

Mentally Ill Person—Sole Person/  
Prebriate Person—Psychopathic/Personality/

Statement of Property

Filed this 4th day of October, 1962

*Josephine H. H. H.*  
Clerk of Probate

No. 1337-P

State of Minnesota,

} ss.

County of Stearns

IN PROBATE COURT,  
EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness

of Marcella Braun

Dr. P. E. Stangl

on being first duly sworn, says that he has a

just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$ .30

TOTAL - \$ 10.30

x P. E. Stangl MD

Subscribed and sworn to before me this 4th day of October 1962.

John Long  
Clerk - Judge of Probate.

19,432

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE

Mental Illness of

of Marcella Braun

EXAMINER'S FEE CLAIM

Filed this 4th day of

October 19 62

*Rosalyn Kuhhause*  
Clerk—Judge of Probate.

State of Minnesota, }  
 County of Stearns } ss.

IN PROBATE COURT,  
 EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness }  
 of Marcella Braun }

Dr. J. P. McDowell on being first duly sworn, says that he has a

just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$ .30

TOTAL - - \$ 10.30

*J. P. McDowell*

Subscribed and sworn to before me this 4th day of October 19 62

*John Long*

Clerk Judge of Probate.



State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of Marcella Braun

EXAMINER'S FEE CLAIM

Filed this 4th day of

October 19 62

*Roselyn Kufner*  
Clerk - Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT -  
EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Mental Illness

of Marcella Braun

Dr. J. P. McDowell

having been duly appointed an examiner in

Mental Illness

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said Dr. J. P. McDowell

be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$ 10.30 )

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

Dated October 4th, 19 62

By the Court,

*John Lang*  
Judge of Probate

State of Minnesota,

County of Stearns

# PROBATE COURT

In the Matter of the Mental Illness

of Marcella Braun

## Examiner's-Fee Order

Filed this 4th day of

October, 1962.

*Roselyn Kephau*  
Clerk—Judge of Probate

Clerk—Judge of Probate

State of Minnesota,

} ss.

County of \_\_\_\_\_ }  
I, \_\_\_\_\_ of the Probate Court of said County, do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have hereto affixed the seal of the Probate Court of said County, and signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

State of Minnesota.

County of Stearns

} ss.

IN PROBATE COURT  
EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Mental Illness  
of Marcella Braun

Dr. P. E. Stangl

having been duly appointed an examiner in

Mental Illness

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said Dr. P. E. Stangl

be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$ 10.30 )

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

Dated October 4th, 19 62

By the Court,

*John Long*  
Judge of Probate

State of Minnesota,

County of Stearns

## PROBATE COURT

In the Matter of the Mental Illness

of Marcella Braun

## Examiner's-Fee Order

Filed this 4th day of

October, 1962

*Roselyn Kephau*  
 Clerk-Judge of Probate

Clerk—Judge of Probate

State of Minnesota.

} ss.

I, \_\_\_\_\_ of the Probate Court of said County, do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have herewith affixed the seal of the Probate Court of said County, and signed my name this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

State of Minnesota }  
COUNTY OF STEARNS }

IN PROBATE COURT

In the Matter of the mental illness of }  
Marcella Braun }

Fee Claim -- Officer

Peter Lahr on being first duly sworn says that he has a just and true claim against said County for services and disbursements by reason of the conveyance of the said ~~mentally ill~~ mentally ill person to the State Hospital at Anoka

in said State, more particular set forth, as follows:

Transportation from St. Cloud, Minn., to	Anoka	for	3	persons	\$	5.20
Taxi fare at					\$	
Hotel at					\$	
Lodging and		meals for		persons	\$	
Transportation from	Anoka	to St. Cloud, for	2	persons	\$	5.20
Reasonable compensation of	1	assistant			\$	10.00
Warrant and mileage					\$	
Bringing and attending Court					\$	

Total \$ 20.40

PETER LAHR  
Sheriff of Stearns County, Minn.

Subscribed and sworn to before me this }  
5th day of October 19 62 }  
Homer Sauer

By \_\_\_\_\_ Deputy

Notary Public, Stearns County, Minn.  
My Commission Expires December 22, 1968.

005682966

19,432

State of Minnesota }  
COUNTY OF STEARNS }

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PROBATE COURT

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In the Matter of the mental ill of

Marcella Braun

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Fee Claim -- Officer

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Filed this 5th

day of October A. D. 19 62

*Bredyn Kuyfuss*  
Clerk Judge of Probate

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Form prescribed by State Board of Control pursuant to  
Sec. 3871, Revised Laws 1905

0056-2967

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT  
OFFICER'S FEE ORDER

IN THE MATTER OF THE Mental Illness

of Marcella Braun

Peter Lahr

having been duly authorized by this Court to convey

the above named person to the State Hospital and having filed herein his duly verified claim for fees allowed by law therefor.

Now therefore, it is hereby ordered and adjudged that the said

Peter Lahr

be and he hereby is allowed

Twenty and 40/100 - - - - - Dollars (\$ 20.40 ) for his services herein and

all disbursements actually and necessarily made for travel and expenses of himself, the patient, and assistants, and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

By the Court,

*John L. Lang*  
Judge of Probate.

Dated October 8th, 1962



19,432

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE mental illness  
of Marcella Braun

OFFICER'S FEE ORDER  
B. C. 12 D.

Filed this 8th day of October

19 62

*Rodger Kuhlman*  
Clerk ~~Judge~~ of Probate.

State of Minnesota.

ss.

of the Probate Court of said County.

County of

I,

do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of

the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name

day of

19

this

Clerk—Judge of Probate.

00562989

19437

19,432

REPORT TO  
PROBATE COURT

ANOKEA STATE HOSPITAL

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital

To	Date of Report
Probate Court of <u>Stearns</u>	County <u>12-4-62</u>
NAME (Last, First, Middle)	Date of Commitment
<u>BRAIN, Marcella</u>	<u>12-4-62</u>

Item No. The number listed to the left and also checked below reports a change in Status for the patient named above.

- 1. Provisional Discharge to \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)
- 2. Expiration of Provisional Discharge.
- 3. Revocation of Provisional Discharge.
- 4. Extension of Provisional Discharge to \_\_\_\_\_ 19\_\_\_\_\_.
- 5. Discharge as Recovered.
- 6. Discharge by Commissioner of Public Welfare.
- 7. Discharge by Court Order Issued by \_\_\_\_\_
- 8. Discharge or Deportation to \_\_\_\_\_
- 9. Discharge to Veterans Hospital at \_\_\_\_\_
- 10. Transfer to \_\_\_\_\_ State Hospital.
- 11. Escape
- 12. Return from Escape
- 13. Death Due to \_\_\_\_\_  
Age at Death \_\_\_\_\_ Duration of last Illness \_\_\_\_\_
- 14. Report of findings  
Diagnosis Mentally Ill  
Condition Poor

- Further Institutional Care and Treatment Are Needed.
- Further Institutional Care and Treatment Are Not Needed.

Superintendent's Signature \_\_\_\_\_ Date 12-4-62  
 CC Stearns Jerome D. Dexter, Acting Medical Director  
County Welfare Board.

Department of Public Welfare (only for items not on Daily Population Report)

DPW Med 1185

Report to Probate Court 7th DAY  
 FILED THIS  
 OF December 11, 1962  
*Richard R. Kuylenstierna*  
 CLERK OF PROBATE

REPORT TO  
PROBATE COURT

ANOKA STATE HOSPITAL

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital

To \_\_\_\_\_ Date of Report \_\_\_\_\_  
 Probate Court of Stearns County 2-13-63  
 NAME (Last, First, Middle) \_\_\_\_\_ Date of Commitment \_\_\_\_\_  
 BRAUN, Marcella 10-1-62  
 Item No. The number listed to the left and also checked below reports a change in Status for the patient named above.

- 1. Provisional Discharge to Norbert G. Braun, husband  
 (Name)  
23 1/2 - 19 1/2th Avenue North, St. Cloud, Minnesota  
 (Address)
- 2. Expiration of Provisional Discharge.
- 3. Revocation of Provisional Discharge.
- 4. Extension of Provisional Discharge to \_\_\_\_\_ 19 \_\_\_\_\_.
- 5. Discharge as Recovered.
- 6. Discharge by Commissioner of Public Welfare.
- 7. Discharge by Court Order Issued by \_\_\_\_\_
- 8. Discharge or Deportation to \_\_\_\_\_
- 9. Discharge to Veterans Hospital at \_\_\_\_\_
- 10. Transfer to \_\_\_\_\_ State Hospital.
- 11. Escape
- 12. Return from Escape
- 13. Death Due to \_\_\_\_\_  
 Age at Death \_\_\_\_\_ Duration of last Illness \_\_\_\_\_
- 14. Report of findings  
 Diagnosis \_\_\_\_\_  
 Condition \_\_\_\_\_

Further Institutional Care and Treatment Are Needed.  
 Further Institutional Care and Treatment Are Not Needed.

Superintendent's Signature Jerome D. Taylor, M.D. Date 2-14-63  
 CC Stearns Jerome D. Taylor, Acting Medical Director  
County Welfare Board.

Department of Public Welfare (only for items not on Daily Population Report)

DFW Med 1185

Report to Probate Court  
 FILED THIS 18th DAY  
 OF February A.D. 1963  
Roselynn Kufbauer  
 CLERK OF COURT

hb

REPORT TO  
PROBATE COURT

ANOKA STATE HOSPITAL

File No. 19,432

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital.

TO  
Probate Court of Stearns County 2-13-64  
NAME (Last, First, Middle) BRAUN, Marcella Date of Commitment 10-4-62

Item No. 2 The number listed to the left and also checked below reports a change in status for the patient named above.

- 1. Provisional Discharge to \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)
- 2. Expiration of Provisional Discharge.
- 3. Revocation of Provisional Discharge.
- 4. Extension of Provisional Discharge to \_\_\_\_\_ 19\_\_\_\_
- 5. Discharge as Recovered.
- 6. Discharge by Commissioner of Public Welfare.
- 7. Discharge by Court Order Issued By \_\_\_\_\_
- 8. Discharge or Deportation to \_\_\_\_\_
- 9. Discharge to Veterans Hospital at \_\_\_\_\_
- 10. Transfer to \_\_\_\_\_ State Hospital.
- 11. Escape.
- 12. Return from Escape.
- 13. Death due to \_\_\_\_\_  
Age at Death \_\_\_\_\_ Duration of last illness \_\_\_\_\_
- 14. Report of Findings  
Diagnosis \_\_\_\_\_  
Condition \_\_\_\_\_

Further Institutional Care and Treatment are Needed.  
 Further Institutional Care and Treatment are not Needed  
Superintendent's Signature John A. Docherty, M.D. Date 2-24-64  
John A. Docherty, M.D., Medical Director

CC Stearns County Welfare Board  
cc Norbert Braun and Marcella Braun, 234 - 19 1/2 Avenue No., St. Cloud, Minn.

Department of Public Welfare (Only for items not on Daily Population Report)

DP 7

ea

Report to Probate Court FILED THIS 2nd DAY

OF March A.D. 19 64

Roselyn Kupper  
CLERK OF PROBATE

WILLMAR STATE HOSPITAL  
(Hospital or Facility)

1943 ✓

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To		Date of Report
<u>STEARNS</u>	COUNTY	<u>6-23-72</u>
Name (last, first, middle)	Date of Birth	Date of Commitment Admission
<u>BRAUN, MARCELLA</u>	<u>M-1141</u>	<u>5-4-72</u>
Address (on exit from Hospital) <u>same as on admission</u>		Date Action Taken
		<u>6-23-72</u>

- 1. Provisional Discharge     Direct     From UA     From EV
- 2. Expiration of Provisional Discharge
- 3. Revocation of Provisional Discharge
- 4. Extension of Provisional Discharge to \_\_\_\_\_, 19\_\_\_\_
- 5. Discharge by Head of Hospital     Direct     From PD     From UA     From EV
- 6. Release because of Statutory Time Limitation
- 7. Discharge by Court Order Issued by \_\_\_\_\_
- 8. Discharge and Deportation
- 9. Discharge to Veterans Hospital
- 10. Transfer to \_\_\_\_\_ State Hospital     Permanent     TMT
- 11. Unauthorized Absence
- 12. Return from Unauthorized Absence
- 13. Death     In Hospital     On Leave
- 14. Transfer to Partial Hospitalization     Day Care     Night Care     Outpatient
- 15. Transfer from \_\_\_\_\_ status to \_\_\_\_\_ status.
- 16. Revocation of Partial Hospitalization
- 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
  - Mentally Ill     Psychopathic Personality     Inebriate     Dangerous to the Public
  - Recovered     Improved     Unimproved     Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Further Institutional Care and Treatment     Are Not Needed  
 Are Needed At \_\_\_\_\_

FILED THIS 27<sup>th</sup> DAY  
 OF June 1972  
Rosilyn Kuyhause  
IN CARE OF HOSPITAL

COPIES TO: (As appropriate) (See instructions)  
 Probate Court    DPW  
 County Welfare Board    Patient's Medical File    Patient's Atty.

Medical Director's Signature W. F. Larrabee, Jr. MD

REPORT OF PATIENT STATUS  
 DPW 1185 (11-69)

0056 2973

CHANGE OF STATUS REPORT

WILLMAR STATE HOSPITAL

(Hospital or Facility)

19,432

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS	COUNTY	Date of Report 7-29-76
Name (last, first, middle) BRAUN, MARCELLA	M-1141	Date of Birth 5/26/26
Address (on exit from Hospital) 234 19 <sup>1/2</sup> Ave. N., St. Cloud, Mn		Date of Commitment Admission 4/30/76
		Date Action Taken 7-29-76

- 1 Provisional Discharge       Direct       From UA       From EV
- 2 Expiration of Provisional Discharge
- 3 Revocation of Provisional Discharge
- 4 Extension of Provisional Discharge to \_\_\_\_\_, 19\_\_\_\_
- 5 Discharge by Head of Hospital       Direct       From PD       From UA       From EV
- 6 Release because of Statutory Time Limitation
- 7 Discharge by Court Order Issued by \_\_\_\_\_
- 8 Discharge and Deportation
- 9 Discharge to Veterans Hospital
- 10 Transfer to \_\_\_\_\_ State Hospital       Permanent       TMT
- 11 Unauthorized Absence
- 12 Return from Unauthorized Absence
- 13 Death       In Hospital       On Leave
- 14 Transfer to Partial Hospitalization       Day Care       Night Care       Outpatient
- 15 Transfer from \_\_\_\_\_ status to \_\_\_\_\_ status.
- 16 Revocation of Partial Hospitalization
- 17 Placed in VA Facility
- 18 Returned from VA Facility

Filed this 2<sup>nd</sup> day of Aug. 1976

Genevieve M. Smith  
Clerk of County Court  
Stearns County, Minn.

By Eleanor Strack  
Deputy

COMMENTS:

COPIES TO: (As appropriate) (See instructions)  
Probate Court      DPW  
County Welfare Board    Patient's Medical File    Patient's Atty.

Medical Director's Signature: W. F. Larnabee, Jr. MD

Medical Director

DPW 1185 (9-75)

0056 2974

State of Minnesota,

County of Stearns

IN PROBATE COURT

19,433

In the Matter of the Estate of

A. O. Baldwin

Decedent.

Petition for Appointment of Special Administrator

Your petitioner respectfully represents and states to the court:

First—That he is a resident of Austin, Minn. in the County of Mower

State of Minnesota, and is interested in the said estate of decedent as

daughter of decedent

Second—That said decedent died Intestate on the 15th day of August

19 62, at Austin, Minn. in the County of Mower State of

Minnesota

, and at the time of his death was a resident of the County of

Stearns

State of Minnesota

, citizen of U.S.A.

and left estate in the County of Stearns

, State of Minnesota, of the character and estimated value following, to-wit:

PERSONAL PROPERTY

(1st)	Household goods of the estimated value of	- - - - -	\$	
(2nd)	Wearing apparel of the estimated value of	- - - - -	\$	
(3rd)	Capital stock of the estimated value of	- - - - -	\$	
(4th)	Notes, bonds, mortgages and other evidences of indebtedness of the estimated value of	- - - - -	\$	
	1955 Ford 4 Dr. Automobile		\$	150.00
			\$	
	Total personal property	- - - - -	\$	150.00

1. Homestead in County, Minnesota, as follows:

A. City Property

\$ None

(Give Area)

(or)

B. Rural Property

\$ None

(Give Area)

2. Real Estate other than Homestead:

A. City Property

Lots without Buildings \$ None

City Property

Lots with Buildings \$ None

B. Rural Property

Acres improved land \$ None

Rural Property

Acres unimproved land \$ None

Third—That it is necessary and expedient that a special administrator of said estate be appointed, for the following reasons: to sell car and apply proceeds towards payment of last illness and death.

Fourth—That Opal Rabideau who is a resident of Mower

County, Minnesota, and whose post office address is Austin, Minn. is a suitable

person to act as special administrator of said estate.

Fifth—That the names, ages, residences, and relationship of the executors, heirs, legatees and devisees of said decedent, so far as known to your petitioner are as follows:

Names	Ages Years	Relationship	Post Office Address
Opal Rabideau	43	daughter	1909 West Oakland, Austin, Minn.
Marie Rausch	32	daughter	1100-40th Ave. N. E. Minneapolis, Minn.

Wherefore, Your petitioner prays that special administration of said estate be granted by the court; and that upon due qualification by him, special letters of administration be to said Opal Rabideau granted.

Dated 9-19-62, 1962 Opal Rabideau Petitioner.  
 State of Minnesota } ss. Opal Rabideau  
 County of Stearns

being duly sworn, on oath says that he is the person who made and signed the foregoing petition; that he has read the said petition and knows the contents thereof, and that the same is true of his own knowledge, except as to those matters therein stated on information and belief, and as to those matters he believes it to be true.

Subscribed and Sworn to Before me this 19th Opal Rabideau  
 day of September, 1962  
Louis J. Reed  
 Notary Public Renton County, Minn.  
 My commission expires 1-27-66, 1966

19433

State of Minnesota,  
 County of Stearns

PROBATE COURT

In the Matter of the Estate of  
A. O. Baldwin

Petition for Appointment of  
 Special Administrator

Filed this 5th day of October, 1962  
Joseph J. Gagnier  
 Probate Judge  
 Clerk.

No. 25854



State of Minnesota, }  
County of Stearns }

IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF }  
A. O. Baldwin, }  
Decedent. }

Order Granting Special Administration

On reading and filing the petition of Opal Rabideau  
praying that special administration of the estate of the above named decedent be granted to  
Opal Rabideau, and upon due consideration of said  
petition and the evidence adduced in support thereof, the court finds:

FIRST—That said decedent died on the 15th day of August, 1962,  
and at the time of his death was a resident of the County of Stearns  
State of Minnesota, and at the time of his death left estate in the County of  
Stearns State of Minnesota.

SECOND—That Special administration is necessary to sell car. (1)

THIRD—That it is necessary and expedient, for the preservation and best interests of said estate, that special  
administration of said estate be granted.

NOW THEREFORE, IT IS ORDERED, That special administration of said estate be, and the same here-  
by is, granted; and that Opal Rabideau be, and she hereby is, appointed  
administratrix  
such special administrator of said estate, to administer the same according to law until the further order of this court  
or the appointment and qualification of a general representative of said estate according to law; and that before letters  
of special administration are to her issued, she shall take and file her oath as required by law, and file her bond in the  
penal sum of One Hundred Fifty and no/100 - - - - - Dollars,  
with sufficient securities as provided by law, to be approved by the Judge of this court and conditioned as by law required.

Dated October 5th, 1962

John Long  
Judge of Probate.

Note: (1) Here state the facts necessitating special administration.

State of Minnesota,

County of Stevens

IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin,

Decedent.

Order Granting Special Administration

Filed this 5th day of

October, 1962, and recorded

in Book " " of Orders.

Page

*Donald H. Humphreys*  
Clerk of Probate Court.

State of Minnesota,

County of Stearns

IN PROBATE COURT

In the Matter of the Estate of

A. O. Baldwin,

Decedent.

Letters of Special Administration

Decedent died on August 15th, 1962

Opal Rabideau  
administratrix

her  
having filed in this court ~~his~~ oath and

bond to act as special ~~administrator~~ of the estate of the above named decedent, as required by law:

It is Ordered, That the said Opal Rabideau

be, and <sup>s</sup>he

hereby is, appointed special ~~administrator~~ <sup>administratrix</sup> of said estate of said decedent, with full power to take charge of said estate, to collect all the personal property thereof, to care for, gather and secure crops, to preserve all the property of said estate for the executor or administrator who may hereafter be appointed of said estate, to commence and maintain actions in behalf of said estate, to make and return a true inventory of all the property of said estate to this court as speedily as possible; and by leave of this court, sell the personal property of said estate, take charge of the real property thereof and lease the same for a term not exceeding one year, and to do all other things necessary for the preservation of said estate, and which as such special adminis-  
~~tratrix~~ <sup>she</sup> may do pursuant to law, until the further order of this court or until a general representative of said estate is appointed and has qualified; and upon the termination of ~~his~~ <sup>her</sup> said trust and wherever required by the court to account to this court for ~~his~~ <sup>her</sup> doing hereunder, and upon the granting of letters testamentary or of administration to a general representative of said estate, to forthwith deliver to him all the property of said estate in ~~his~~ <sup>her</sup> hands.

Dated October 5th,

19 62

*John Long*  
Probate Judge.

19,433

State of Minnesota.

County of

} ss.

IN PROBATE COURT

I, *Judge of the Probate Court* of said County, do hereby certify that I have compared the foregoing Letters of Administration with the original records thereof preserved in said Probate Register, and that the same is a true copy of said original and of the whole thereof.

IN TESTIMONY WHEREOF, I have herewith subscribed my name and affixed the seal of the Probate Court of said County, at *day of*

A. D. 19

in said County, this

Judge of Probate.

of

County, Minn.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin,

Decedent.

Letters of Administration

(Long Form)

Filed this 5th day of October 1962, and recorded

in Book " " of Letters,

Page

*Joseph Ruyhaert*  
Clerk of Probate.

No. 5571\*

005702980

State of Minnesota,

County of

Stearns

ss.

IN PROBATE COURT.

In the Matter of the Estate of

A. O. Baldwin

BOND

Know All Men by these Presents, That we Opal Rabideau

of Austin, Minnesota

in the County of Mower

State of Minnesota, as principal, and

Ida Keough and Mary Harry

of said County and State,

as sureties, are held and firmly bound to Hon. John Lang

Judge of Probate of the County of Stearns

Minnesota, in the sum of

ONE HUNDRED FIFTY AND 00/100

DOLLARS,

lawful money of the United States, to be paid to the said Judge of Probate or his successors in office for which payment, well and truly to be made, we bind ourselves, our, and each of our heirs, executors and administrators, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above bounden Opal Rabideau

, who has been appointed representative of the estate of the above named A. O. Baldwin shall

well and faithfully discharge all the duties of his trust as representative of said estate according to law, then this obligation shall be void; otherwise it shall be and remain in full force and virtue.

Witness, our hands and seals this XXXX 5th day of October, A. D. 19 62

Signed, Sealed and Delivered in Presence of

Louis J. Read

W. F. Howe

Opal Rabideau

Ida Keough

Mary Harry

(SEAL)

(SEAL)

(SEAL)

(SEAL)

(SEAL)

ACKNOWLEDGMENT

State of Minnesota,

County of

Stearns

ss.

Be It Known, That on this

XXXX 5th

day of

~~September~~ October, A. D. 19 62

personally appeared before me Opal Rabideau, Ida Keough and Mary Harry

to me well known to be the same persons who executed the foregoing bond, and they severally acknowledged the same to be their free act and deed, and that they executed the same for the uses and purposes therein expressed.

Louis J. Read  
Louis J. Read Notary Public.

My Commission Expires 1-27-66, 19

Benton County, Minn.

JUSTIFICATION

State of Minnesota,

County of Stearns } ss.

Ida Keough of Stearns County, Minn.

and Mary Harry of " " "

being duly sworn, each for himself says that he is one of the sureties described in and who executed the foregoing bond; that he is a resident and freeholder of the State of Minnesota, and is worth the amount of \$ 150.00 specified in the foregoing bond above his debts and liabilities and exclusive of his property exempt from execution.

Ida Keough

Mary Harry

Subscribed and sworn to before me this 5th day of October, 1962.

Louis J. Reed, Notary Public, Benton

County, Minnesota.

My Commission Expires 1-27-66

APPROVAL

I do hereby approve the within Bond, this 5th day of October, A. D. 1962

(Court Seal)

John Long, Judge of Probate.

OATH

State of Minnesota,

County of Stearns } ss.

I, Opal Rabideau

do swear that I will faithfully and justly perform all the duties of the office and trust which I now assume as Representative of the estate of A. O. Baldwin to the best of my ability. So help me God.

Opal Rabideau

Subscribed and sworn to before me this 5th day of October, A. D. 1962.

Louis J. Reed, Notary Public.

My Commission Expires 1-27-66 19 Benton County, Minn.

19,433

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin Decedent—Ward.

BOND AND OATH OF REPRESENTATIVE

Filed this 5th day of October 1962

and said Bond recorded in Book

of Bonds, page of Probate Records.

Joseph Purchase Clerk Judge of Probate.

No. 3401\*

State of Minnesota,

County of Stearns

IN PROBATE COURT

File No. \_\_\_\_\_

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin

Decedent

INVENTORY AND APPRAISAL

Date of Death 8-15-1962

OATH OF APPRAISERS

State of Minnesota,

County of Stearns

ss.

I, W. F. Honer, and

Mary Harry

do solemnly swear that I will honestly, faithfully and impartially perform all the duties of the office and trust which I now assume as appraiser of the estate of

A. O. Baldwin

decedent to the best of my ability. So Help Me God.

Subscribed and sworn to before me this 5th day of October, 1962

Louis J. Reed

Notary Public, Benton County, Minn.

My commission expires 1-27-66, 19

Mary Harry  
W. F. Honer

(SEAL)

INVENTORY AND APPRAISAL

The undersigned representative... of the estate of the above named decedent, represent and show to the court—

That the following is a true and correct inventory of all the property of the above named estate, both real and personal, which has come into her possession and of which she has knowledge after diligent search and inquiry concerning the same, classified as follows, to-wit:

CLASS I—Real Estate:

	Specify Encumbrances and Respective Amounts	Net Value Over Encumbrances
(a) The homestead of decedent, being in the County of _____, State of Minnesota, consisting of _____ acres in area described as follows, to-wit: (give acreage)	None	\$
(b) All other real estate of decedent being in the County of _____, State of Minnesota, described as follows, to-wit:	None	\$

FORWARDED

	Specify Encumbrances and Respective Amounts	Net Value Over Encumbrances
<i>Brought Forward</i>	\$	\$
None		
<i>Total Net Value of Real Estate</i>		\$ None
<b>CLASS II—Furniture and Household Goods:</b>	\$	\$
<i>Total Value of Furniture and Household Goods</i>		\$ None
<b>CLASS III—Wearing Apparel</b>	\$	\$
<i>Total Value of Wearing Apparel</i>		\$ None
<b>CLASS IV—Corporation Stock</b>	\$	\$
<i>Total Value of Stock</i>		\$ None



**CLASS V—Mortgages, Bonds, Notes and other Written Evidences of Debt: (Show Encumbrances, if any)**

(Here list any written obligations of any kind due and owing decedent, with interest rate and maturity, also book and page of record of Mortgages)	Interest to Date of Death	Principal	Appraised Value of Principal & Interest
None	\$	\$	\$ None
<i>Total Value of Mortgages, Bonds, Notes, etc.</i>			\$ None

**CLASS VI—All other Personal Property:**

(Here list Cash, Book Accounts, Annuities, Farm Crops, Machinery, etc.)	Specify Encumbrances and Respective Amounts	Net Value Over Encumbrances
1955 Ford Automobile	\$	\$ 150.00
<i>Total Value of All Other Personal Property</i>		\$ 150.00

**SUMMARY**

The total value of all the real estate of decedent, as valued by the appraisers herein, is - - - \$ none  
 The total value of all the personal property of decedent, as valued by the appraisers herein, is - \$ 150.00  
 The total value of the entire estate of decedent, as valued by the appraisers herein, is - - - \$ 150.00

Respectfully submitted,

*Opal Rabideau*  
 \_\_\_\_\_  
 Representative

NOTE: If estate is over \$10,000.00 or subject to Inheritance Tax, make this in triplicate and file in Probate Court.

VERIFICATION

State of Minnesota,

County of

Stearns

ss.

Opal Rabideau

being duly sworn, on oath say s. that she is the representative of the estate above specified; that she has read the foregoing inventory subscribed by her and know s. the contents thereof and that the same is a true and correct inventory of all of the estate of the decedent that has come to her possession or knowledge.

Subscribed and sworn to before me this

5th day of

Oct.

1962

A. D. 19

Louis O. Reed

Notary Public,

Benton

County, Minn.

My commission expires

1-27-66

19

Opal Rabideau

Representative

CERTIFICATE OF APPRAISERS

State of Minnesota,

County of

Stearns

We, the undersigned appraisers, duly appointed by

the Probate Court of Stearns

County, Minnesota, to appraise the estate of

A. O. Baldwin

Decedent, having first duly taken and subscribed the oath prescribed by law and hereto annexed, hereby certify and return, that we have carefully examined and considered the inventory of said estate delivered to us by the representative of said estate and the property therein described, and have faithfully and impartially and to the best of our knowledge and ability, appraised the said property, and set down opposite each item thereof in figures the value thereof in money, and have footed up by itself the amount and value of each class of said property, and of the whole of said estate.

Dated this

5th day of

October

1962

A. D. 19

Max Hoyer  
G. H. Hoyer

Appraisers

19,433

File No. 19,433

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin

Decedent

Inventory and Appraisal

Total Personal - \$ 150.00

Total Real Estate - \$ none

Total Appraisal - \$ 150.00

Due service of the within inventory and appraisal is hereby admitted this day of 19

Deputy-Treasurer of County, Minnesota

Filed this 5th day of October, A. D. 19 62

Joseph H. Hoyer  
Probate Clerk

Attorney

No. 3887

STATE OF MINNESOTA  
DEPARTMENT OF TAXATION  
INHERITANCE AND GIFT TAX DIVISION  
St. Paul 1, Minnesota

INHERITANCE TAX RETURN

State of Minnesota, }  
County of Stearns }

Decedent A. O. Baldwin  
Date of Death August 15th, 1962

The undersigned hereby returns information concerning the decedent and concerning all transfers of property by the decedent or by reason of his death which may be subject to inheritance tax as defined by M. S. A., Chapter 291.

GENERAL INFORMATION

- (1) Decedent's residence at date of death Kimball Minnesota  
Street City State
- (2) Place of death Austin, Minnesota Birthdate 1898 9-20-97 Place of birth Minnesota
- (3) Business or occupation None
- (4) Married, single, separated, widowed or divorced at date of death widowed
- (5) The name, relationship to decedent and birthplace of spouse, children, or issue of deceased children of decedent, is as follows: (Do not answer if information appears on petition for probate.)

NAME	RELATIONSHIP	DATE OF BIRTH
Marie Rausch	daughter	6-26-1930
Opal Rabideau	daughter	3-2-1919

- (6) Did decedent have access to a safe deposit box or other place of safekeeping at the time of his death? no  
A. Name and address of bank or other depository \_\_\_\_\_
- (7) Did the undersigned person or persons filing return make diligent and careful search for property of every kind left by decedent and for information as to any transfer of a material portion of decedent's property during his lifetime without an adequate and full consideration in money or money's worth? yes
- (8) Will there be Minnesota probate proceedings? Special administration to sell automobile only
- (9) Do any of the surviving joint tenants in Schedule I claim that they furnished adequate and full consideration or any portion thereof in money or money's worth toward purchase or acquisition of the joint property? no  
Was any of the property held by decedent and others as joint tenants acquired by them by gift or inheritance from a third person? (See Inheritance Tax Return of Christine W. Baldwin who died 6-4-1962)  
Give details of such claims in Schedule I or by separate affidavits.

INSTRUCTIONS

1. STATUTES: The inheritance tax law appears in M. S. A., Chapter 291. Taxable transfers are defined in M. S. A. 291.01. Filing an inheritance tax return is required by M. S. A. 291.12. Amendments were adopted by Laws of Minnesota 1943, Chapter 504, Section 6, Sub. 2.
2. USE AND PROCEDURE: This return will be used in all estates to report all transfers from deceased persons to heirs or beneficiaries which are not included in the inventory in a Minnesota probate proceeding.
  - A. If there is a Minnesota probate proceeding (general administration, special administration, summary distribution, or petition for decree of descent), the return will be filed with probate court. If a tax may be due, or if a waiver of inheritance tax lien from the commissioner is needed, prepare the return in duplicate.
  - B. If there is no Minnesota probate proceeding, the return must be filed directly with the Department of Taxation, Inheritance and Gift Tax Division, 221 State Office Building, St. Paul 1, Minn.
  - C. If it is claimed that decedent was not a resident of Minnesota, an Affidavit of Non-Residence (Form D. of T. EG 1019) must be filed with this return. In such case, this return will disclose the detail of transfers of property having situs in Minnesota, and the total value of transfers in such class of property having situs elsewhere.
3. DETERMINATION OF TAX: The court will determine the tax upon property included in the probate proceeding. The department will determine the tax upon the transfers disclosed in the return.
4. The representative of the estate or other person executing the return is obliged to report all transfers which may be subject to tax. Each schedule of the return is to be construed as a question which must be answered by describing the transfers or by stating that there were none of this class, if such is the case.
5. Satisfaction or waiver of inheritance tax lien upon the transfer of joint tenancy property can be obtained from the Department of Taxation by use of the Affidavit of Survivorship, Joint Tenancy or Remainderman, D. of T. EG 1018, which may be purchased from a legal stationer.
6. If space in any schedule is insufficient, additional schedules in like form may be attached.
7. The value of all properties transferred and reported herein is the full and fair market value on date of death.

COMMISSIONER OF TAXATION  
Director, Inheritance and Gift Tax Division

**SCHEDULE I — PROPERTY HELD IN JOINT TENANCY**

All property of whatever kind, whether real estate, personal property, bank accounts, U. S. Savings Bonds, etc., in which the decedent held an interest at the time of his death as a joint tenant or as co-owner with right of survivorship, must be disclosed in this schedule.

Claims of consideration furnished by the survivor, or claims of creation of the joint tenancy by gift or inheritance must be stated in an affidavit giving verifiable details showing the source, nature, amount and

proportion of the survivors contribution. Exhibits submitted to prove claim will be returned upon request. The homestead of decedent, if included in any of the schedules, must be identified before the exemption in favor of spouse or minor or dependent children can be allowed. Excess homestead area, if any, must be separately described and valued.

Please group all properties transferred to each surviving joint tenant.

Date of Transfer to Joint Tenancy	Description of Property (Legal description of Land; Street Address of City Realty; Acreage of Rural Land). Specify Liens, if any.	Surviving Joint Tenant (Give Name and Relationship to Decedent)	Assessor's Full and True Value of Realty Or Unit Value of Securities On Date of Death	Gross Market Value of Whole Property
SAMPLE: 6-21-41	Lot 1, blk. 1, Lief's Add. to St. Paul, Ramsey Co., Minn., 6000 Montclair Rd. St. Paul. Homestead. Mortgage, \$1,000.00 100 shares General Motors Co., common \$100 par Certificate No. 1392816	Mary Doe, wife	\$2,455.00	\$4,000.00
7-6-42		John Doe, son	N. Y. S. E. 75 1/4	\$7,550.00

7-1962	U. S. Bond M8 403 410H	Marie Rausch, dgtr		1000.00
7-1962	U. S. Bond M8 403 411H	Marie Rausch, dgtr		1000.00
7-1962	U. S. Bond M8 403 331	Opal Rabideau, dgtr		1000.00
7-1962	U. S. Bond M8 403 332	Opal Rabideau, dgtr		1000.00
7-1962	U. S. Bond M8 403 333	Opal Rabideau, dgtr		1000.00

The above named heirs of decedent were required to pay as follows for the last illness and burial of decedent, to-wit:

Ambulance	15.00
Burial	1100.00
Medical	78.00
Hospital	43.40
Grave Markers	74.00
Total . . . . .	\$ 1310.40

As they were required by law to assume and pay the above, they claim offset to any property received from decedent. Each daughter paying one half thereof.

Total (Col. 5)	- - - - -
Less liens (Col. 2)	- - - - -
Net	- - - - -

**SCHEDULE II — INSURANCE**

Report all life and accident insurance proceeds payable on the death of the decedent to named beneficiaries.

This schedule should not include contracts reportable in Schedule III.

Date Taken Out	Description of Policy (Name of Company, No. of Policy)	Amount Paid or Payable at Death (Show Post Mortem Dividends Separately)	Beneficiary and Relationship to Decedent	If contract issued prior to 7-13-57 and Decedent on 7-13-57 (see right 5a)	
				1. Change Beneficiary?	2. Cash Surrender Value
	Modern Woodmen of America 2462821  Premium Refund	1000.00 4.80	Opal Rabideau Marie Rausch		
		1004.80			

**SCHEDULE III — ANNUITIES, DEPOSITS, ETC.**

Report all other types of contracts with insurance companies, or others, transferred or payable on decedent's death, including the following: annuities, pensions and retirement funds; supplemental contracts or deposits (which may be proceeds of insurance policies or an-

nnuities received from a prior decedent or matured endowment policies, etc.); and cash value of insurance policies on life of another which may have been assigned to this decedent. (None of these are subject to the life insurance exemption.)

Date of Contract	Description of Contract (Name of Company, No. and Type)	Amount Paid or Payable at Death or Value of Balance of Annuity	Beneficiary or Transferee Name, Address and Relationship to Decedent
	None		

**SCHEDULE IV — TRANSFERS BY THE DECEDENT**

(If any transfer is considered not taxable, so designate. Otherwise designate whether transfer is taxable under A, B or C.)

- A. Transfers in contemplation of death:**  
Report transfers or gifts by decedent before his death, which are in the nature of a final disposition in anticipation of death. It is presumed that a transfer of a material portion of decedent's property within two years prior to death is made in contemplation of death.  
Report gifts made by decedent during his lifetime which total more than \$2,500 to one donee in any year.
- B. Transfers intended to take effect in possession or enjoyment at death:**  
Report transfers of property by deed, trust, or agreement in which the decedent had retained a life estate, or all or part of the income for life, or a power of revocation.  
Report transfers in which the beneficiary's possession or enjoyment takes effect at or after decedent's death or in which the

- deed or instrument of title is delivered or recorded at or after decedent's death.  
**NOTE:** Under both A. and B. copies of trust instruments must be attached to the return as exhibits. If it is claimed that any transfer is non-taxable, detailed verified statements of the claim must be attached.
- C. Powers of Appointment:**  
Report the property in respect to which the decedent held a power of appointment at any time. Attach a copy of the instrument granting the power of appointment to the decedent and a schedule of the assets subject to the power at date of death.  
Did the decedent exercise the power? \_\_\_\_\_  
Attach a copy of the instrument exercising the power unless it is a will previously filed for probate. If the power had been relinquished by decedent, attach a copy of the instrument.

(LIST TRANSFERS ON NEXT PAGE)

**SCHEDULE IV — TRANSFERS BY THE DECEDENT (Continued)**

(If any transfer is considered not taxable, so designate. Otherwise designate whether transfer is taxable under A, B, or C.)

Date of Transfer	Description of Property Transferred (Legal Description of land; Street Address or City Realty; Acreage of Rural Land). Specify Liens, if any.	Transferee and Relationship to Decedent	Assessor's Full and True Value of Realty or Unit Value of Securities on Date of Death	Gross Fair Market Value
7-30-62	West 200 feet by 50 feet of SW 1/4 NW 1/4 lying East of St. Cloud and Forest City Road, Section 11, Twp 121, Range 29 and West 200 ft. of South 25 feet of Bk 13, Original Townsite of Kimball, Stearns County (Homestead of decedent)	Marie Rausch, daughter	\$285.00	\$3500.00
7-30-62	Lot 15 Block 3, Townsite of Kimball Prairie, now Village of Kimball, Stearns County, Minnesota	Opal Rabideau	\$880.00	\$1500.00
Total (Col. 3.)				\$5000.00
Less liens (Col. 2.)				\$5000.00
Net				

**SCHEDULE V — MISCELLANEOUS**

Report the transfer of any property belonging to the decedent which has not been included in a Minnesota probate proceeding and has not been otherwise reported in Schedules I to IV of this return. (In the event of no probate, this schedule may include automobiles, household goods, personal effects, U. S. Postal Savings, U. S. Savings Bonds and other tangible or intangible personal property, if any.)

Description of Property (Specify Liens, if any)	Transferee, Heir or Beneficiary Relationship to Decedent	Full and Fair Market Value on Date of Death	Net Value After Liens
	None		

I, Opal Rabideau, one of the heirs of  
decedent, /administrator /transferee, custodian or trustee of the estate of the above named decedent do hereby swear that I have carefully examined the foregoing return, including the separate sheets attached, if any, and that to the best of my knowledge, informa-

tion and belief, herein is listed all of the property required by law to be included in said return; that all questions have been truly answered; that I have no knowledge of any transfers required to be included in this return except as stated; and that to the best of my knowledge, information and belief the values shown in the foregoing schedules are full and fair market values as of the date of the decedent's death.

Subscribed and sworn to before me this 5<sup>th</sup>  
 day of November, 1962  
Louis J. Reed,  
 Notary Public, County of Benton  
 My commission expires 1-27-66

(Signature) Opal Rabideau  
 1909 West Oakland  
 (Address) Austin, Minnesota

File No. 1943  
**State of Minnesota,**  
 County of Stearns  
 Re: Estate of  
A. O. Baldwin  
 Decedent

**INHERITANCE TAX RETURN  
 DEPARTMENT OF TAXATION**

Filed November 6th, 1962  
Roselyn M. Johnson  
 Clerk of Probate Court

Attorney \_\_\_\_\_  
 Address \_\_\_\_\_

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin Decedent.

Final Account and Report of Special Administrator

Your petitioner Opal Rabidesu

respectfully represents and shows to the court:

FIRST—That letters of special administration of the above named estate were to him issued on the 5th day of October, 19 62.

SECOND—That he has collected all the personal property of said decedent,

and preserved all the property of said decedent for the general representative of said estate; and made and filed in this court on the day of 19 a true inventory of all the goods, chattels, rights, credits and effects of said decedent.

THIRD—

FOURTH—That under and by leave of the court, he has sold the following described personal property of said decedent and collected and received therefor the following sums, to-wit:

Automobile	\$ 150.00
	\$
	\$
	\$
	\$
	\$
	\$
Total receipts from sales	\$ 150.00

FIFTH—That he has collected and received other sums due said decedent from other sources as follows:

	\$ None
	\$
	\$
	\$
	\$
Total amount collected other than from sales	\$ None
Total of all receipts	\$ 150.00

SIXTH—That he has necessarily paid out and expended in administering said estate and caring for the same, the following amounts for the following purposes:

Ambulance	15.00
Burial	1100.00
Medical expense	78.00
Hospital	43.40
Grave Markers	74.00
	<u>1310.40</u>

In addition to above medical and burial expenses the petitioner had to pay \$30.75 for repairs to auto before sale.

Total Expenses,	- - - - -	\$	1310.40
Total Receipts,	- - - - -	\$	150.00
Balance	- - - - -	\$	None

SEVENTH—That under and by leave of the court, he took charge of the real property of said decedent, and  
None (2)

EIGHTH—That he has done all things necessary for the preservation of the estate of said decedent, has preserved the same, and is ready to deliver all of the same, except that part thereof sold as aforesaid, to the general representative of said estate, to-wit: That there are no assets for general administration, who has been appointed; has qualified; and is ready to receive the same.

WHEREFORE, YOUR PETITIONER PRAYS, That this, his account and report, be considered by the court, examined, adjusted and approved; and for the order of the court approving the same and directing him to deliver all the property of said decedent on his hands to the said and that she be discharged and that the, as such general representative of said estate, sureties on said Bond be discharged and released.

*Opal Rabideau*  
Petitioner and Special Administrator.

State of Minnesota, }  
County of Stearns } 88.

*Opal Rabideau*

being duly sworn, on oath says that he is the petitioner named in the foregoing petition, that he has read the foregoing petition and account and knows the contents thereof, and that the same is true of his own knowledge, except as to those matters therein stated on information and belief and as to those matters he believes it to be true.

Subscribed and sworn to before me this 5<sup>th</sup> day of November 1962

*Opal Rabideau*  
*Laura Reed*

My commission expires 1-27-66, 19 Notary Public Benton County, Minn.

Note (1) If actions have been commenced, here state what they are; otherwise strike this out.  
Note (2) Here insert what was done with real estate; and if any of it has been leased, state what and terms of lease.

State of Minnesota,  
County of Stearns  
PROBATE COURT  
IN THE MATTER OF THE ESTATE OF  
A. O. Baldwin,  
Decedent.

Final Account of Special  
Administrator and  
Petition for Allowance

Filed this 6th day of  
November 1962

*Jesslyn Finckhauer*  
Clerk of Probate.

No. 1254-P



State of Minnesota,  
County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin,  
Decedent.

Order Approving Account and Report  
of Special Administrator

The report and final account of Opal Rabideau as special administrator of the estate of the above named decedent having been made and filed in this court on the 6th day of November, 1962, and the court having read and considered the same, and having heard and considered the evidence adduced in support thereof, and examined the files and records in said matter, finds as follows:

FIRST—That the said special administrator has collected all the personal property of said decedent, cared for, gathered and secured all the crops belonging to his said estate, preserved all the property of said decedent and cared for the same, has sold all the personal property of said decedent he was authorized to sell by leave of this court and accounted for the proceeds of the same, has taken charge of the real property of said decedent as he was authorized to do by leave of this court, and cared for the same and reported his doings thereon to this court, has made and filed in this court a true inventory of all said property of said decedent, has in all things obeyed the orders of this court in said matter, and is ready to turn over and deliver to the general representative of said estate all the property of said decedent.

SECOND—That said special administrator has made and filed in this court a full account of all his receipts and disbursements in said special administration of said estate, a summary statement of which is as follows, to-wit:

Total receipts from sales of personal property		
under leave of court, - - - - -	\$	150.00
Total collections from other sources, - - - - -	\$	
Total expenditures and expenses, - - - - -		\$ 1,310.40
Balance, - - - - -	\$	\$ 1,160.40 - deficit

THIRD—That no one has been appointed general representative of said estate.

THEREFORE IT IS HEREBY ORDERED, That the report and account of said special administrator, as adjusted and settled by the court herein, be, and the same hereby is, approved and allowed; and that said special administrator be, and he hereby is, discharged and relieved of all further duties and liabilities in said matter, together with the sureties on his bond, be discharged from all further liabilities and duties in said matter.

Dated November 6th, 1962

John Long  
Judge of Probate.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE ESTATE OF

A. O. Baldwin,

Decedent.

Order Approving and Allowing Account of  
SPECIAL ADMINISTRATOR

Filed this 6th day of

November, 1962 and recorded

in Book " " of Orders, page

*Joseph J. Johnson*  
Clerk of Probate.

STATE OF MINNESOTA

COUNTY OF STEARNS

PROBATE COURT

FILE No. 19,433

RE ESTATE OF

A. O. Baldwin,

~~W/A~~ Decedent.

ORDER DISCHARGING SPECIAL REPRESENTATIVE - ~~GUARDIAN~~

Opal Babideau

special representative

the ~~guardian~~ herein, having complied with all the orders ~~and~~ ~~decrees~~ of the court and with the provisions of law and having fully discharged her trust,

special

IT IS ORDERED, that said ~~guardian~~ representative ~~and~~ her sureties herein are hereby finally discharged and that the ~~guardian's~~ <sup>special</sup> representative's ~~guardian's~~ bond is hereby cancelled.

Dated November 6th, 19 62

*John Long*  
Probate Judge.

(COURT SEAL)

FILE NO. 19,433

STATE OF MINNESOTA  
COUNTY OF STEARNS,  
PROBATE COURT

RE ESTATE OF

A. O. Baldwin,

~~Wid~~—Decedent.

ORDER DISCHARGING SPECIAL  
REPRESENTATIVE ~~CVXXXIXX~~

Filed this 6th day of November

19 62, and Recorded in Book

on Page thereof.

*Joselyn Hershauer*  
Clerk of Probate.

005782996