

Stearns County (Minn.)

Probate Court: Probate case files and index.

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County of Stearns

(Mental Illness
Sentility
In the Matter of the Inebriety
(Mental Deficiency
Enlessy

IN PROBATE COURT

19,549

#### PETITION FOR COMMITMENT

Carol A. Conners (Conners)

Patient.

#### TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

| Your 1     | petitioner resp | ectfully repr | esents to the Court ar | nd alleges that Ca  | rol A. Conny      | ere       |          |
|------------|-----------------|---------------|------------------------|---------------------|-------------------|-----------|----------|
| whose addr | ess is          | 904 Sout      | h Main                 |                     | is an Mental      | Deficient | person   |
| That y     | our petitioner  | 18            | related to the s       | said above named pe | erson as follows: | Mother    |          |
| That ti    | he indication   | of Mex        | tal Deficiency         |                     | manifested by     | er are as | follows: |

(Here give fully the symptoms on which the charge of

manifested by h MF are as follows:

is based.)

1, 1.9, 62

. Was unable to profit from school experience

3. Poorly developed social skills

That the said alleged Mentally deficient person will appear in Court voluntarily, and that it will not be necessary to issue a warrant to bring h er before this Court.

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

Name

Address

Relationship

Mr. and Mrs. John Conners 904 South Main, Sauk Centre Parents

That said patient was born in 8-28-39 is about 23

years of age, and the parent of no 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 Mentally deficiency is unknown

That the said patient has been treated by Dr. Clifford - Alexandria, Minne-ota That the said patient is the owner of the following described real and personal property, to wit:

1. \$2,000.00 court award through burn injury

|            | v HEREFORE,<br>named person be |              |                          |                  |               |                |  | matter, and to that end<br>y deficient | that sai  |
|------------|--------------------------------|--------------|--------------------------|------------------|---------------|----------------|--|--|-----------|
| found      | to be Menta                    | lly defi     | cient                    |                  | that 8        | he be co       | mmitted in   | accordance with the s                  | tatutes i |
| such       | case made and                  | provided.    |                          |                  |               |                |  |  |           |
|            |                                |              | c                        |                  | X             | max            | John   | Connora                                |           |
|            | State of                       | Minne        | sota,                    | )88.             |               |                |  |  |           |
| Count      | y of                           |              |                          |                  |               |                |  |  |           |
|            | 1                              |              |                          |                  | , being fir   | st duly suc    | orn, deposes   | s and says that                        | he in th  |
| petitio    | ner in the forego              | ing petition | n; that                  | he know          |               |                |  | erments of said petition               | 100       |
| of h_      |                                |              |                          |                  |               |                |  | ose he believes them                   |           |
| 1          |                                |              |                          |                  |               |                |  |  |           |
| - 1        |                                |              |                          |                  | X             | mia            | John   | Connora                                |           |
|            | C1111111111-                   |              |                          |                  | \$101         |                | 1  |  |           |
|            | ubscribed and su               | orn to bejo  | re me this               |                  |               | _ day of _     |  | Was and May                            | 19_6      |
|            |                                |              | Masin 1. II              |                  |               | Con the second | VZ 4 De l'age  | In Section of 1909                     |           |
| 1          | My commission                  | expires      | Natury Published         |                  | n solution of | , 19           |  |  |           |
|            |                                |              |                          |                  |               |                |  |  |           |
|            |                                |              |                          |                  |               |                |  |  |           |
|            |                                |              | HIN W                    |                  |               |                |  |  |           |
|            |                                | H            | GED                      |                  |               |                |  | 69                                     | 1         |
|            |                                | UR           | THE MATTER OF THE ALLEGE | Patient          | × H           |                |  | d , 15                                 |           |
| 2          | rta,                           | 00           | IE A                     |                  | 5 Z           |                |  | 152                                    |           |
| No. 19,549 | State of Minnesol              | (1)          | FT                       | Carol A. Connors | PETITION FOR  |                |  | Jesedy Jack                            |           |
| 10         | Minnes                         | IN PROBATE   | IN THE MATTER OF         | Con              | 01            |                |  | ない 人工事                                 | 394-      |
| 1          | St. 3                          | )B.          | LIE                      | Α.               | TI            | No. 1          |  | Pro                                    | Ž         |
| No.        | of                             | RC           | MA.                      | 100              | ET            |                |  | Filed this<br>Februar                  |           |
| 1          | C 5                            | 4            | E .                      | 4 00             | PO            | 1177           | The state of the s | iled                                   | 100       |
|            | Stat                           | hy           | - 0                      | 0                |               |                |  | 0 0                                    |           |

STATE OF MINNESOTA.

Stearns County of

In the Matter of the

21st

Original IN PROBATE COURT

ORDER FOR HEARING AND FOR EXAMINATION

Carol A. Connors

Patient

MdM Mrs. John Connors , having filed in this court a petition alleging that the above named patient is a mentally deficient person and praying for 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

and that notice hereof be given to said patient and Mr. & Mrs. John Connors, the parents,

by the service of a copy of this order upon engly fifth, personally, prior to said examination, and parents, by mail. You may request counsel if you so desire.

Dated February 5th. , 19 63

(Probate Court Seal)

on the

day of February 19 63 at 10:30 o'clock AM.

| 23  |
|-----|
| CO  |
| 9   |
| 5   |
| ps. |
|     |
| U   |
| 9   |
| 100 |

| State of Minnesi | Stair | municipality, |
|------------------|-------|---------------|
|------------------|-------|---------------|

County of Stearns

#### IN PROBATE COURT

IN THE MATTER OF THE mental deficiency

of Carol A. Connors

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 27th

day of February , 19

Probate Judge Clerk

No. 395)4P

# AFFIDAVIT OF SERVICE

County of Steams

STATE OF MINNESOTA

Subscribed and sworn to before me 20 Bir, 10 B., 19 445. , he served the foregoing order upon the patient therein named at in said county and state by handing to and leaving with him personally a true copy thereof

Notary Public

Stearns County of

#### IN PROBATE COURT

In the Matter of the Mental Deficiency

| of Carol A. Connors  TO THE COMMISSIONER OF PUBLIC WELFARE: PL ASE TAKE NOTICE, that a petition has been                              | filed with this Court by Move Mrs. John Connor   |
|---|--|
| parent (Relationship to Parient) alleging the mental (Mental  | 7. Phillipping Company of the Compan |
| a resident of the City (City - Village - Town) of S   | Sauk Centre in said county;  |
| that on the 21st day of Februar   | ry , 19 63 at 30 clock in the  |
| fore noon, at the Court House in the City in said county, a hearing will be had on said petition; the that her father is John Connors | of St.Cloud  Town) hat said person is of the age of 23 years; nd now resides at 904-So.Main-Sauk Centre.   |
| (Maiden Name)   | and resides at " " Minn.   |
| and, that h = is married and is the spouse of   |  |
| and has children.<br>(Court Seal)   | John Janes   |
| (If in the opinion of the Judge the presence of a person skilled in mental disagned.)   | liagnosis is necessary or desirable, the following certificate should be   |
| REQUEST TO THE COMMISSIONE  | ED OF DUDITIC WELFARE  |

In the opinion of the court a mental examiner should be present at the above mentioned hearing and you are hereby requested to have such a person at said hearing,

Probate Judge.

(Note: Under Section 525.752, Subd. 2; Minnesota Statutes 1958, this notice must be given to the Commissioner of Public Welfare at least ten days before the date set for hearing.)

County of Stearns

#### IN PROBATE COURT

IN THE MATTER OF THE ALLEGED mental deficiency

of Carol A. Connors

Notice to The Commissioner of Public Welfare — Mental Deficiency — Epilepsy / Form No. 236-A

| Due      | service of the wi | thin notice is |
|----------|-------------------|----------------|
| hereby o | admitted at       | Vaul           |
| Minn.    | this 6 th         | day of         |
| 00       | bruary            | , 1963         |
| By       | saves M           | Coaple         |
| Filed    | in my office this | 8th /          |
| Jaros    | February .        | 119 63         |
| Clark    | ely Property      | shows          |

Coryund

# State of Minnesota,

County of Stearns

In the Matter of the Espats of
Mental Deficency of Carol O.Connors

## IN PROBATE COURT

Order Continuing Hearing
On Petition for Commitment

Dhhife/applichthoh/of/

The Petitioner being unable to appear on February 21st, 1963,

| IT IS ORD           | ERED, That the     | s hearing. On   | the Petition           | for Commitment in the matter of                              |
|---------------------|--------------------|-----------------|------------------------|--|
| the mental          | deficiency         | of Carol        | A. Connors,            | be, and the same is hereby                                   |
| continued to the    | 28th               | day of          | February               | , 1963, at 10 o'clock A. M., at the                          |
| Office of the Proba | te Court, in the ( | Court House, in | the City of St. Cloud, | Minnesola, and that medifest polices helps the hope son that |
| Alle a copy         | of this or         | der be se       | rved on Carol          | A. Connors.  |

Dated this

26th

dag of February

. 19. 63

Judge of Probate.

County of Stearns

#### PROBATE COURT

In the Matter of the Bstate/of/

mental deficiency of Carol A. Connors

Order Continuing Hearing On Petition for Commitment

Filed this 28th day of February 19 63

| County of Plearns           |                                 |   |
|-----------------------------|---------------------------------|---|
| County and State aforesaid, | on the 27th                     | Sauk Centre day of February A. D. 19.63                 |
| hereto attached, upon the w | within named Carel A. Co        | ing Hearing on Petition for Commitment                  |
| personally by then and then | e handing to and leaving with . | her   |
|                             |                                 | a true and correct copy thereof.                        |
| Dated this 27th             | day of February                 | A. D., 19-63  |
| COUNTY FEES: Re             | eturn \$                        |   |
| M                           | ileage 3-3-00                   | PETERCLAND DARREL W. HURD. Sheriff Stearm County, Minn. |
| C                           | opy \$                          |   |
|                             | otal \$ 9.00                    | By Jaurenel Photock Deputy                              |

Dated February 28th ,19 63

| State of Minnesota,                                  | ss. IN PROBATE COURT  |
|--|---|
|  |   |
| In the Matter of the Mental Deficien                 | ORDER APPOINTING  |
| of Carol A. Conners                                  | GUARDIAN AD LITEM   |
| 9  | Patient )   |
| A petition having been filed in this Court at        | lleging that the above named patient is a                                       |
| mentally deficient                                   | person and praying for commitment; and it appearing that a guar-                |
| dian ad litem should be appointed to protect the is  | nterests of said person in said matter,   |
| IT IS ORDERED, That A.                               | .B. Hinnenkamp  |
| of St.Cloud  | , Minnesota, be and he hereby is appointed guardian ad litem                    |
| of said patient to act in all the proceedings herein |   |
| Dated February 28th                                  | ,19 63  |
| (PROBATE COURT SEAL)                                 | Jelen Lan   |
| /  | Probage Judge.  |
|  | CONSENT   |
| I do hereby consent to act as guardian ad lite       | em of the patient named in the foregoing order for the purposes stated therein. |

aBHimmukenfe /

County of

Stearns

#### IN PROBATE COURT

#### IN THE MATTER OF THE ALLEGED

Mental Deficiency

of Carol A. Connors Patient.

#### ORDER APPOINTING **GUARDIAN AD LITEM**

Filed this 28th day of

February . 19 63

No. 3912\*

|        | State | of  | Minnesota, |
|--------|-------|-----|------------|
| County | of    | Ste | arns       |
|        |       |     |            |

#### IN PROBATE COURT

|  | A gafal All deps<br>le hulus<br>nebriety<br>A gafal Aleholoach<br>spilepsy/ |
|--|---|
|--|---|

| of | Carol . | A . | Connors |
|----|---------|-----|---------|
|    |         | 7   |         |

To the Hold / R.J. Nierengarten , County Attorney of said County:

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

Mental Deficiency of the above named patient.

Mental Illness—Semility—Instricty—Mental Deficiency—Epilopsy

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

28th 63 10

day of February 19 at o'clock A.M., to represent

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

Dated this 28th

day of February

(Court Seal)

the

John Jong Judge of Probate.

County of

Stearns

#### IN PROBATE COURT

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

In the Matter of Such the Matter of Such the Matter of Such the Such Clean Such the Such Clean Such that Such the Such Clean Such that Such the Such that Su

Carol A. Connors

| e servi | ce of the | within     | notice is  |
|---------|-----------|------------|------------|
| dmitted | at =      | J. KA      | Clus       |
| this    | 7         | 25/        | day o      |
| full of | huy       | er -       | , 196      |
| 4       | dmitted   | dmitted at | dmitted at |

By

Filed in my office this 28th day of

February 19 63
Clerk-Judge of Probate.

No. 260-P

| Q     | -6 | Mianta    |   |
|-------|----|-----------|---|
| Blate | nı | Minnesota | ė |

Stearns County of ....

IN PROBATE COURT

In the Matter of the

APPOINTMENT OF EXAMINERS

of Carol A. Connors

Patient.

Upon all of the files, records and proceedings herein,

88.

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

28th

February day of.

(Probate Court Seal)

County of Stearns

#### IN PROBATE COURT

Nontal Deficiency

Mental Deficiency

Carol A. Connors

Patient.

# Appointment of Examiners

Filed in my office this 28th day of

February

19 63.

Clerk Judge of Probate.

No. 401-R-P

| State | nf  | Minnesota,         |
|-------|-----|--------------------|
| STUTE | 414 | DUCKERSER TILILER. |

County of

Stearns

In the Matter of the

Manal Mark/ Statisty/ Identical Deditioner

Carol A. Connors

IN PROBATE COURT

OATH OF EXAMINERS

Patient.

State of Minnesota,

County of

of

Stearns

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 Ezaminers to examine the above named patient, and determine as to h Or.... being

88.

Mentally Deficient

to the best of our ability.

Subscribed and sworn to before me this

28th

of Februa

L'Estangl ma

196

(Probate Court Seal)

Probate Judge Clerk.

No. 19,549

State of Minnesota,

County of Stearns

88.

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Deficiency

of Carol A. Connors

Patient.

OATH OF EXAMINERS

Filed this 28th day of

February to 6

Probate Judge Clerk.

No. 402 R-P

# Report of Data and Evidence Presented in Hearing on Mental Deficiency or Epilepsy

Verify all information possible. Indicate whether verified. (Underline proper word)

| Name of Patient Carol Ann Conners   | Date Committed 2-28-63 County Stearns   |
|---|---|
| Residence 904 Main, Sauk Centre, Minnesota  | Petitioner's Name Mrs. John Connors   |
| County of legal settlement Stearns  | Petitioner's relationship to patient mother   |
|   | Examining Board:  |
| Place of birth . Kansas   | Judge Hon. John Lang  |
| Length of time in U. S. Lifetime  | Other members   |
| Citizen   | 1 Name Dr. J. P. McDowell   |
| If married, date and place  | Occupation M.D.   |
| Religion Lutheran   | 2. Name Dr. P. E. Stangl  |
| Sex Color White   | Occupation M.D.   |
| Color Eyes Blue Hair Brown Height 5'3"  | Attorney R. J. Nierengarten, County Attorn<br>A.B. Hinnenkamp-Gdn. ad Litem   |
| MENTAL EXAMINATION  |   |
| Examiner Mr. Knievel DPW  | Date  |
| ,   | 7 Test used   |
| Results: Age Mental age I.Q. 6<br>Other results from examination 6-1952 - SB-L-1,Q. 6   | 2   |
| Special mental traits indicated in history  |   |
| Recommendations of examiner   |   |
| SCHOOL RECORD   |   |
| Age of starting school five   | Last school attended Same Centre Public School  |
|   |   |
| Age at leaving school Special class 16 yeras  | Grade at leaving eighth   |
|   | Grade at leaving eighth   |
| Attendance regular or irregular regular   | Grade at leaving eighth   |
| Attendance regular or irregular regular.  Grades repeated   | Grade at leaving eighth Reason for leaving Unable to comprehend acedemic stud   |
| Attendance regular or irregular regular.  Grades repeated   | Grade at leaving eighth Reason for leaving Unable to comprehend acedemic stud   |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  | Grade at leaving eighth Reason for leaving Unable to comprehend acedemic stud   |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD  Grandle School Fair (Low blood)  | Grade at leaving eighth  Reason for leaving Unable to comprehend acedemic stud  Quality of school work  |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD  General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pee cavus correct  | Grade at leaving eighth  Reason for leaving Unable to comprehend accdemic stud  Quality of school work  ted by surgery  |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD  General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pee cavus correct  Coordination Fair   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors None   |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD  General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pes cavus correct  Coordination Fair  Use of arms Good   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors None Use of legs Fair                                  |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pes cavus correct  Coordination Fair  Use of srms Good  Speech Fair Hearing   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair  Vision Fair                     |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pes cavus correct Coordination Fair  Use of arms Good  Speech Fair Hearing  Venereal disease None   | Grade at leaving eighth  Reason for leaving Unable to comprehend accdemic stud  Quality of school work  ted by Surgery  Tremors None  Use of legs Fair  What and when               |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pes cavus correct Coordination Fair  Use of arms Good  Speech Fair Hearing  Venereal disease None Tobacco Yes Alcohol No Drugs To what  | Grade at leaving eighth  Reason for leaving Unable to comprehend accdemic stud  Quality of school work  ted by Surgery  Tremors None  Use of legs Fair  What and when               |
| Attendance regular or irregular regular  Grades repeated  Conduct in school Good  PHYSICAL RECORD General physical condition Fair (Low blood)  Deformities or paralysis Bilateral pes cavus correct Coerdination Fair  Use of arms Good  Speech Fair Hearing  Venereal disease None  Tobacco Yes Alcohol No Drugs To what   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair What and when t extent           |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD  General physical condition  Deformities or paralysis  Bilateral pes cavus correct  Coerdination  Fair  Use of arms  Good  Speech  Fair  Venereal disease  None  Tobacco  Yes Alcohol No Drugs  To what  Name all diseases patient has had and date of each:   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair What and when t extent           |
| Attendance regular or irregular regular  Grades repeated  Conduct in school  PHYSICAL RECORD  General physical condition Deformities or paralysis  Bilateral pes cavus correct  Coordination Fair Use of arms Good  Speech Fair Venereal disease None Tobacco Yes Alcohol No Drugs Name all diseases patient has had and date of each:  | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair What and when t extent           |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD  General physical condition  Deformities or paralysis  Bilateral pes cavus correct  Coerdination  Fair  Use of arms  Good  Speech  Fair  Venereal disease  None  Tobacco  Yes Alcohol No Drugs  To what  Name all diseases patient has had and date of each:   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair What and when t extent           |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD  General physical condition  Deformities or paralysis  Bilateral pes cavus correct  Coerdination  Fair  Use of arms  Speech  Fair  Venereal disease  None  Tobacco  Yes Alcohol No Drugs  Name all diseases patient has had and date of each:  Disease  Severity  Date   | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Mone Use of legs Fair What and when t extent           |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD General physical condition Deformities or paralysis Deformities or paralysis Deformities or paralysis Deformities or paralysis  Bilateral pes cavus correct Coordination Fair Use of arms Good Speech Fair Hearing Venereal disease None Tobacco Yes Alcohol No Drugs To what Name all diseases patient has had and date of each: Disease Severity Date  TO BE FILLED IN IF PATIENT IS EPILEPTIC | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors Hone Use of legs Fair What and when t extent  Recovery |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD General physical condition Deformities or paralysis  Bilateral pes cavus correct  Coordination Fair Use of arms Good  Speech Fair Hearing Venereal disease None Tobacco Yes Alcohol No Drugs To what Name all diseases patient has had and date of each: Disease  Severity  Date  TO BE FILLED IN IF PATIENT IS EPILEPTIC Age at first attack Was onset gradual or sudden                        | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors None Use of legs Fair What and when t extent  Recovery |
| Attendance regular or irregular Regular  Grades repeated  Conduct in school  PHYSICAL RECORD General physical condition Deformities or paralysis  Bilateral pes cavus correc  Coordination Fair Use of arms Good Speech Fair Hearing Venereal disease None Tobacco Yes Alcohol No Drugs To what Name all diseases patient has had and date of each: Disease  Severity  Date  TO BE FILLED IN IF PATIENT IS EPILEPTIC Age at first attack Was onset gradual or sudden Type of attacks          | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors None Use of legs Fair What and when t extent  Recovery |
| Grades repeated Conduct in school  PHYSICAL RECORD General physical condition Deformities or paralysis  Bilateral pes cavus correc Coordination Fair Use of arms Good Speech Fair Venereal disease None Tobacco Yes Alcohol No Drugs Name all diseases patient has had and date of each:  | Grade at leaving eighth Reason for leaving Unable to comprehend accdemic stud Quality of school work  ted by surgery Tremors None Use of legs Fair What and when t extent  Recovery |

# Information Given by Witnesses

| BEHAVIOR RECORD: (If patient has<br>rested but delinquent or wayward, at   | tate to what extent and | in what way.)                                 |                                       |                    |
|--|-------------------------|---|---------------------------------------|--------------------|
| Age when defectiveness was first observe<br>Reasons given for patient's defectiveness  | d Last year the         | tried to get                                  | married. She                          | is continually     |
| on a steady basis.   | sauring nol 1           | riends, theref                                | ore, she must                         | be supervised      |
| Abnormal behavior  |                         |   |                                       |                    |
| romania de la compania del compania del compania de la compania del la compania de la compania della compania d |                         |   |                                       |                    |
| Sex  |                         |   |                                       |                    |
| Delinquencies (specify offense)  |                         |   |                                       |                    |
|  |                         |   |                                       |                    |
|  |                         |   |                                       |                    |
| VORK RECORD: (Give jobs in chrono  | logical order. Get veri | fied information when                         | ever possible.)                       |                    |
| Employer and Address   | Kind of Work            | Dates   | Wage                                  | Reason for Leaving |
| She has had several jobs<br>but she is not able to<br>keep them.   |                         |   |                                       |                    |
|  |                         |   |                                       |                    |
| IOME CONDITIONS  |                         |   |                                       |                    |
| Sumber of people in home Three   |                         | Lodgers (give nam                             | es and ages):                         |                    |
| Number of rooms in house Seven   |                         | 2.  |                                       |                    |
| character of dwelling—sanitary condition   | and repair; cleanliness |   | moodern home                          |                    |
|  | income \$150.00         | VA Centr                                      |                                       |                    |
| The state of the s |                         | ge \$4,000.00                                 |                                       | and two lots       |
|  |                         | FO. T. S. | No. Acres of 1                        | and two lock       |
| family owns house, state value \$2,0   | Mortgi                  |   |                                       |                    |
| family owns house, state value \$2,0 atient supported by whom father   |                         |   |                                       |                    |
| family owns house, state value \$2,0<br>rationt supported by whom father<br>rationt's property (of what does it consis<br>Guardianship of property   | t) None                 |   |                                       |                    |
| f family owns house, state value \$2,0 atient supported by whom father atient's property (of what does it consis Guardianship of property forals of family: Reputation in commu  | t) None                 |   | · · · · · · · · · · · · · · · · · · · |                    |
| f family owns house, state value \$2,0 Patient supported by whom father Patient's property (of what does it consis Guardianship of property Morals of family: Reputation in commu Attitude toward school attendance of   | nity Good               |   |                                       | •                  |
| Morals of family: Reputation in commu  | nity Good               | 3   | •                                     |                    |

1. Diagnosis is chronic schizophrenic reaction.

(If space allowed is insufficient, insert extra sheet.)

# Family of Patient

| Name                                      | Date and place of birth | Present Address                         | Occupation and Wage                   | Grade Reached<br>in School  | Mantal or Physical<br>Disability,<br>Dulinguancy, Etc. |
|---|-------------------------|---|---------------------------------------|-----------------------------|--|
| John Conners                              | Ontario, Canada         | Sauk Centre<br>Minnesota                | Totally<br>disabled<br>\$600. per mor | 8th                         | Parkinson<br>disease                                   |
| Mother (maiden name)                      |                         |   |                                       |                             |  |
| Mabel Buell                               | Alexandria<br>8-1904    | Sauk Centre                             | Housewife                             | 10th<br>Business<br>College | None   |
| Brothers eleters                          |                         |   |                                       |                             |  |
| Sherry Peter-<br>meier                    | Kansas<br>5-7-42        | Minneapolie                             | Housewife                             | 12th                        | None   |
| pouse (If wife, maiden name)              |                         |   |                                       |                             |  |
| hildren                                   |                         |   |                                       |                             |  |
|   |                         |   |                                       |                             |  |
|   | F PATIENT OR RELATI     |   | Length of Time                        | (Dates)                     | Chine  |
| NSTITUTIONAL RECORD OF                    | F PATIENT OR RELATI     | VES:                                    | Committed                             |                             | Casse Mental Illnes                                    |
| NSTITUTIONAL RECORD OF Name and Relations | F PATIENT OR RELATION   | VES:<br>Institutions<br>oka State Hosp. | . Committed to                        | 10-19-60                    |  |
| Carol Conners                             | F PATIENT OR RELATION   | VES:<br>Institutions<br>oka State Hosp. | . Committed to                        | 10-19-60                    |  |

County of Stearns

#### IN PROBATE COURT

In the Matter of the Mental Deficiency

Findings of the BOARD OF EXAMINERS

of Carol A. Conners

|  | es, in the above entitled proceeding here                                   |  |                                       |
|--|---|--|---------------------------------------|
|  | , 19 63, at 10 o'clock in t   | the TOTE noon of said de                 | y we met at the Court House in the    |
| City (City-Village)  | of St. Cloud  | in said county                           | and state for the purpose of deter-   |
| mining whether Carol A   | . Connors is  | mentally defi<br>(Mentally deficient-epi |                                       |
| petition in the above entitled p   |   |  |                                       |
| R. J. Nierengarte<br>A. B. Hinnenkamp,<br>(having been appointed by this   | en of St.<br>Guardian ad Litem<br>Court for that purpose), appeared as      | Cloud                                    | , (county attorney),                  |
| who was personally present and   | was examined and observed by us. A  | all proper testimony offered by          | y interested persons was received and |
| considered.  |   |  |                                       |
| From the examination so r  | made by us and upon due consideratio  | n of all of the testimony re             | ceived, we find and determine that    |
| Carol A. Connors   | j is  | a mentally def                           | Derson.                               |
|  |   | (Mentally defici                         |                                       |
| Dated at St. C   | Cloud , Minnesota,  | Topena                                   | yellown.                              |
| this 28th day of Fel   | bruary , 19 63  | 10,6 Many                                | (                                     |
| (Court Seal  |   | John Lo                                  | oned.                                 |
| (court sear  |   |  | Judge of Probate.                     |
|  |   |  |                                       |
|  | 1 1 11  |  | 5 m 1 1.1                             |
| . E  | S N O O O O O O O O O O O O O O O O O O                                     | con  | day                                   |
| ata 5  | II.X3   | 198                                      | 13 5                                  |
| nres nres  | AND EVIDEN<br>HEARING ON<br>CIENCY OR<br>PSY                                | Apply Or S                               | 101                                   |
| Minner<br>Stearns<br>ATE CO  | HOL   | of                                       | 28 7 28t                              |
| SA SA  | DATA A<br>DD IN HE<br>DEFICE  | 2  | 1 2 5 *                               |
| ate of f   | AL AL   | A A                                      | B 35                                  |
| State of Minnesota   | EPORT OF DATA AND E<br>PRESENTED IN HEARIN<br>MENTAL DEFICIENCY<br>EPILEPSY | In the Matter of                         | this cornar                           |
| da ° z   | POR   | मूं ड                                    | Ros F                                 |
| THE RESERVE THE PARTY OF THE PA | (A)   |  | * / /                                 |

19,549

County of Stearns

IN PROBATE COURT

In the Matter of the Alleged Mental Deficiency of Carol A. Connors

# REPORT OF BOARD OF EXAMINERS

| We, the Board of Examiners   | , in the above entitled process                        | ling hereby certify and   | report that on the                   | 28th                          |
|--|--|---------------------------|--------------------------------------|-------------------------------|
| day of February  | , 19 63, at 10   | o'clock in the T          | ore noon of sai                      | d day, we met at the          |
| Court Room of the above names  | l Probate Court in the                                 | City                      | of St. Cloud                         | 1                             |
| in the County of   | Stearns<br>Carol A. Connors                            | State of Minnesota        | for the purpose of<br>is and merital | deficient<br>ly / person,     |
| as alleged in the petition in the a  |  |                           |                                      | . Esquire,                    |
| County Attorney of said County,  |  |                           | Treatment of the                     | - Sandarat                    |
|  | A. Connors   |                           | 1003 WALES                           | and was examined              |
| and observed by as. All proper   | testimony offered by any p                             | erson interested was a    |                                      |                               |
| scere duly sworn and testified con   |  |                           |                                      |                               |
|  |  |                           |                                      |                               |
| The following proceedings w  | vere also had and taken:                               |                           |                                      |                               |
| We also elicited from sain   | , Carol A  | a. Connors                |                                      |                               |
|  | **************************************                 |                           |                                      | and the                       |
| segeral witnesses appearing before Report of Examination School Report of Examination School Report For School Report Fo | on hereto attached and have                            | get forth in said scho    | dule the information                 | e questions set forth         |
| sponsive to the said several ques  |  | are parent to make more   | time the thyprimation                | so columned and re-           |
| From the examination so me   | ide by us and upon due con                             | sideration of all the t   | estimony received we                 | find and determine            |
| that   | Carol A. Connor  |                           | -                                    | is                            |
| /V/N/pk/ph/Moskyhile Mysisky<br>Amonyok/Nade/Salvier se/other see<br>F/N/pk/ph/of sinkound mind s<br>3. A person not insane, but so<br>supervision, control and care for h ©   | that that one has may be hard                          | y Ago, dy Yshetished Asia | hy halafaylay of Aneblay sh          | the state of the state of the |
| Dated at St. Cloud,  | Minnesota  | , this                    | 28t                                  | h                             |
| day of February  | , 19 63  | H. J.C.                   | Sowler my                            | Probate                       |
| NOTE: Strike out two of the p.<br>In insanity cases answers to Schedule  | aragraphs not appropriate to the B should be attached. | e case. In inebriate cas  | es answers to Schedule               | A should be attached.         |

County of Stearns

## IN PROBATE COURT

IN THE MATTER OF THE ALLECED

Mental Deficiency

Carol A. Connors

# 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/ship hand hand Alle/ship of ship

Goppe this

28th

day of

February

, 19 63

. Clerk Ashif of Probate.

No. 1781

# State of Minnesota. County of Steams

88.

# IN PROBATE COURT CERTIFICATE

| 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 t   | he actual practice of the profession of medicine for at least |
|   |   |
| one year next preceding to the date hereof, and is registered as lice   | ensed by the State Board of Medical Examiners; that he is     |
|   |   |
|   |   |
| one year next preceding to the date hereof, and is registered as lice neither superintendent, proprietor, an officer, or regular medical Mental Deficiency (SEAL) |   |

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

County of Stearns

#### PROBATE COURT

IN THE MATTER OF

the Mental Deficiency

of Carol A. Connors

#### CERTIFICATE

Filed February 28th,

, 19.63

Clerk of Probate Court

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

#### State of Minnesota, County of Steams

88.

# 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               |
|  |  |
| the second secon | and by the State Board of Medical Framiners that he is                       |
| one year next preceding to the date hereof, and is registered as lie   |  |
| one year next preceding to the date hereof, and is registered as lie<br>neither superintendent, proprietor, an officer, or regular medical   |  |
|  | l attendant of any institution for the care and treatment of                 |
| neither superintendent, proprietor, an officer, or regular medical   | l attendant of any institution for the care and treatment of                 |
| neither superintendent, proprietor, an officer, or regular medical Mental Deficiency   | l attendant of any institution for the care and treatment of                 |
| neither superintendent, proprietor, an officer, or regular medical   | attendant of any institution for the care and treatment of Judge of Probate. |

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

County of Stearns

#### PROBATE COURT

IN THE MATTER OF

the Mental Deficiency

of Carol A. Connors

#### CERTIFICATE

Filed February 28th,

, 19.63

Clerk of Probate Court

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

| a. |      |     | dit.    |        |   |
|----|------|-----|---------|--------|---|
| 8  | lale | III | 211 III | nesota | l |

Stearns

County of

88.

IN PROBATE COURT

In the Matter of the Mental Deficiency

of Carol A. Connors

The above named patient having been found to be

Mentally Deficient
(Mentally Deficient—Epileptie)

IT IS ORDERED, that the Commissioner of Public Welfare is hereby appointed guardian of the person of

such patient, and that ... S. he is hereby committed to his care and custody according to law.

Dated this.

28th

day of February

1963

(Court Seal)

Probate Judge

(NOTE: See reverse side for receipt of Commissioner of Public Welfare)

County of Stearns

#### IN PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

Carol A. Connors

Warrant of Commitment and Receipt of Commissioner of Public Welfare

MENTAL DEFICIENCY, EPILEPSY

Voucher No.

Filed March 4th,

Clerk of

RECEIPT OF COMMISSIONER OF PUBLIC WELFARE

Receipt of a duplicate copy of this Warrant and a certified copy of the report of examination are hereby

Dated this

COMMISSIONER OF PUBLIC WELFARE

County of Stearns

IN PROBATE COURT

IN THE MATTER OF the Mental Deficiency of

Carol A. Connors

JUDGMENT

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

Carol A. Connors

having been personally before the Court, and

examined as to mental deficiency 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 Carol A. Connors

has been found to be mentally deficient 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 Carol A. Connors is mentally deficient

and a proper person for care and treatment in a State Institution.

WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED, That the said.

Carol A. Connors

be committed to the custody of

Commissioner of Public Welfare

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 February 28th, 1963

Judge of Prothite, Stearns County.

County of Stearns

# PROBATE COURT

IN THE MATTER OF

teh Mental Deficiency of

Carol A. Connors

# JUDGMENT

February 28th, 1963 Filed

Recorded in Book 2 of

Judgments on Page 389

| State of Minnesota,  County of Stearns                            | IN PROBATE COURT, EXAMINER'S FEE CLAIM.       |
|---|---|
| In the Matter of the Mental Deficiency                            |   |
| of Carol A. Connors   |   |
| 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 trav  | TOTAL Strange My                              |
| Subscribed and sworn to before me this                            |   |
|   | Cloth Judge of Probate.                       |

County of .....Stearns

## PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

of Carol A. Connors

#### EXAMINER'S FEE CLAIM

Filed this 28th day of

February 19 63

Clerk-Jhylige/of Probate.

No. 3784\*

| State of Minnesota,  County of Stearns                         | IN PROBATE COURT, EXAMINER'S FEE CLAIM.       |
|--|---|
| In the Matter of the Mental Deficiency                         |   |
| of Carol A. Connors  |   |
| 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 ab | ove entitled matter as follows:               |
| Services as examiner   | \$10.00                                       |
| 2 mile of necessary  | travel at 15c per mile \$                     |
|  | J PMA Soulling.                               |
| Subscribed and sworn to before me this                         | 28th day of February 19 63                    |
|  | Clefk Judge of Probate.                       |

County of Stearns

## PROBATE COURT

IN THE MATTER OF THE

Mental Deficiency

of Carol A. Connors

#### EXAMINER'S FEE CLAIM

Filed this 28th day of

February 10

Clerk Hullefof Probate.

No. 3784\*

| State of Minnesota.                              | }ss.                      | IN PROBATE COUR<br>EXAMINER'S-FEE ORDER   |                |
|--|---------------------------|---|----------------|
| IN THE MATTER OF THE Ments                       | l Deficiency              |   |                |
| of Carol A. Connors                              | }                         |   |                |
| Dr. J. P. McDowell                               |                           | having been duly appointed a              | n examiner in  |
| Mental Deficiency                                | in the                    | above entitled matter by an order of t    | his Court and  |
| having filed his duly verified claim for fees al | lowed by law therefor.    |   |                |
| Now, therefore, it is hereby ordered and         | adjudged that the said    | Dr. J. P. McDowell                        |                |
|  |                           | be and he here                            | eby is allowed |
| Ten and 30/100                                   |                           | Dollars (\$10.30                          |                |
| for his services herein and that upon filing th  | is order with the Auditor | of said County an order for said amount s | shall be drawn |
| by said Auditor upon the Treasurer of said C     | ounty.                    |   |                |
| Dated February 28th                              | , 1963                    |   |                |
| /  | By the Cour               |   | 10             |

#### State of Minnesota,

County of Stearns

## PROBATE COURT

In the Matter of the Mental Deficiency

Carol A. Connors

## Examiner's-Fee Order

Filed this

28th

February

Clerk-Judge of Probate

No. 3693\*

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

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

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

of the Probate Court of said County, do

State of Minnesota.

| State of Minnesota.   | IN PROBATE COURT -<br>EXAMINER'S-FEE ORDER   |
|---|--|
| IN THE MATTER OF THE Mental Defici  | ency   |
| of Carol A. Connors   |  |
| Dr. P. E. Stangl Mental Deficiency  | having been duly appointed an examiner in in the above entitled matter by an order of this Court and |
| having filed his duly verified claim for fees allowed by law the Now, therefore, it is hereby ordered and adjudged that t | erefor.  |
|   | 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  | he Auditor of said County an order for said amount shall be drawn                                    |
| by said Auditor upon the Treasurer of said County.  |  |
| Dated February 28th   | , 19 63  |

By the Court,

# State of Minnesota

State of Minnesota,

County of Stearns

#### PROBATE COURT

In the Matter of the Mental Deficiency

Carol A. Connors

## Examiner's-Fee Order

28th Filed this

February

No. 3693\*

Clerk-Judge of Probate

1434

of the Probate Court of said County, do

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 this

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

#### PETITION FOR RESTORATION TO CAPACITY

In the Matter of the Guardianship of

Carol Ann Connors (Nellermoe)
Hentally Deficient --- Eptheptic

To the Probate Court of said County:

The Petition of the Commissioner of Public Welfare respectfully shows:

That by an Order of this Court (acting for Stearns County)
made on February 28, 1963 , the above-named was adjudged to be mentally
deficient -- rrdirrtir, and the Commissioner of Public Welfars
of the State of Minnesota was duly appointed the guardian of her person and
accepted that trust; that said appointment has never been revoked; and that the
above-named is now under the guardianship of the Commissioner of Public Welfare.

That Carol Ann Connors married Charles C. Nellermoe on January 8, 1972 and was divorced from Mr. Nellermoe on February 14, 1975, she is living in Isanti County and is employed at the Cambridge State Hospital, problems she may have and any supervision needs are not believed to be based on mental deficiency, needed services can be given on a voluntary basis; and therefore, I recommend that she be restored to capacity and discharged from the guardianship of the Commissioner of Public Welfare.

Wherefore, your petitioner prays that the Court inquire into the facts, and make an Order discharging the Commissioner of Public Welfare as guardian of the shove-named, and that Court restore her to capacity, pursuant to Section 253A.19, E meaces Statutes 1967.

Dated May 13, 1975

(Mrs.) Vera J. Likins Commissioner of Public Welfare

Supervisor, Family and Guardianship Services, Bureau of Residential Services

State of Minnesota)
()SS
County of Ramsey )

Frances Goakley Ames . Supervisor, Pamily and Guardianship Services, Bureau of Residential Services, Department of Public Welfare, the person who made the foregoing petition, being duly sworn, says that the same is true to her own knowledge, except a to those matters stated on her information and belief, and as to those matters, that the belief publicing them to be true.

Subscribed and every to before me

ints 15 day of Man 1975

cc: Isanti County Family Service and Welfare Department

Cambridge State Hospital LORRAINE C. PFEIFFER

Notary Public, D kota Co. Minn.

LORRAINE G. PREHFER
Notary Public, Dakota Go. Minn.
My Commission Expires. Sept. 29, 1979

DP1-674

STATE OF MINNESOTA

County of Stearns

In the Matter of the #4974/

Carol A. Connors

PETITION FORRESTORATION TO CAPACITY

Filed this 28th on May 1975

County Court

County, Minn.

State of Minnesota,

County of STEARNS

COUNTY

## IN HROBATE COURT

PROBATE DIVISION

In the Matter of the mental deficiency and Guardianship of

88.

Carol Ann Commors (Nellermoe)

| ON READING AND FILING T  | HE PETITION                | OF Commissioner                                       | of Public Welfare                               |
|--|----------------------------|---|---|
|  | re                         | presenting, among other t                             | hings, that by order of this                    |
| Court, made on the 28th  | day of                     | February  | 19 63   |
| Carol Ann Connors  | Wal                        | Como was  |   |
| duly appointed the guardian of North fifty   |                            | a per management                                      |   |
| 161611   |                            |   | and that said                                   |
| Carol Ann Connors  |                            | is not  | e of sound mind and capable                     |
| of taking care of her self and Public Welfare  |                            | 1   | no Pr   |
| judicially determined.   |                            |   |   |
| IT IS ORDERED, That said petit   | tion be heard at a         | Special   | Term of this Court, to                          |
| be held in City of St. Cloud   |                            |   | Division  |
| at 10:00 o'clock in the County Court, in the Court House in the City                                       | fore of                    | noon of said day, at th                               | e office of the Probate/Golft/, in said County. |
| above named, by mailing a public Welfare, the guardia (Nellarmoe), and /////////////////////////////////// | copy of the same of Steams | his order to the property for County Attorney; //9//. | Commissioner of                                 |
| of hearing. Dated at St. Cloud, Minn.  | В                          | y the Court,  | 200   |
| Mailed Copies  |                            | O   | Judge of Probate Court.                         |

No. 19,549

COUNTY IN PROBATE/COURT,

County of STEARNS

In the Matter of the

MENTAL DEPICIENCY

(NELLERMOE)

Order for Hearing Petition for Restoration to Capacity

28th

Judge of County Con

## State of Minnesota.

IN COUNTY COURT
Stearns County

Counties of Sherburne, Benton and Stearns

Special Term, July 11th

10 7

IN THE MATTER OF THE GUARDIANSHIP OF

Carol A. Connors (Nellermoe)

On Reading and filing the Detition, of Commissioner of Public Welfare for Carol A. Connors (Nellermoe) a person who has been declared mentally deficient and under the guardianship, representing that the said Carol A. Connors (Nellermoe) herself and her property, and praying to have the fact of his restoration to capacity judicially determined; It appearing that properly notice of hearing of said petition has been given to the Commissioner of Public Welfare, the guardian of the said Carol A. Connors (Nellermoe) The Court having found that the said Carol A. Connors (Nellermoe) is of found mind, and capable of taking care of him the It is Therefore Ordered and Abjudged, That the said Carol A. Connors (Nellermoe). be, and he is hereby, restored to capacity, and that the guardianship of the said Carol A. Connors (Nellermoe) shall cease. Dated at St. Cloud, Minnesota the llth July .4. D. 19 75 By the Court:

### State of Minnesota,

Counties of Sherburne, Benton and Stearns

#### IN COUNTY COURT

Stearns County

In the Matter of the Guardianship of

Carol A. Connors (Nellermoe)

## Order Adjudging Restoration to Capacity

Filed the 11th day of July .4. D. 19 75

Genevieve M. Sand.

Clerk of County Court

Deputy Clerk of County Court

#### DEPARTMENT Public Welfare

## Office Memorandum

TO : Stearns County Social Service Center

Mr. Pasquale Serrano, Director

DATE: May 13, 1975

FROM : Frances Coakley Ames, Supervisor

Family and Guardianship Services Bureau of Residential Services JE

SUBJECT: Carol Ann Connors (Nellermoe)

DPW #86606-1

# 19,549

Please see that a copy of the court order is sent to this section so that we may know if we have continued responsibility.

Should you not file the petition, please let us know immediately.

Thank you.

FCA:dz Orones

cc: Frank Harrison, Regional Representative

Rose fine , but any west

6 Retitioner

BECEIVED

MAY 1 9 1975

SIEARNS COUNTY SOCIAL SERVICE CENTER

Public W

| State of Minnesota,  | ss. IN PROBATE C                              | OURT                       |
|--|---|----------------------------|
| In the Matter of the Estate of   | 1 19.5  | 50                         |
| Sadie F. Theel   | Petition for Ad                               |                            |
| TO THE PROBATE COURT ABOVE NAMEL   |   |                            |
| Your petitioner Manford Theel  |   |                            |
| respectfully represents and states to the Court:   |   |                            |
| First-That your Petitioner is a resident of  | Route #1. Paynesville                         |                            |
| in the County of Stearns   |   | is an adult who has an     |
| interest in whatever estate the decedent above named   |   |                            |
| surviving son and sole hei   |   |                            |
| Second—That said decedent was born in the  | Country of United States                      |                            |
| and died at Psynesville  | , State of Minner                             | sota on the                |
| 8th day of   | January , 19 63, aged                         | 68 years and seas          |
| at the time of her death a native of Stat  | te of Minnesota                               | , and                      |
| a cilizen of the Country of United States  |   | and a                      |
| resident of Village of Paynesville   | County of Stearns                             | , State of                 |
| Minnesota , and u  | cas the owner of estate in the County of      | itearns                    |
|  | tate of Minnesota, at the time of h ex death. |                            |
| Third-That said decedent died without leavi  |   |                            |
|  | ne of h er death, included personal property  | y of the probable value of |
| \$ , divided as follows:   |   |                            |
| 1. Household Goods, \$   | 2. Wearing Apparel,                           | 8                          |
| 3. Stock, \$   |   | \$                         |
| 5. Miscellaneous, \$ 50.00   |   |                            |
| That said estate included real estate of the estir   | nated and probable value of \$ 3,000          | consisting                 |
| principally of lands in the County of Stes   |   |                            |
| follows, to-wit:   |   |                            |
| 1. Homestead in Stearns County   | County, Minnesota, as follows                 | RZ                         |
| A. City Property Lot and   | i house                                       |                            |
|  | (Give Area)                                   | \$ 3,000                   |
| (or)   |   |                            |
| The second of the second secon |   |                            |
| THE RESERVE OF THE PROPERTY OF | (G.ve Area)                                   | \$                         |
|  | Late without Buildings                        |                            |
|  | Lots without Buildings  Lots with Buildings   | \$                         |
|  | Acres improved land                           | 3                          |
|  | Acres unimproved land                         |                            |
| Fifth—That the probable amount of the debts  |   | ,                          |

19.550

STATE OF MINNESOTA.
COUNTY OF STEARNS
PROBATE COURT
File No. 19.530
RE ESTATE OF Sade F. Theel, Decedent.
S ORDERED that the petition
of corest administration filed herein be
heard on Friday, March 1st, 1962, at 3
of-lock AM, by this court in the Court
House in St. Cloud, Minn.
IT IS ORDERED that creditors of

IT IS ORDERED that creditors of decedent file their claims in this cours within four months from the date hereof and that said claims he heard on Friday, June 7th. 1963, at 9 o'clock A.M. by this court in the Court House in St. Cloud. Minn.

Dated this 5th day of February, 1963, (SEAL)

JOHN LANG. Probate Judge.

W. Y. Henning, Attorney, Publish Feb. 7, 14, 21, 1963. STATE OF MINNESOTA. COUNTY OF STEARNS

Subscribed and sworn to before me this

83.

| being duly sworn on cath says:   |
|--|
| that he is, and during all times herein stated has been, the   |
|  |
| That for more than one year prior to the publication therein of the Order for Henring on Patition for General Administration.  |
| said newspaper was printed and published in the City of St. Cloud, in the County of Stearns, State of Minnesota, daily except Sundays and holidays; that during all said time said newspaper has been printed in the English language from its known office of publication within the City of St. Cloud from which it purports to be issued as above stated and in sewspaper formal and in columns and sheef form equivalent in apace to at least 450 running inches of single columns, and all columns and sheef form equivalent in apace to at least 450 running inches of single columns and sheef form equivalent in apace to at least 450 running inches of single columns and the state of running inches of single columns and the state of the sewspaper devoted to local news of interest of publication and employing stilled workness and the stockspaper devoted to local news of interest to the community it purports to serve in the state of the new spaper devoted to local news of interest to the community it purports to serve in the during all said time it is an active to the community it purports to serve; that during all said time it has not wholly duplicated any other publication, and has not been entirely made up of patents, plate matter and advertisements; has been circulated in and near its said place of publication of the extent of at least two hundred and forty (240 copies required elivered to paying subscribers and has entry as second class matter in its local postellites; and that there has been on file in the office of the County Auditior of Stearns County, Minnesota, the affidavit of a person having knowledge of the facts, showing the name and location of said newspaper and the existance of the conditions constituting its qualifications as a legal newspaper. |
| hereto attached was cut from the columns of said newspaper, and was printed and published therein in   |
| the English language, once each week, for three successive weeks; that it was first so published on Figure 19 63 .   |
| and thereafter on Thursday, of each week to and including the 21st   |
| day of   |
| and that the following is a printed copy of the lower case alphabet from A to Z, both inclusive, and is hereby acknowledged as being the size and kind of type used in the composition and publication of said notice, to wit:   |
| abcdefghijklmnopqrstuvwxyz   |
| Wilfred & miller   |

21 at day of Enhustry 19 55

My Commission expires Sept. 29th 19.65.

Notary Public, Stearns County, Minnesota.

# PRINTER'S Affidavit of Publication OF

## THE ST. CLOUD DAILY

| Of . Order, for Mear | ing.on.Potition |
|----------------------|-----------------|
| Cor. Gererol. Admini | etration        |
|                      |                 |
| ***************      |                 |
|                      |                 |
|                      |                 |
|                      |                 |
| Retate of Scale 7    |                 |
| .Decedept            |                 |

FILED THIS 25th DAY
OF February A.D. 19 63
King Kuffanse
CLERK OF PROJATE

## State of Minnesota,

County of Stearns

#### IN PROBATE COURT,

#### IN THE MATTER OF THE ESTATE OF

Sadie F. Theel,

#### Order Granting Administration

| Decedent.  |
|--|
| The petition of Manford Theel praying that letters of  |
| administration upon said estate be granted toManford Theel   |
| came duly on for hearing at a Special Term of this Court, held on the  |
| 1st day of March 1963 Said petitioner appeared   |
| in person and by Attorney, W. Y. Henning   |
| and no one appeared in opposition.   |
| The Court having duly considered said petition and the evidence adduced in support thereof, finds as follows:        |
| First: That notice of said hearing has been given and served by the publication of the order for said hearing issued |
| herein in the St. Cloud Daily Times  |
| as by law and the order of this Court provided.  |
| Second: That the said decedent died intestate on the 8th day of January 1963   |
| Third: That said decedent was a resident of Paynesville  |
| at the time of h. 91. death and left estate within the County of Steerns   |
| and State of Minnesota, to be administered upon.   |
| Fourth: That Panford Theel is by law entitled, a suitable and  |
| competent person, to administer upon said estate.  |
| Therefore, It is ordered that said petition be granted and Manford Theel   |
| be and hereby is appointed Administrator of the estate of said decedent, and   |
| that letters of administration issue to. h1m upon h1s filing the   |
| oath by law required and a bond in this Court in the penal sum of One Thousand and no/100                            |
| Dollars, with sureties to be approved by the Judge of this   |
| Court conditioned according to law.  |
| By the Court,  |
| Dated March 1st, 1963 Sell Judge of Product.   |
| (Court Seal)   |

## State of Minnesota,

County of Stearns

## Probate Court,

In the Matter of the Estate of

Sadie F. Theel,

Decedent.

## Order Granting Administration

Filed the 1st day of March 1963

Recorded in Book of orders

Loselyn Hushauer Clerkatudge of Probate

No. 3542\*

State of Minnesota.

County of

IN PROBATE COURT

In the Matter of the Estate of

Sadie F. Theel

LETTERS OF ADMINISTRATION

Decedent.

Decedent died on January 8th, 1963

Manford Theel

having filed in this Court his bond and oath to act as administrator of said estate, as by law provided;

Nom therefore, the said

Manford Theel

is hereby appointed administrator of the estate of Sadie F. Theel,

decedent, with full powers and duties as follows:

First. To take possession of all the real and personal estate of the decedent which shall not be set aside for the surviving spouse or children of decedent and to collect all debts and claims due to said decedent.

Second. To receive the rents and profits of the real estate until the estate is settled or until delivered over by an order of the Probate Court to the heirs or persons thereunto entitled.

Third. To keep in tenantable repair all houses, buildings and fixtures of said real estate which may be under his control, and to pay all taxes legally levied on said real estate.

Fourth. To maintain any necessary action for the possession of said real estate or quieting title to the same.

Fifth. Within one month hereafter to make and return a verified inventory and appraisement of all the real and personal estate of decedent which shall have come to his possession or knowledge.

Sixth. To pay the funeral expenses, and expenses of the last sickness and all just debts of said decedent that shall be proved and allowed herein, to settle and compound the same, and to make defense against any claims that are not just and proper to be allowed.

Seventh. To obey all orders of the Court herein and settle for and account for the property of the decedent within the time prescribed by the Court.

Dated March 18th, , 19 63 By the Court,

Judge of Probate.

| N | PROBATE | COUR |
|---|---------|------|
|   |         |      |

In the Matter of the Estate of

Sadie F. Theel, Decedent.

## LETTERS OF ADMINISTRATION

18th Filed this

, 19 63and March

recorded in Book 77 of Letters

No. 3517\*

IN PROBATE COURT

State of Minnesota,

aforesaid, do hereby certify that I have compared the within and foregoing paper writing with the original Letters of Adminis-

A. D. 19

## State of Minnesota, IN PROBATE COURT County of ..

| SADE F. THEE   | L  | BOND   |
|--|--|--|
| Know All Men by Thes   | Decedent se Dresents. That we  | MANFORD THEFT.   |
| 7 2  | - presents, 2 mar ac-  | , as principal   |
| and HARTFORD ACCI  | DENT AND INDENTITY   |  |
| a corporation organized unde   | er the laws of the State of  | / COMESTICUT   |
| and holding the certificate of<br>authorized to contract as m  | of the Insurance Commi<br>crety upon bonds in sai  | ssioner of the State of Minnesota showing that it is<br>d State of Minnesota, as surety, are held and firmi  |
|  | JOHN LANO  | , as Judge of Probate of the County o  |
| Dollars, lawful money of th  | he United States, to be<br>truly to be made, we bi   | um of CHE THOUSAND AND HO (10,000,00) paid to said Judge of Probate, or his successor in office  |
|  | Obligation is wuch, That   | if the above bounden   |
| MARFCED.   |  | , who ha is been appointed repre   |
| sentative of the estate of the   |  | ADIE F. THEYL shall well and   |
| then this obligation shall be  | void; otherwise it shall   | ust as representative of said estate according to law<br>l remain in full force and virtue.  |
|  | Said principal ha  |  |
| and the said surety has cause  |  | signed by its Attorney-in-fact   |
| A.D  |  | ate seal to be hereto attached by authority of its Board   |
| of Directors, this 5th   | day  | of Merch , 1963  |
| Signed, Sealed and Delive  | red in Presence of   | OF IDSTRO  |
| no the   | -67  | manged thee (Seal,   |
| n. 1 Hule  | RA   | Manford Theel, (Frincipal) (Seal   |
| and to Princip   |  |  |
| The state of the s | Territoria de la companya della companya della companya de la companya della comp | HARTEORD ACCIDENT, AND INDEMNITY COMPANY   |
| A to the company   |  | (1) // // // // //   |
| Je A Westg   | aad  | By San State State San   |
|  |  | By 1. 0. Hale ten, actorney in the ser   |
| State of Minn<br>County of Stearns<br>On this 18th   | esota, } ss.   | March , 1963, before me personally   |
| State of Minn<br>County of Stearns<br>On this 18th   | day of 1   | March , 19 <sup>63</sup> , before me personally , to me well known   |
| State of Minn County of Stearns On this 18th appeared Manford Th to be the person who execut   | day of leel the foregoing bond of  | March , 19 <sup>63</sup> , before me personally , to me well known as principal –, and who has acknowledged  |
| State of Minn  County of Stearns On this 18th  appeared Manford The bothe person who executed the san  | day of leel the foregoing bond of  | March , 19 <sup>63</sup> , before me personally , to me well known as principal –, and who has acknowledged  |
| State of Minn  County of Stearns On this 18th  appeared Manford The to be the person who executed that - he - executed the san   | day of leel the foregoing bond of  | sprincipal -, and who has acknowledged poses herein expressed as his tree act and  |
| State of Minn<br>County of Stearns<br>On this 18th   | day of leel the foregoing bond of  | Narch , 19 <sup>63</sup> , before me personally , to me well known as principal m and who has acknowledged   |
| State of Minn County of Stearns On this 18th appeared Manford Th to be the person who execut that - he - executed the san leed.  | day of leel  ted the foregoing bond one for the uses and pur  Notary Public,   | March , 1963, before me personally to me well known as principal -, and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Company Minnesota.  |
| State of Minn County of Stearns On this 18th Appeared Manford The bothe person who executed the san leed.  My commission expires   | day of leel  ded the foregoing bond a me for the uses and pur  Notary Public,  ACKNOWLEDGM   | March , 1963 , before me personally to me well known as principal -, and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Courses Minnesota City, 196 St. Cloud, Minnesota   |
| State of Minn County of Stearns On this 18th Appeared Manford The to be the person who executed the san leed.  My vonconission expires State of Minn   | day of leel  ted the foregoing bond one for the uses and pur  Notary Public,  ACKNOWLEDGM  1850ta,   | w. Y. HENNING Judge of Municipal Courty Winnessta. City, 1963, before me personally, to me well known acknowledged poses herein expressed as his free act and who has acknowledged to the poses herein expressed as his free act and will be a |
| State of Minn County of Stearns On this 18th Appeared Manford Th to be the person who execut that - he - executed the san leed.  State of Minn County of Hannepin  | day of leel  deel  deet the foregoing bond of the uses and put  Notary Public,  ACKNOWLEDGM  1850ta,  Ss.  | w. Y. HENNING Judge of Municipal Courses Winnesseta. City, 196 St. Cloud, Minuesota  ENT OF SURETY  On this 5th day of   |
| State of Minn County of Stearns On this 18th Appeared Manford Th to be the person who execut hat - he - executed the san leed.  State of Minn County of Hannebia   | day of leel  ded the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM  1850ta,  38.   | March , 1963, before me personally , to me well known as principal mand who has acknowledged poses hersing expressed as his free act and W. Y. HENNING Judge of Municipal Course Minnesota City, 1967 St. Cloud, Minnesota ENT OF SURETY  On this 5th day of the appeared H. G. McLellan   |
| State of Minn County of Stearns On this 18th Appeared Manford Th to be the person who execut that he executed the san leed.  My vonunistin expires State of Minn County of Hamenin   | day of leel  ded the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM 1850ta,  38.  | March , 1963, before me personally to me well known as principal mand who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Courses Minnesota City, Dr. St. Cloud, Minnesota ENT OF SURETY  On this 5th day of appeared 1. G. McLellen to me personally known, who being by me  |
| State of Minn County of Stearns On this 18th Appeared Manford The observed who executed the san leed.  My vonconstant experses  State of Minn County of Hamenin March  | day of leel  ded the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM  1850ta,  19 63 , before m  she is Attorney-in  | March , 1963, before me personally to me well known as principal mand who has acknowledged poses hersing expressed as his free act and W. Y. HENNING Judge of Municipal Course Minnesota City, Dr. St. Cloud, Minnesota ENT OF SURETY  On this 5th day of the appeared H. G. McLallan to me personally known, who being by me-fact   |
| State of Minn County of Stearns On this 18th Appeared Manford The observed who executed the san deed.  My commission expires State of Minn County of Hamepia March  Muly sworn, did say that My MARTPORD ACCUMENT  | day of 1 eel ted the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM 1850ta,   ss.   19 63 before m  she is Attorney-in.   | w. Y. HENNING  Judge of Municipal Courses  City, Df St. Cloud, Minuesota  ENT OF SURETY  On this 5th day of appeared H. G. McLellan  to me personally known, who being by me-fact  |
| State of Minn County of Stearns On this 18th Appeared Manford The to be the person who execute that he executed the san leed.  State of Minn County of Hamenin March  Luly sworn, did say that March   | day of leel  ded the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM  1850ta,  19 61, before m  she is Attorney-in.  AND INDEMNITY COMPA  is the corporate seal of a   | March , 1963, before me personally , to me well known as principal , and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Courses Minnesota City, Dr. St. Cloud, Minnesota ENT OF SURETY  On this 5th day of the appeared 1. G. McLellen , to me personally known, who being by me fact . a corporation; that the seal affixed and corporation, and that said instrument was exe-  |
| State of Minn County of Stearns On this 18th Appeared Manford The to be the person who execute that - he - executed the san deed.  My vonumission copies  State of Minn County of Hamepia March  Muly sworn, did say that of Harronson accounts to the foregoing instrument is noted in behalf of said corpor  | day of leel  deel  deel  det the foregoing bond of the uses and pur  Notary Public,  ACKNOWLEDGM  LESOTA,  ss.  19 63 , before m  she is Attorney-in  ANR INDEMNITY COMPL  s the corporate seal of s  ration by H. G.  | Jarch , 1963, before me personally , to me well known as principal — and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Course Minacosta. City, 196 St. Cloud, Minacosta ENT OF SURETY  On this 5th day of a appeared 1. G. McLellen day of the appeared 1. G. McLellen and that said instrument was exempled to the said corporation, and that said instrument was exempled to the said of the said |
| State of Minn County of Stearns On this 18th Appeared Manford The To be the person who execute that - he - executed the san ited.  My commission copies  State of Minn County of Hamepia March  Muly sworn, did say that of Hamppia Accident to the foregoing instrument is outed in behalf of said corpor   | day of leel  deel  ted the foregoing bond of me for the uses and pur  Notary Public,  ACKNOWLEDGM  LESOTA,  ss.  19 63, before m  she is Attorney-in ANR INDEMNITY COMP  is the corporate seal of stration by  H. B. Molel  nt to be the free act and  | Jarch , 1963, before me personally , to me well known to principal — and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Course Minnesota City, 196 St. Cloud, Minnesota ENT OF SURETY  On this 5th day of a appeared 1. S. McLallan day of a appeared 1. S. McLallan , to me personally known, who being by me fact with the seal affixed aid corporation, and that said instrument was exempled to be a search of the seal of said corporation.  Dallace Course McLallan deed of said corporation.  |
| State of Minn County of Stearns On this 18th Appeared Manford The to be the person who execute that - he - executed the san deed.  My vonumission copies  State of Minn County of Hamepia March  Muly sworn, did say that of Harronson accounts to the foregoing instrument is noted in behalf of said corpor  | day of leel  deel  ted the foregoing bond of me for the uses and pur  Notary Public,  ACKNOWLEDGM  LESOTA,  ss.  19 63, before m  she is Attorney-in ANR INDEMNITY COMP  is the corporate seal of stration by  H. B. Molel  nt to be the free act and  | Jarch , 1963, before me personally , to me well known as principal — and who has acknowledged poses herein expressed as his free act and W. Y. HENNING Judge of Municipal Course Minnesota City, 196 St. Cloud, Minnesota ENT OF SURETY  On this 5th day of a appeared 1. G. McLallan day of a appeared 1. G. McLallan , to me personally known, who being by me fact with the seal affixed aid corporation, and that said instrument was exempled and corporation, and that said instrument was exempled of said corporation.  Dallace Course McLallan  |
| State of Minn County of Steams On this 18th Appeared Manford The to be the person who execute that he executed the san ited.  My commission expires  State of Minn County of Hamedia Muly sworn, did say that of Hamedia according instrument is noted in behalf of said corpor Directors; and the said acknowledged said instrument   | day of leel  ded the foregoing bond of the uses and pur  Notary Rubbic,  ACKNOWLEDGM  1850ta,  1963, before m  She 1s Attorney-in AND INDEMITY COMP  is the corporate seal of a ration by H. G.  Notary Public,  | Jarch , 1963, before me personally to me well known as principal -, and who has acknowledged roses herein expressed as his free act and w. Y. HENNING Judge of Municipal Course Minnesota City, 196 St. Cloud, Minnesota ENT OF SURETY  On this 5th day of a appeared 1. G. Milellan to me personally known, who being by me fact to me personally known to me personally known to me persona |
| State of Minn County of Stearns On this 18th Appeared Manford The to be the person who execute that - he - executed the san deed.  My commission expires  State of Minn County of Hamenia March  Muly sworn, did say that of Hamenia and the foregoing instrument i  | day of leel  ded the foregoing bond of the uses and pur  Notary Rubbic,  ACKNOWLEDGM  1850ta,  1963, before m  She 1s Attorney-in AND INDEMITY COMP  is the corporate seal of a ration by H. G.  Notary Public,  | Jarch , 1963, before me personally to me well known to principal and who has acknowledged rooses herein/expressed as his free act and W. Y. HENNING Judge of Municipal Control Minnesota City, Def St. Cloud, Minnesota ENT OF SURETY  On this 5th day of a appeared I. M. McLallan to me personally known, who being by me fact to me personally known, who being by me fact the seal affixed aid corporation, and that said instrument was exempled and corporation, and that said instrument was exempled and corporation.  Defended of said corporation.  County, Minnesota.   |

## APPROVAL

| I hereby approve the within bond and the  | surety thereon, this    | 18th day                          |
|---|-------------------------|-----------------------------------|
| March , 19 63   | -                       | John Ford Juage                   |
| OATH OF   | REPRESENTATIV           | VE /                              |
| State of Minnesota,   |                         |                                   |
| I, Manford Theel  |                         |                                   |
| do swear that I will faithfully and justly pe   | rform all the duties of | f the office and trust which I no |
| assume as representative  |                         | of the estate                     |
| of the above named  | Sadie F. The            | eel                               |
| to the best of my ability and according to law  | Mar                     | can fact that                     |
| Subscribed and sworn to before me this  | 8th                     | 7                                 |
| day of March  | , 19 63                 |                                   |
| Wotary Public W. Y. HENNING<br>Judge of Municipal of<br>My commission of St. Cloud, M | ourt 19                 |                                   |
|   |                         |                                   |

State of Minnesota,

05.516

County of Stearns

PROBATE COURT

In the Matter of the Estate of

Bond and Oath of Representative (SURETY COMPANY FORM)

Decedent

Sadie F. Theel

Willer-Davis Co., Minnespolis

Clerk Hydligh of Probate

of Probate

Bonds, page

, 19 63, and said

bond recorded in Book

Filed the 18th day of March

| State of Minnesota.  County of Stearns              | ss. IN PROBATE COURT   |
|---|--|
|   |  |
| IN THE MATTER OF THE ESTAT                          | E OF   |
| Sadie F. Theel,                                     | Order Appointing Appraisers  |
|   | Decedent.  |
| On all the files, records, and proceedings in       | said estate  |
| It is ordered that W. H. Pers                       | ond and  |
| Oren Quill  | ,  |
| be and they are hereby appointed appraisers, to app | oraise upon oath the estate of the said decedent according to law. |
| Dated this 1st                                      | day of March , 1963.   |
|   | 00 %   |
| (PROBATE COURT SEAL)                                | Probate Judge.   |

## IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

Sadie F. Theel,

Decedent.

Order Appointing Appraisers

Filed March 1st , 1963

Loselyn Muchause
Probate Judge Clerk.

No. 357954\*

| State of Minnesota,   |                         | ROBATE COUR                                    | Т                              |
|---|-------------------------|--|--------------------------------|
| IN THE MATTER OF THE ESTATE OF  | ) 1                     | NVENTORY AND APPE                              | PAISAL.                        |
| Sadie F. Theel  | Date of                 |  | , 19 63                        |
| Decedent ONTH OF  | APPRAISERS              |  |                                |
| State of Minnesota,   | AFFRAISERS              |  |                                |
| - MA  |                         | Marian P.                                      |                                |
| County of Stearns )   |                         | Allian Parson y swear that I will honestly.    |                                |
| impartially perform all the duties of the office and trust wh   |                         |  |                                |
| Sadie F. Theel  |                         | the best of my ability, So                     |                                |
| Subscribed and sworn to before me this  day of fightening, 19 08  | Dr.                     | William Person                                 |                                |
| Notory Public County Minn. My community St. Cloud, Minnesbin (SEAL)   |                         | Oren Quill                                     |                                |
| The undersigned representative of the estate of the   |                         |  |                                |
| and show 5, to the court—   | arvie Names ac          | County ( Egy/ Eschi III)                       |                                |
| That the following is a true and correct inventory  | of all the proper       | ty of the above named estate                   | s, both real and               |
| personal, which has come into him possession of   |                         |  |                                |
| after diligent search and inquiry concerning the same, cl   | assified as follow      | es, to-witz                                    |                                |
| CLASS I—Real Estate:  |                         |  |                                |
| (a) The homestead of decedent, being in the   | County of               | Specify Encumbrances<br>and Respective Amounts | Net Value Over<br>Encumbrances |
| Stearns , State of Minnesot   | a, consisting           | ***  | 8                              |
| ofacres in area described as foli   | lows, to-wit:           |  |                                |
| Let 8, less West 45 feet, and all of Lot<br>Block 7, Oak Park Addition to the Village<br>Paynesville, on file and of record in the<br>of the Register of Deeds in and for Steam<br>County, Minnesota. | 9.<br>e of<br>ne Office |  |                                |
|   |                         |  |                                |
| (b) All other real estate of decedent being in, State of  |                         |  | \$6900.00                      |
| described as follows, to-wit:   |                         |  |                                |
|   |                         |  |                                |
|   |                         |  |                                |
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|   |                         |  | The state                      |
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|   |                         |  |                                |

| (Here list any written obligations of any kind due and owning decedent, with interest rate and maturity, also book and page of second of Mortgages) | Interest to Date                           | Principal                   | Appraised Va<br>of Princips |
|---|--|-----------------------------|-----------------------------|
| of ecord of Mortgages)  | of Death                                   | 3                           | & Interest                  |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
|   |  |                             |                             |
| Total Value of Mortgages, Bonds, Notes, etc.  |  |                             |                             |
| LASS VI—All other Personal Property:  (Here list Cash, Book Accounts, Annuities, Farm Crops, Machinery, etc.)                                       | Specify Er<br>and Respec                   | ncumbrances<br>tive Amounts | Net Value<br>Over Encumbra  |
|   | 8  |                             | 8                           |
|   |  |                             |                             |
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|   | 4 Harris                                   |                             |                             |
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|   |  |                             |                             |
|   |  |                             |                             |
|   | 171.493                                    |                             |                             |
|   |  |                             |                             |
| Total Value of All Other Personal Property  |  |                             | 8                           |
| SUMMA  The total value of all the real estate of decedent, as valued by   | the appraisers here                        |                             | 8                           |
| The total value of all the personal property of decedent, as va<br>The total value of the entire estate of decedent, as valued by the               | dued by the apprais<br>he appraisers herei | sers herein, is             | \$                          |
| Respectfully submitted,   | mans                                       | rd I Ku                     | 1                           |
| *****   | and of pater constitution                  |                             | heal                        |

|                  | 1                  |  |               | VERIFIC      | TATION        |  |                 |                    |
|------------------|--------------------|--|---------------|--------------|---------------|--|-----------------|--------------------|
| Coun             | State of           | Minnes   | sota,         | } ss.        |               | Manford Thee                             | 1               |                    |
|                  |                    | 110  |               |              |               |  |                 |                    |
| being            | duly sworn, on     | oath say 5 tha   | , he          | 15 there     | presentative  | of the estate abo                        | ne specified; i | that he has        |
|                  |                    |  |               |              |               | he contents thereo;                      |                 |                    |
|                  |                    |  |               |              |               | his                                      |                 |                    |
|                  | 1                  | cribed and swo   |               |              |               |  |                 |                    |
|                  |                    |  |               |              | Thin.         | ford Manton                              | 20              |                    |
|                  | 109                | 6  | 1             |              | - Maring      | Manfor                                   | nd Theel        |                    |
| Notos            | w. X.              | Henning  | County        | Minu.        | · · ·         |  | Repe            | ecentative         |
|                  | udge of Mun        | Trahar ann   |               | ٠            |               |  |                 |                    |
|                  | ity of ot.         | olong, utu   | 10 20 ¢a      |              |               |  |                 |                    |
|                  |                    |  | CERTIF        | ICATE O      | F APPRA       | SERS                                     |                 |                    |
|                  | State of           | Minnes   | sota,         | 1            |               |  |                 |                    |
| Coun             | ty of Stea         | rns  |               | _5           | We, the       | undersigned app                          | raisers, duly   | appointed b        |
| the P            | robate Court of.   | Ste  | arns          |              |               | County, Minnes                           | ota, to apprai  | se the estate of   |
|                  |                    | Theel  |               |              |               | , having first du                        |                 |                    |
|                  |                    |  |               |              |               | at we have careful<br>estate and the pro |                 |                    |
|                  |                    |  |               |              |               | ability, appraise                        |                 |                    |
|                  | 100                |  |               |              |               | and have footed i                        | up by itself th | ie amount an       |
| malue.           | of each class of : | said property,   | gud of the wh | iole of said | estate.       |  |                 |                    |
| P. Service       | and the same of    | 10   |               |              |               |  |                 |                    |
| · ·              | Dated this         | 5  |               | day of       | Febru         | ary                                      |                 | 4. D. 19 <b>68</b> |
|                  |                    | 5  |               | day of       |               | Miam                                     | Time.           | A. D. 1968         |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          | 4. D. 19 <b>68</b> |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
| *******          |                    | 5  |               | day of       | Pebru         | William                                  | Person          | A. D. 1968         |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
|                  |                    | 5  |               | day of       | Pebru         | William                                  | Person          |                    |
|                  |                    | 5  |               | day of       | Pebru<br>De 1 | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | 30 SI                    |               | day of       | Pebru<br>De 1 | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | Serats of  |               | day of       | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | THE ESTATE OF  |               |              | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | or THE ESTATE OF heel,                                       |               |              | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | THE OF THE ESTATE OF . Theel,                                |               |              | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |
|                  | Dated this         | MATTER OF THE ESTATE OF  F. Theel,                           |               |              | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |
| Pite No. 19, 550 | Dated this         | FRODALE COOK! IN The Marres of the Estate of Sadie F. Theel, |               |              | Pebrus Ox     | William William Orem Qui                 | Person<br>11    | Appraisers         |

#### SCHEDULE OF NON-PROBATE ASSETS

MAIL TO: STATE OF MINNESOTA DEPARTMENT OF TAXATION INHERITANCE AND GIFT TAX DIVISION St. Paul, Minnesota 5510

| <b>∌</b> tate | of | Minnesota, |
|---------------|----|------------|
| County of     | 3  | tearns     |

Decedent Sadle F. Theel

Date of Death January 8, 1963

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 Minnesota Statutes Chapter 291.

#### GENERAL INFORMATION

| (1)    | Decedent's residence at date of death   | Street   | Payn  | asville                         | Kinnegota                   |
|--------|---|--|---|---------------------------------|-----------------------------|
| (2)    | Place of death Paynesville  | Birthdate  | 11/10/1894 Place of b   | rth                             | Stearns County              |
| (3)    | Business or occupation  | Housewife  |   |                                 |                             |
| (4)    | Married, single, separated, widowed or di   | vorced at date   | of death  |                                 |                             |
| (5)    | The name, relationship to decedent and be follows: (Do not answer if information ap   | orthdate of specific   | ouse, children, or issue of d<br>on for probate.)   | eceased ch                      | ildren of decedent, is as   |
|        | NAME  | RELA   | TIONSHIP  |                                 | DATE OF SIRTH               |
|        | Manfard Theal   |  | Δ   | A                               | ugust 25, 1922              |
|        |   |  |   |                                 |                             |
| ****** |   |  |   |                                 |                             |
| 340411 |   |  |   |                                 |                             |
| (6)    | A. Name and address of bank or other of the undersigned person or persons fill by decedent and for information as to an without an adequate and full consideration.   | depositarying return mak                                       | e diligent and careful sear<br>material portion of decede   | ch for prop                     | perty of every kind left    |
| (8)    | Will there be Minnesota probate proceed   | ings?  | AB  |                                 |                             |
| (9)    | Do any of the surviving joint tenants on<br>any portion thereof in money or money's<br>Was any of the property held by deceden<br>a third person?<br>Give details of such claims on Exhibit I of  | worth toward<br>t and others as                                | purchase or acquisition of<br>joint tenants acquired by   | the joint ;<br>them by ;        | property?NQ                 |
| Ι,     | Manford Theel   | ,  | information and belief, herein<br>law to be included in said sch<br>answered; that I have no know   | is listed all                   | of the property required by |
| sthat  | execut. /administrat /transferee,<br>tee of the estate of the above named decedent do<br>I have carefully examined the foregoing schedule,<br>rate sheets attached, if any, and that, to the best of m<br>scribed and sworn to before me this | custodian or<br>hereby swear<br>including the<br>ay knowledge, | answered; that I have no know<br>cluded in this schedule excet<br>knowledge, information and it<br>Exhibits are full and fair in<br>cedent's death. | ot as stated;<br>belief the val | and that to the best of my  |
| 10000  |   | , 1968   | (Signature)   | anto                            | il their                    |
| Not    | ary Public, County of Judge of Municipal commission express Gity of St. Gloud,  | Court<br>Minnesota   |   | anford T<br>nesville            | heel<br>, Minnesota         |

#### EXHIBIT I - PROPERTY HELD IN JOINT TENANCY

| Date of<br>Transfer<br>to Joint<br>Tenancy | Description Property (Legal description of Land;<br>fitnest Address of City Resulty; Acresse of Rural<br>Land). Report Lieus, it any. Hornessend must<br>be designared. | Surviving Joint Tenant<br>(Give Name and Relationably<br>to Domfont) | Assessor's Fish and True Value of Healty Or Unit Value of Recurities On Date of Valueties | Gross Market<br>Value of White<br>Property |
|--|---|--|---|--|
|  | Savings Certificate<br>First State Bank of  | Manford Theel, Son   |   | 3000.00                                    |
|  | Paynesville   | namioru -meer, son   |   | 3000.01                                    |
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|  |   |  | ET REEL   |  |
|  |   |  |   |  |
| -  |   | Total (Col. 5.)  |   |  |

#### EXHIBIT II - INSURANCE

| Date<br>Taken<br>Out | (Name of Company, No. of Policy) | Amount Paid or<br>Payable at Death<br>(Show Post Mortem | Beneficiary and<br>Relationship to<br>Decedent | Did Doredont possess any of<br>The Incidents of Ownership at<br>Death? (If Surrendered, please<br>furnish date of Surrender.) |    |  |  |
|----------------------|----------------------------------|---|--|---|----|--|--|
| Out                  |                                  | Dividenda Separately)                                   | p-product.                                     | Yes   | No |  |  |
|                      |                                  |   |  |   |    |  |  |
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|                      |                                  | TO THE REAL PROPERTY.                                   |  |   |    |  |  |
|                      |                                  |   |  |   | -  |  |  |

#### EXHIBIT III — ANNUITIES, DEPOSITS, ETC.

| Date of<br>Contract | Description of Contract (Name of Company, No. and Type)  | Amount Paid or Payable<br>at Death or Value of<br>Raisnos of Annuity | Beneficiary or Transferee<br>Name, Address, and Relationship to Decedent |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|
| 1                   |  |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |  |
|                     | Parada de la companya |  |  |  |  |  |  |  |
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|                     |  |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |  |

#### EXHIBIT IV - TRANSFERS BY THE DECEDENT

| Date of<br>Transfer | Association of Property Transferred (I<br>of and: Street Address of City Realty;<br>Land). Specify Liens, if  | Acreage of Itural   | Transferse and Relation to Decedent  | unhilp   | Assessor's Full and True Value of Realty Or Unit Value of Securities on Date of Valuation                 | Gross Pair<br>Market Value                |
|---------------------|---|---|--|--|---|---|
| At death            | Balance on contract  The (Si) of the (SE <sup>1</sup> / <sub>2</sub> ) (S <sup>1</sup> / <sub>2</sub> ) of the (SW <sup>1</sup> / <sub>2</sub> ) in Township (123) of Ran containing 180 acres less according to the survey thereof.  AND  Commencing 8.35 chain 4, Township 122 of Rathence running 8.35 ct to the section line; | and the<br>Section (32)<br>more or<br>government<br>is west of t<br>nge 32; Th<br>hains west,<br>and thence                     | he northeast comence running 27, thence running 8.35 cm  | 25 cha<br>27.25<br>sains e   | ins due South;<br>chains due nort<br>ast to the   |   |
|                     | point of beginning, coing 20 chains East of the east half of sect ning 27.25 chains sou Faul, Minneapolis and west parrellal with a ning due north 41.51 23 acres ore or less.  The above premises we for deed during the 1 paid \$4000.00. The dipayment or death and manford Theel, at dea \$8000.00 owing upon t               | f the quartion 4 in To th; thence Manitoba raid railros chains to t . re sold to ifetime of sed was dep was, theref th at which | er post at the a<br>waship 122 of Ra<br>running 16.70 a<br>ailroad track;<br>d track 24.40 ch<br>he place of begin<br>Manford Theel, a<br>the deceased, as<br>osited for delivered<br>time there was | northweeling 32 chains thence hains; inning, son, or mi the very up to the | stormer of income the seast to St. running south thence run- containing contract purchaser on either son, | 3.35 chai                                 |
|                     | 40000 to to the upon t  | ne contract   |  | Col. 5.) -   |   | 8000000                                   |
|                     |   |   | Less lier<br>Net   | ns (Col. 2.  | )   | 8000.00                                   |
| 1                   |   | EXHIBIT V-  | - MISCELLANEOUS  |  |   |   |
|                     | Description of Property<br>(Specify Liens, if any)  |   | Heir or Hemeficiary<br>hip to Decedent   |  | d Pair Market Value   | Not Value<br>After Liona                  |
|                     |   |   |  |  |   |   |
| State of Minnesota, | County of Stearns Re: Estate of Sadle F. Theel, Decedent SCHEDULE OF NON-PROBATE ASSETS   |   | Filed February 16th, 1968  | Clerk of Probate Court   | Attorney  | ARCHETY PERSONS CONTANT, ST. CLIMB. WHEN. |

# STATE OF MINNESOTA DEPARTMENT OF TAXATION INHERITANCE AND GIFT TAX DIVISION CENTENNIAL OFFICE BUILDING ST. PAUL, MINNESOTA 55101

| Name of Decedent   | Sadie F. Theel                 |
|--------------------|--------------------------------|
| County of          | Stearns                        |
| Date of Death      | January 8, 1963                |
| Honorable Probate  | Court of Stearns County        |
| St. Cloud, Minneso | ta 56301 Probate File No 19550 |

This is to advise the Court that the provisions of Section 291.12, imposing a liability upon the representative for payment of inheritance taxes due the State of Minnesota, as a result of the death of the above decedent, have been satisfied. As a consequence, the Commissioner of Taxation will not object to the discharge of the representative.

The Court is also advised that the file of the above estate discloses inheritance tax payment(s) to date in the amount of \$ 285.69 , together with interest payment(s) in the amount of \$ 73.62 , for a total of \$ 359.31

Dated this 31st day of July , 196 9

David T. Magnuson, Tax Examiner Inheritance and Gift Tax Division

DIM: dah

cc: W. Y. Henning Attorney at Law Court House St. Cloud, Minnesota 56301

DE Chiquest A.D. 1969.

3326

STATE OF MINNESOTA |

Ladie J. Theel

Consent

FILED THIS 4th DAY OF Aug AD 1969 Hoselyn Kuyhouse

ORDER DETERMINING AND ADJUSTING INHERITANCE TAX

# STATE OF MINNESOTA DEPARTMENT OF TAXATION INHERITANCE AND GIFT TAX DIVISION Centennial Office Building St. Paul, Minnesota 55101

SEND PAYMENT AND COPY OF THIS ORDER TO COMMISSIONER OF TAXATION

IN THE MATTER OF THE ESTATE OF

Sadie F. Theel

Deceased

File No. 189958

\_ County of \_\_\_\_ Stearns

Date of Death Jan. B, 1963

Pursuant to the provisions of Minnesota Statutes Section 201.09, the Commissioner of Taxation hereby determines and adjusts the inheritance tax with respect to the estate of the above decedent as set forth on REVERSE SIDE OF THIS ORDER.

The total amount of tax assessed against each of the persons herein named shall be paid to the Commissioner of Taxation, Centennial Office Building, St. Paul, Minnesota 55101, less any amounts previously remitted to the Commissioner of Taxation, together with interest thereon on the unpaid balance of the tax as determined by this order at the rate of 6% per annum from and after—

ully 3, 1964—until paid.

APPROVED:

Dated this 28th day of March , 19 69

Commissioner of Taxation

RUFUS T. LOGAN Commissioner of Taxation

By Deputy Commissioner of Taxation

By John J. Jewell, Director Theritance and Offi Tax Division

Upon examination of the order determining and adjusting inheritance taxes, executed by the Commissioner of Taxation as described in the above notice, I hereby approve the Commissioner's action and waive the right of appeal therefrom on behalf of the State of Minnesota.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_, 19\_\_ DOUGLAS M. HEAD

Attorney General

JB:eo

By

#### EXPLANATION OF PROCEDURE

- The original order determining and adjusting tax is on file in the Department of Taxation.
  Three copies are sent to the taxpayer or his attorney or agent. If there is a probate, one copy is sent by the Commissioner of Taxation to the probate court.
- 2. The taxpayer or his attorney will return one of the copies with payment of the tax and interest, if any, to the COMMISSIONER OF TAXATION, INHERITANCE AND GIFT TAX DIVISION, Centennial Office Building, St. Paul, Minnesota 55101. A copy of this order must accompany the remittance.
- 3. An appeal from this order to the Minnesota Board of Tax Appeals may be taken within 30 days from the date of this notice. See Minn. Stats. Sec. 271.06.

STATE OF MINNESOTA
DEPARTMENT OF TAXATION
INHERITANCE AND GIFT TAX
DIVISION
Sadie F.Theel,

ORDER AND NOTICE OF ORDER DETERMINING INHERITANCE TAX

Deceased

mount of Tax \$ 164,82

Rica March 31st , 10 69

Manford Theel, son:

Pros estate Exhibit I, Joint tenancy property Exhibit IV, Transfers

3,029.73 3,000.00 14.255.00 20,284.73

Tax \$285.69

Payment memo:

## SALF ASSESSED MINNESOTA INHERITANCE TAX RETURN COMPUTATION OF INHERITANCE TAX

| Inheritan<br>Centenni  | ent of Taxa<br>ace and Gift<br>al Office Blo<br>Minnesota | Tax                      |                           | ion                       |                           |                  |                           | DAT               | E (                      | Y O                    | DEC<br>DEA'<br>F RI<br>COUI | CH_              | ENC    | J <sub>0</sub>   |        | y 8      | 19      | 63       | , say NONE)   |       |
|--|---|--------------------------|---------------------------|---------------------------|---------------------------|------------------|---------------------------|-------------------|--------------------------|------------------------|-----------------------------|------------------|--------|------------------|--------|----------|---------|----------|---|-------|
| Executed   | duplicate t   | o Pro                    | bata                      | Cou                       | rt                        |                  |                           |                   |                          |                        |                             |                  |        |                  |        |          |         |          |   |       |
| I. TAXA  | BLE TRA   | NSFE                     | RS                        |                           |                           |                  |                           |                   |                          |                        |                             |                  |        |                  |        |          |         |          |   |       |
| Include all<br>against tax   | transfers tax   | thie un                  | der h                     | I.S. 2                    | 91.01<br>inher            | even             | thougo tax                | ch exc<br>liabili | mpt<br>ty of             | trade<br>India         | M.S.                        | 201.0<br>benefi  | in te  | .000             | ndoi   | vez 1    | Diem    | ptiona a | hould be claim  | ed    |
| PROBATI  | ASSETS  |                          |                           |                           |                           |                  |                           |                   |                          |                        | Real I                      | Catata           |        | Eve              | reonal | Pen      | erty    |          |   |       |
| Values per   | Inventory   |                          | -                         |                           | -                         |                  |                           |                   |                          | ī                      | 6000                        | .00              |        | 1                | No     | me       |         |          |   |       |
| -  | red ameta -   |                          | -                         | -                         | 4                         | 4                |                           |                   |                          |                        |                             |                  |        |                  |        |          |         |          |   |       |
| Description .  | and values  |                          | Total                     |                           | -                         |                  |                           |                   |                          |                        |                             |                  |        |                  |        |          |         |          |   |       |
| TOTA   | and values  |                          |                           | 3                         |                           |                  | ũ.                        |                   |                          |                        | 6000                        | .00              |        |                  |        |          |         |          |   |       |
|  | OTAL VALU   | E OF                     | PRO                       | BATI                      | E ASS                     | ETS              | AS /                      | ADJU              | STE                      | D -                    |                             |                  |        |                  | -      | -        | -       | 1        | 6000.00   |       |
| NON-PRO  | DRATE ASSE  | the elaphdra<br>TS: F    | rom a                     | ehedo                     | hing s                    | s scho           | dule.                     | ion Io            | F. 3431                  |                        | ta inh                      | ple, to          | o reon | Brita<br>of epi  | ones I | SETTINIA | 015 10  | M.S. S   | ed by the Frobsec. 291.76. Se                           | P. C. |
|  | extend listed in<br>real estate lis                       |                          |                           |                           | 7                         |                  |                           |                   |                          |                        |                             |                  |        | >                | 3000   | .00      |         |          |   |       |
|  | nal property !  |                          |                           |                           |                           | -                |                           |                   |                          | 4                      | -                           |                  |        |                  |        |          |         |          |   |       |
|  | listed in EXH   |                          |                           | π                         |                           | -                | -                         | -                 | -                        | =                      | -                           | -                | -      |                  |        |          |         |          |   |       |
|  | and Deposits I  |                          |                           | BIBL                      | LIII                      | -                | 20                        | 3                 |                          |                        | -                           | -                | -      |                  |        |          |         |          |   |       |
|  | lated in EXHI<br>our Hated in E                           |                          |                           | -                         | -                         | -                |                           | 4                 |                          |                        | -                           | -                | -      |                  | 8000   | .00      |         |          |   |       |
| schedule of  | TOTAL V   | amota.)                  |                           |                           |                           | -                |                           |                   | 1                        | -                      | -                           | -                |        |                  |        |          |         | :_1      | 7,000.00  |       |
| Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic | UCTIONS   |                          |                           |                           |                           |                  |                           |                   |                          |                        |                             |                  |        |                  |        |          |         |          | *   |       |
| Pederal est<br>(usually th<br>testate incli  | over tuxou shull  | i be aprothe;<br>persons | pporti<br>goven<br>d tang | oned<br>ning i<br>gible p | egsin:<br>netrun<br>roper | at the<br>next i | share<br>sailer<br>ving l | o of the          | e est<br>econs<br>is out | ate r<br>dance<br>side | eccive<br>with<br>Minne     | d by l<br>M.S. f | 26,62  | ciario<br>1 thre | ngh S  | SETE.    | G 123 1 | the guy  | 25.44, except the<br>erning instrum-<br>M.S. 291.07 who | :25   |
|  | tory selection  |                          | of prob                   | ala am                    | ets only                  | -                |                           | +                 |                          | ==                     | -                           | -                |        |                  | -      |          |         |          |   |       |
|  | alsera foes -   | -                        | -                         | 1                         | 4                         | -                | 4                         | 4                 | -                        | -                      | -                           | -                | -      | 1                | -      | -        | -       |          | 20.00   |       |
|  | cation of order   | 11                       | -                         | -                         | -                         | -                | 3                         | -                 | 4                        | - 32                   | -                           | -                | -      | 16               | -      | -        | 4       | -        | 21.50   |       |
|  | sensation of re   | present                  | intive                    | HC.                       | 77                        | -                | -                         | -                 | -                        | -                      | :71                         | .00              |        | -                | π.     |          | -       |          | 600.00  |       |
|  | ney fees -  | & rec                    | comi                      | ing                       | 5                         | -                | -                         | -                 |                          |                        | -                           |                  | ~      |                  |        |          | -       |          | 12.50   |       |
|  | led copies - '  | -                        |                           |                           |                           | _                |                           |                   | _                        |                        |                             |                  | -      | 101              |        | 1        |         |          | 50.00   |       |
|  | Ilaneous exper  | To men                   | admir                     | olstra                    | tion (                    | itrach           | sche                      | dulo)             |                          | -                      | -                           | -                | -      | -                | -      | -        | -       |          |   |       |
|  | ral expenses  |                          |                           |                           |                           |                  | -                         | -                 | 70                       | -                      | 140                         | -                | -      | +                | -      | 75       | 7       |          | 804.00  |       |
|  | anna of test ille<br>no taxes of dec                      |                          |                           |                           |                           |                  | -                         | -                 |                          |                        | -                           | -                | -      | -                | *      | 9        | +       |          | 939-75  |       |
| F  | oderal 8  |                          |                           | in 1                      | State                     |                  |                           |                   |                          | 1                      | - 14                        | -                | 7      | 7                | 7      | -        | 3       |          |   |       |
| 13. Feder  | al Estate Tax<br>a take us a delay                        | (S.                      | hit inch                  | ion if a                  | lie tax                   | ix autile        | el to s                   | apportio          | - name                   | 10                     | 1                           | -                | -      | -                | *      |          |         | -        |   |       |
|  | er allowed by p   |                          |                           |                           |                           |                  |                           | -                 | -                        | -                      | -                           | _                | -      | -                | 12     |          | -       |          |   |       |
|  | deductions al   |                          |                           | w (att                    | ach se                    | shedul           | 0)                        |                   |                          |                        | te T                        |                  |        | =                | -      | 0        | -       | -        | 522.52  |       |
|  | TOTAL D   | EDUC                     | TIO                       | VS.                       | (91)                      | ad               | vano                      | ced )             | by t                     | the                    | sole                        | hei              | r)     | -                | +      | 1        | -       | 8        | 2970.27   | 11    |

| III. SUMMARY OF PROBATE ASSETS: To be completed  | d only if estate is submitted to probate.                        |
|--|--|
| Total value of probate assets as adjusted in Section I   | 6000.00  |
| Less deductions ellowable in probate court in Section II Balance prob te assets for distribution   | 2970.27  |
| Where there is an excess of inheritance tax deductions over probate assets, as<br>ave been both allowed by the probate court and duly paid), may be deduct<br>to deductions may be taken against non-probate assets for items deductible up<br>LS. Sec. 291.07 (4) which have not been both paid and allowed as aforesal   | ted against the payor's share of non-probate assets, except that |
| V. COMPUTATION OF TAX (Use tax table on page 4)  |  |
| exemptions applicable to both probate and non-probate assets include reporty, and the exemption for war risk insurance. A summon recording and   | The homestead exemption; the exemption for previously taxes      |
| o jointly held property.  (FIRST COMPUTATION SPACE TO BE USED Of See M.S. 291,05 (4) Where there is no surviving wife,   |  |
| Charles Street and Charles Hill and Mark Charles and Advantage Control of the Con | 121  |
| Name<br>Birth Date   |  |
|  |  |
| Probate maintenance received in excess of \$5,000.00 exemption   |  |
| Non-probate assets   |  |
| TOTAL ASSETS   |  |
| Leen:  |  |
| Homestead exemption  |  |
| Additional allowable deductions and exemptions:  |  |
|  |  |
|  |  |
| TOTAL DEDUCTIONS AND EXEMPTIONS  |  |
|  |  |
| AMOUNT SUBJECT TO TAX (Use table to determine tentative tax.)  |  |
| (A) Tentative Tax \$   |  |
| Credit When Maintenance Allowed by Probate Court is<br>Less Than \$5,000.00 or Where There are No Probate Pro-   |  |
| ceedings. (Allowable only where decedent's death occurred after June 30, 1965.)  |  |
|  | ******   |
| Maximum allowable in probate court   | \$5,000.00   |
| Remaining exemption  |  |
|  |  |
| (B) Multiply remaining exemption \$  | by 2% = \$   |
| Tax Due (A) \$ minus (B) \$  | . \$   |
| Remaining computation spaces to be used for beneficiaries OTHER than au<br>Use schedule IG 1-A for additional beneficiaries.   | viving wife.   |
| Name Manford Theel   |  |
| Actual relationship. Son   |  |
| Birth date August 25, 1922   | 00.00  |
| The state of the s | 29.73<br>00.00   |
| Non-produce assets   | 14,029.73  |
| TOTAL ASSETS Less:   | 5  |
| Additional allowable deductions and exemptions:  |  |
| exemption  |  |
| TOTAL DEDUCTIONS AND EXEMPTIONS  | 6000.00  |
| AMOUNT SUBJECT TO TAX  | 8029.73  |
| TAX DUE  |  |
| Name   |  |
| Actual relationship  |  |
| Birth date   |  |
| Share of net probate assets  |  |
| Non-probate assets   |  |
| TOTAL ASSETS   | =                          |
| Less:  |  |
| Additional allowable deductions and exemptions:  |  |
|  |  |
| TOTAL DEDUCTIONS AND EXEMPTIONS AMOUNT SUBJECT TO TAX  |  |
| TAX DUE  | \$   |

| Name   |        |             | -          |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
|--|--------|-------------|------------|----------|--------|---|-----------------|--------------|--------|-------|--------|-----------|------------|--------|------------------|
| Actual relationship  |        |             | ********** |          |        |   |                 |              |        |       |        |           |            | 100    |                  |
| Birth date   |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Share of net prob te assets -  |        | -           | -          | - 10     | -      | 100                                     | 8               |              |        |       |        |           |            | 13     |                  |
| Non-probate assets   | -      | -           | 100        | 141      | - 60   | 12                                      | -               |              |        |       |        |           |            |        |                  |
| TOTAL ASSETS -   | -      | -           | -          | -        | -      | -                                       | -               |              | -      | -     | 1      |           |            |        |                  |
| Less:  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
| Additional allowable defluctions and   | 4      | and to      |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Additional anowalse designations and   | d exer | npuo        | me :       |          |        |   |                 |              |        |       |        |           |            |        |                  |
|  |        | Herman      |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 100    |                  |
| TOTAL DEDUCTIONS   | AND    | EXI         | EMP        | TIONS    | - 100  | -                                       | -               | -            | -      | 12    | 1      |           |            | 4      |                  |
| AMOUNT SUBJECT TO  |        |             |            | -        | -      |   | -               | -            | -      | -     | 1      |           |            |        |                  |
| TAX DUE -  | -      | -           | -          | -        | -      | 196                                     | 100             | -            | 100    | 100   | -      | -         | - 0        | 1      | -                |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Name   |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Actual relationship  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 1-     |                  |
| Transfer and the first transfer and the first transfer and the first transfer and t |        |             |            |          |        |   |                 |              |        |       |        |           |            | V      |                  |
| Share of net probate assets -  | -      | -           | -          | -        | -      | -                                       | 1               |              |        |       |        |           |            |        |                  |
| Non-probate assets   | -      | -           | -          | -        | -      | -                                       |                 |              |        |       |        |           |            | 1      |                  |
| TOTAL ASSETS -   |        | -           | -          | -        | -      | -                                       | -               | -            | 1 -    | -     | 1      |           |            |        |                  |
| Less:  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
| Additional allowable deductions and  |        | LOUI A MICH |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| additional anowable deductions and   | d exer | npuo        | 1382       |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
|  | 111    |             |            | -        |        |   |                 |              |        |       |        |           |            | 1      |                  |
| was a second of the second of  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| TOTAL DEDUCTIONS   | AND    | EX          | EMP        | TIONS    | -      | 14                                      | -               | -            | -      |       | 8      |           |            |        |                  |
| AMOUNT SUBJECT TO  | AT C   | X -         | -          | -        |        | - 10                                    | -               | - 500        | -      | -     | 2      |           |            |        |                  |
| TAX DUE -  |        |             | -          | -        | -      | . 000                                   | -               | V. w         | -      | -     | -      | -         |            | 8      |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 100    |                  |
| Name   |        |             |            |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
| Actual relationship  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Birth date   |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Share of net probate assets -  | -      |             | -          | 4        | 2      |   |                 |              |        |       |        |           |            |        |                  |
| Non-probate assets   | -      | -           |            |          | -      |   |                 |              |        |       |        |           |            | 1      |                  |
| TOTAL ASSETS -   | -      | in.         | -          |          | -      | -                                       |                 | -            | _      |       |        |           |            | 1      |                  |
| Less:  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        | -                |
| TOTAL DEDUCTIONS<br>AMOUNT SUBJECT TO<br>TAX DUE -   | ) TA   | X -         |            |          | - + +  |   | 6.8.3           | 111          |        | 1.1.1 | \$     | -         |            | 8      |                  |
| Name   |        |             |            |          |        |   |                 |              |        |       |        |           |            | 1 - 1  |                  |
| Actual relationship  |        |             |            |          |        |   |                 |              |        |       |        |           |            | 100    |                  |
| Birth date   |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Share of net probate assets -  |        |             | William    |          |        | 111111111111111111111111111111111111111 |                 |              |        |       |        |           |            | 1      |                  |
| Non-probate assets   |        | 16          |            |          |        |   | A.3.3.5.1111111 |              |        |       |        |           |            | 100    |                  |
|  | -      |             |            | -7.      |        | -                                       |                 |              |        |       |        |           |            | 1 = 1  |                  |
| TOTAL ASSETS -   | -      |             | -          |          |        |   | -               | -            | -      | -     |        |           |            |        |                  |
| Less:  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
| Additional allowable deductions and  | d exer | mptio       | ns:        |          |        |   |                 |              |        |       |        |           |            | 1      |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
|  |        |             | - 11111    |          |        |   |                 |              |        |       |        |           |            |        |                  |
| TOTAL DEDUCTIONS   | ANTE   | 10000       | EMP        | PTOMO    | 1      | ********                                |                 |              |        |       |        |           |            |        |                  |
|  |        |             | milt.      | 10.45    | 16.75  |   | -               | -            | -      |       |        |           |            |        |                  |
| AMOUNT SUBJECT TO  | J. 175 |             | -          | -        | 1.77   | - 17                                    | -               | -            | -      |       | 9-11   |           | -          | -      |                  |
| TAX DUE -  | -      | -           | -          | -        | -      | -                                       | -               |              | -      | -     | 1      | -         | -          | \$     |                  |
|  |        |             |            |          |        |   |                 |              |        |       | 2000   | A. W. 100 |            | 11 1   |                  |
|  |        |             |            |          |        | Total                                   | 0 4             | 120          |        | -     | 101    | AL T      | AX DUE     | \$     | 160.59           |
| nterest at 6% per annum from<br>(Eighte  | en m   | onths       | from       | date of  | deat   | 1964                                    | to              | A            | Date   | 8     | ayment | 1         | 1968       | 3000   | 33.90            |
|  |        |             |            |          |        |   |                 | - may 4. may |        |       |        |           |            |        |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           | AYABLE     | \$     | 194.49           |
|  |        |             |            |          |        |   |                 | Less         | Previ  | ous I | 'aymen | ts ·      |            | \$     |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |
|  |        |             |            |          |        |   |                 | Bala         | nce di | 10    | -      | 7 .       | -          | \$     | 194.49           |
| MA   | KE     | CHE         | CK P       | AYAB     | LE 1   | ro c                                    | OMM             | ISSIO        | NER    | OF    | TAXA   | TION      |            |        |                  |
| (It payment is r   | not en | elose       | d, n co    | py of th | hiu re | turn                                    | must b          | e furn       | ished  | wher  | payms  | ent is la | ster made. | )      |                  |
| 704 2004   |        |             |            | -        |        |   |                 |              |        |       |        |           |            |        |                  |
| Manford Ti   |        |             | 1111       |          |        | 4                                       | The E           | ecut.        | au fit | ,     | Admin  | Istrat.   | or .       | Transf | eree, Custodia   |
| rustee of the above estate, or auth<br>ecompanying schedules) is, to the b   | orized | pers.       | on do      | nereb)   | dec    | unre !                                  | that I          | nave (       | carefu | my e  | xamine | a this    | return an  | a that | it (including an |
| ecompanying senedures) is, to the b  | ese 01 | my K        | THOMIS     | age an   | ra DEI | set, t                                  | * 110, 00       | arect I      | and CC | unpi  | 4      |           | 100        |        |                  |
|  |        |             |            |          |        |   |                 | 1            | V      |       | 1      | 01        | 160        |        |                  |
|  |        |             |            |          |        |   | Sign            | ature        | m      | als   | refor  | 9 /       | nus        |        |                  |
| W 5.G  |        |             | 9          |          |        |   |                 | 1800         |        | 1000  | 1      |           | House      |        |                  |
| Date March 29  |        | 19.6        | 9          |          |        |   | Add             | rema.        | mes    | Ayl   | le. M  | inne      | sota       |        |                  |
|  |        |             |            |          |        |   |                 |              |        |       |        |           |            |        |                  |

#### TAX TABLE

The statutory exemption is automatically allowed in this table. The amount of the exemption (as provided in Section 291.05, Clauses 3 through 7) applicable is stated in the column, relationship of Heneficiary to Decedent.

Rates and Exemptions (Effective July 1, 1959)

For amount tamble:

The tax is:

| Relatie     | milip of Beneficiary to Decodent  | Which equal  | But do not<br>exceed<br>B  | The nations in this column C  | Plus these per-<br>centiges of the<br>excess over the<br>stream th<br>Column A |
|-------------|---|--|--|---|--|
| Class I (a) | SPECIFIC EXEMPTION<br>\$30,000 (Allowed in Table)   | \$ 30,000<br>50,000<br>100,000<br>150,000<br>200,000<br>300,300<br>400,000<br>500,000<br>1,000,000           | \$ 50,000<br>100,000<br>150,000<br>200,000<br>300,000<br>400,000<br>500,000<br>1,000,000           | \$ 0.00<br>400,00<br>1,900,00<br>3,800,00<br>6,400,00<br>12,400,00<br>27,400,00<br>72,400,00                                | 207<br>3 %<br>4 6<br>5 %<br>6 %<br>7 %<br>5 %<br>10 %                          |
| Class I (b) | : Minor or dependent child<br>of the decedent, or any<br>minor or dependent legally<br>adopted child<br>SPECIFIC EXEMPTION<br>\$15,000 (Allowed in Table)   | \$ 15,000<br>25,000<br>50,000<br>100,000<br>150,000<br>200,000<br>300,000<br>400,000<br>300,000<br>3,000,000 | \$ 25,000<br>50,000<br>100,000<br>150,000<br>200,000<br>300,000<br>400,000<br>500,000<br>1,000,000 | \$ 0,00<br>150,06<br>650,06<br>2,159,00<br>4,150,00<br>6,650,00<br>12,650,00<br>27,650,00<br>27,650,00<br>72,650,00         | 11.0<br>3.0<br>4.0<br>5.0<br>6.0<br>7.0<br>8.0<br>9.0<br>10%                   |
| Clies II:   | Husband, adult child, or other<br>linest descendant of the<br>decodent, adult legably adopted<br>child or issue, lineal ancestor<br>of the decedent or mutually<br>school-selected or mutually<br>school-selected child<br>SPECIFIC EXEMPTION<br>\$6,000 (Allowed in Table) | \$ 7,000<br>25,000<br>50,000<br>100,000<br>130,000<br>300,000<br>300,000<br>400,000<br>500,000<br>1,000,000  | \$ 25,000<br>50,000<br>100,000<br>250,000<br>290,000<br>300,000<br>409,000<br>500,000<br>1,600,000 | \$ 0.00<br>380.00<br>1,380.00<br>4,380.00<br>7,580.00<br>11,380.00<br>19,380.00<br>27,389.00<br>81,380.00                   | 25<br>45<br>67<br>70<br>80<br>80<br>90<br>90<br>100                            |
| Class III:  | Brother or sluter or a descendant of a brother or slader of the decedent, wife or widow of a soo, husband of a daughber of decedent, SPECIFIC EXEMPTION \$1,500 (Allowed in Table)  | \$ 1,500<br>25,199<br>59,099<br>100,590<br>150,500<br>200,300<br>300,500<br>400,500<br>500,500<br>1,990,500  | \$ 25,000<br>50,000<br>100,000<br>130,000<br>200,000<br>300,000<br>400,000<br>500,000<br>1,000,000 | \$ 0.00<br>1,410,00<br>3,410.00<br>8,410.00<br>14,410.00<br>21,410.00<br>37,410.00<br>55,410.00<br>75,410.00<br>185,410.00  | 600<br>800<br>1000<br>1214<br>1400<br>1616<br>1816<br>2000<br>2000<br>2000     |
| Class IV:   | Persons in any other degree<br>of collateral consumptinity<br>than the above,<br>SPECIPIC EXEMPTION<br>\$500 (Allowed in Table)   | \$ 500<br>25,000<br>50,000<br>100,000<br>120,000<br>200,000<br>200,000<br>400,000<br>500,000<br>1,900,000    | \$ 25,000<br>50,000<br>100,000<br>150,000<br>200,000<br>200,000<br>300,000<br>500,000<br>1,000,000 | \$ 0.00<br>1,900.00<br>4,460.00<br>10,480.00<br>17,460.00<br>25,467.00<br>43,450.00<br>65,460.00<br>85,430.00<br>215,460.00 | 8 % 10 % 12 % 14 % 16 % 18 % 20 % 20 % 20 % 20 % 20 % 20 % 20 % 2              |

Insert Schedule IG I-A if necessary.

File No.19,550

STATE OF MINNESOTA COUNTY OF Sterras

Amount due \$

SELF ASSESSED INHERITANCE

Sadie F.Theel

Re Estate of

TAX RETURN

Attorney

Filed March

NOTICE TO COURT

| 2 5 1  |   | lidation No. 9377  |
|--|---|--|
| the S  |   | 4-1 19 68  |
| Drambute<br>Drambute   | Estate of SHOIL F. THEEL  County of STERRAS Probate 1   | File No. /84858  |
| 1 C 1  |   | do No. 17330   |
| or and   | Received a remittance which has been applied us follows:  | 1184.49  |
| 000  | \$160.59 in payment of inherituace  | for  |
| E 2 2  | \$as prepayment of inheritance tax  |  |
| 98 28  | \$ 33, 90 as accraed interest from  | 10   |
| The state of the s | \$ 194.49 Total of remittance   |  |
| Self-Assessed Return accepted subject Account allowed and Decree of Distribu Objection follows Omitted property  | C   | OMMISSIONER OF TAXATION  |
| Acres  | By Jo   | Inheritance and Got Tax Division   |
|  |   |  |
|  |   |  |
| /  |   |  |
|  |   |  |
| /  | STATE OF MINNESOTA DEPARTMENT OF TAX  | ATION  |
| inal (%)   | STATE OF MINNESOTA — DEPARTMENT OF TAX  |  |
| tion tion term  \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$   |   | idation No. 9865   |
| ribuston Return 8425/69)   | INHERITANCE TAX RECEIPT Val   | Ofril 16 1969  |
| ubject to Final Statebutton sed Return (3/25/69)   | INHERITANCE TAX RECEIPT Val   | April 16 1969 Pale No. 189 858   |
| ed subject to Final of Distribution sessed Return  L. (3/28/69)  | INHERITANCE TAX RECEIPT  Estate of Sagic There County of Steams Probate F Received  | Ofril 16 1969  |
| ree of Distribution Assessed Return  L. (3/28/69)  | INHERITANCE TAX RECEIPT  Estate of Sagic These County of Theorem Probate P Received a remittance which has been applied as follows:   | idation No. 9865 1  Cyfril 16 1969  File No. 189 858  110 No. 19550  18 164.82   |
| Decree of Distribution  Self-Assessed Return  3  Conflict (3/28/69)  | INHERITANCE TAX RECEIPT  Estate of Safie These County of These Received a remittance which has been applied as follows:  \$ 125.10 in payment of inheritance  | idation No. 9865 1  Cyfril 16 1969  File No. 189 858  110 No. 19550  18 164.82   |
| Decree of Distribution as Self-Assessed Return meet  [ Order (3/28/69)   | INHERITANCE TAX RECEIPT  Estate of Sachie These County of These Probate F Received a remittance which has been applied as follows:  \$ 125.6 in payment of inheritance tax  | idation No. 9865 x  Office 16 1969  Pule No. 189 858  nie No. 19550  (3 164.82   |
| Decree of Distribution us as Self-Assessed Return ncornect ty  1. Und. (3/28/69)   | INHERITANCE TAX RECEIPT  Estate of Society Received Probate P  Received a remittance which has been applied as follows:  \$ 125.16 in payment of inheritance tax  \$ 39.72 as prepayment of inheritance tax  \$ accrued interest from   | idation No. 9865 1  Cyfril 16 1969  File No. 189 858  110 No. 19550  18 164.82   |
| the second subject to Final before of Distribution ollows as Self-Assessed Return be incornect sperty  24 Conda (3/22/64)  | INHERITANCE TAX RECEIPT  Estate of Sachie These County of These Probate F Received a remittance which has been applied as follows:  \$ 125.6 in payment of inheritance tax  | idation No. 9865 x  Office 16 1969  Pule No. 189 858  nie No. 19550  (3 164.82   |
| in the subject to Final on pecree of Distribution on follows as Self-Assessed Return to be incorrect.  The following the followi | INHERITANCE TAX RECEIPT  Estate of Sofice Received Probate P  Received a remittance which has been applied as follows:  \$ 125.16 in payment of inheritance tax  \$ 39.72 as prepayment of inheritance tax  \$ 3 accused interest from  \$ 164.72 Total of remittance   | idation No. 9865 1  Office 16 1969  File No. 189 858  ile No. 19550  (3 164, 82  |
| ears to be incorrect  Treat property  Control (3/48/69)  | INHERITANCE TAX RECEIPT  Estate of Society Rece County of There Received a remittance which has been applied as follows:  \$\frac{125.6}{29.72} in payment of inheritance tax \$\frac{39.72}{38} as prepayment of inheritance tax \$\frac{3}{48} accrued interest from \$\frac{3}{48} \frac{164}{72} \frac{72}{70tal of remittance} \$\frac{3}{48} \frac{3}{48} \frac{3}{ | idation No. 9865 1  Coffiel 16 1969  189 858  110 No. 19550  18 164.82           |
| Objection follows as Self-Assessed Return  Omitted property  On Del. Only (3/22/69)  | INHERITANCE TAX RECEIPT  Estate of Sofice Received Probate P  Received a remittance which has been applied as follows:  \$ 125.16 in payment of inheritance tax  \$ 39.72 as prepayment of inheritance tax  \$ 3 accused interest from  \$ 164.72 Total of remittance   | idation No. 9865 1  Coffiel 16 1969  Pale No. 189 858  ile No. 19550  (8 164, 82 |

## State of Minnesota,

County of Stearns

IN PROBATE COURT.

In the Matter of the Estate of

Sadie F. Theel,

Decedent.

#### ORDER ALLOWING FINAL ACCOUNT.

The above entitled matter came on to be heard on the 29th day of March

19 68, upon the petition of the representative of the above named estate praying for the allowance of his final account and for distribution of the residue of said estate.

The said representative appeared in person and by Attorney, W. Y. Henning, and no one appeared in opposition thereto.

The Court after due consideration of said petition, the evidence adduced in support thereof, and the files and records in said matter, finds the following facts:

First—That due notice of the said hearing of said petition has been given as required by law by the publication of the citation of this Court, for said hearing, dated the 16th day of February 1968, in the St. Cloud Daily Times. Proof of publication of said notice of hearing and affidavit of service by mail having been filed in this Court.

Second—That the said final account set forth in said petition has been examined, adjusted and settled by the Court, and as so adjusted and settled, is hereby found to be correct; a summary statement of which account is as follows, to-wit:

#### RECEIPTS

|   |     |      |     |   | -     | *** | 255 |   |     |     |     |   |   |   |   |    |          |
|---|-----|------|-----|---|-------|-----|-----|---|-----|-----|-----|---|---|---|---|----|----------|
| Personal estate as described in the inventory | -   |      | +   |   | -     |     | 3   |   | -   |     | -   |   | - |   | 4 | 3  |          |
| Personal estate omitted from the inventory    |     | -    |     | - |       | ~   |     | - |     | -   |     | - |   | - |   | 8  |          |
| Gain by sales above appraised value -         | -   |      | -   |   |       |     | -   |   |     |     | -   |   | - |   |   | 8  |          |
| Cash from sales of real estate                |     | _    |     | - |       | -   |     | - |     |     |     |   |   | - |   | 8  |          |
| Cash from rent of real estate -               | -   |      | 4   |   |       |     | -   |   | 1   |     | -   |   |   |   |   | 5  |          |
| Cash from interest and profits                |     | -    |     | _ |       | -   |     | - |     | -   |     | - |   | _ |   | 3  |          |
| Cash from other sources                       | -   |      | -   |   | -     |     | -   |   | -   |     | -   |   | = |   | - | 3  | -        |
| Advanced by Manford Theel                     |     |      |     |   |       | -   |     | T |     | -   |     | - |   |   |   | \$ | 2,970.27 |
| Lagrana and the second second second second   |     |      |     |   | ~     |     | -   |   | -   |     | -   |   | - |   | - | 8  |          |
| Total receipts from all                       | sou | rces |     | - |       | -   |     | - |     | -   |     | ~ |   | ~ |   | 8  | 2,970.27 |
| DI  | ent | 1300 | CEN |   | 17916 |     | NON | - | nev | *** | 169 |   |   |   |   |    |          |

| I otat receipt                      | is jrun | 4 (114 | sou | rces |        | 7    |     | 7   |    | 77 |    | -   |    | -   |   | - |     | \$ | 5.1.Z(M.5.) |
|-------------------------------------|---------|--------|-----|------|--------|------|-----|-----|----|----|----|-----|----|-----|---|---|-----|----|-------------|
|                                     |         | DI     | SB  | UR   | SEN    | ME   | NTS | S A | ND | C  | RE | DIT | S  |     |   |   |     |    |             |
| Estate selected for surviving spous | te -    |        | -   |      | -      |      | 4   |     | -  |    | -  |     |    |     | - |   |     | 8  |             |
| Maintenance of family of deceden    | ıt      | - 140  |     | -    |        | itt: |     |     |    | -  |    | -   |    | -   |   |   |     | 8  |             |
| Expenses of administration -        | 100     |        | -   |      | -      |      |     |     |    |    | -  |     | -  |     | 4 |   | 4   | \$ | 704.00      |
| Expenses of last sickness -         | -       | -      |     | 3    |        | 70   |     | =   |    | -  |    |     |    | -   |   | - |     | \$ | 939.75      |
| Funeral expenses                    |         |        | -   |      | +      |      | -   |     | -  |    | -  |     |    |     | × |   |     | \$ | 804.00      |
| Taxes                               | -       | -      |     | +    |        | 3    |     | 9   |    | -  |    | ÷.  |    |     |   | 7 |     | \$ | 522.52      |
| Claims of creditors of decedent -   | -       |        | 100 |      | -      |      | ~   |     | -  |    |    |     | -  |     | - |   | -   | 8  |             |
| Legacies                            | #       | -      |     | *    |        | *    |     | 2   |    | -  |    | -   |    | G.  |   | ÷ |     | \$ |             |
|                                     |         |        |     |      | ****** | 1011 | 8   |     | -  |    | =  |     | 20 |     | 4 |   | 900 | \$ |             |
|                                     |         |        |     |      |        |      |     | *   |    | -  |    | -   |    | 141 |   | - |     | \$ |             |
| Residue on hand for distribution    | -       |        | -   |      | 7      |      | =   |     | 2  |    | -  |     | +  |     | * |   | 7   | \$ |             |
| Total credits                       | -       | -      |     | 4    |        | -    |     | 9   |    | -  |    | -   |    | -   |   | - |     | 8  | 2,970,27    |

State of Minnesota,

County of Stearns

PROBATE COURT.

In the Matter of the Estate of

Sadie F. Theel,

Decedent

Order Allowing Final Account.

Filed this March recorded in Book No. of Orders,

on Page

| State of Minnesota,  | IN PROBATE COURT  |
|--|---|
| County of Stearns  | File No.19,550  |
| IN THE MATTER OF THE ESTATE OF   | 1   |
| Sadie F. Theel,  | Final Decree of Distribution  |
| Decedent Decedent  |   |
|  |   |
| The shore wilded matter and a behalf of the  | 29th  |
| The above entitled matter came on to be heard on the   | n of the representative of said estate for the distribu-  |
| tion of the residue of said estate to the persons thereunto entitle The representative of said estate appeared in person and   | rd  |
| and no one appea   |   |
| FIRST—That notice of said hearing has been duly given<br>court for said hearing.   | and served as required by law and the order of this   |
|  | fully administered, and the expenses of the adminis-  |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceabeen fully paid,  | fully administered, and the expenses of the adminis-<br>tent, and all claims allowed against said estate have   |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceabeen fully paid,  and that si   | fully administered, and the expenses of the adminis-<br>tent, and all claims allowed against said estate have<br>aid representative has filed his final   |
| court for said hearing.  SECOND—That the said estate has been in all respects, tration thereof and of the last sickness and burial of said deceabeen fully paid,  and that siccount herein which has been settled and allowed by the Court, to be due the State of Minnesota have been paid.   | fully administered, and the expenses of the adminis-<br>tent, and all claims allowed against said estate have<br>and representative has filed. his final<br>That all inheritance taxes determined by the Court        |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceder been fully paid,  and that saccount herein which has been settled and allowed by the Court to be due the State of Minnesota have been paid.  THIRD—That said decedent died   | fully administered, and the expenses of the adminis-<br>lent, and all claims allowed against said estate have<br>aid representative has filed. h1.8 final<br>That all inheritance taxes determined by the Court<br>he |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceder fully paid,  and that si account herein which has been settled and allowed by the Court, to be due the State of Minnesota have been paid.  THIRD—That said decedent died.  120 testate on the day of January 1963, and at the                                | fully administered, and the expenses of the adminis- lent, and all claims allowed against said estate have  aid representative has filed. his final  That all inheritance taxes determined by the Court  he           |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceabeen fully paid,  and that sickness are settled and allowed by the Court to be due the State of Minnesota have been paid.   | fully administered, and the expenses of the adminis- lent, and all claims allowed against said estate have  aid representative has filed. his final  That all inheritance taxes determined by the Court  he           |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceder been fully paid,  and that si account herein which has been settled and allowed by the Court, to be due the State of Minnesota have been paid.  THIRD—That said decedent died.  120 testate on the day of January 1963, and at the                           | fully administered, and the expenses of the adminis- lent, and all claims allowed against said estate have  aid representative has filed. his final  That all inheritance taxes determined by the Court  he           |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceder been fully paid,  and that si account herein which has been settled and allowed by the Court, to be due the State of Minnesota have been paid.  THIRD—That said decedent died.  120 testate on the day of January 1963, and at the                           | lent, and all claims allowed against said estate have  aid representative has filed. his final  That all inheritance taxes determined by the Court  he  |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deced been fully paid,  and that si account herein which has been settled and allowed by the Court. to be due the State of Minnesota have been paid.  THIRD—That said decedent died.  1n testate on the day of January 1963, and at the County of Stearns and State. | fully administered, and the expenses of the adminis- tent, and all claims allowed against said estate have aid representative has filed. his final That all inheritance taxes determined by the Court he              |
| court for said hearing.  SECOND—That the said estate has been in all respects tration thereof and of the last sickness and burial of said deceder fully paid,  and that si account herein which has been settled and allowed by the Court, to be due the State of Minnesota have been paid.  THIRD—That said decedent died.  120 testate on the day of January 1963, and at the                                | fully administered, and the expenses of the adminis- lent, and all claims allowed against said estate have aid representative has filed. hls final That all inheritance laxes determined by the Court he              |

None

(B) Real property described as follows: The homestead of decedent vituate in the County of
Stearns , State of Minnesota, described as follows, to-wit:

Lot 8, less West 45 feet, and all of Lot 9, Block 7, Oak Park Addition to the Village of Paynesville, on file and of record in the Office of the Register of Deeds in and for Stearns County, Minnesota.

None

FIFTH-That the following named persons are the person is the sole heir-at-law

of said decedent, and late all

of the persons entitled to the residue of said estate of said decedent, to-wit:

Manford Theel, son of decedent.

NOW, THEREFORE, On motion of W. Y. Henning, Attorney for the

representative of said estate, and by virtue of the power and authority vested in this court by law, IT IS HEREBY
ORDERED, ADJUDGED AND DECREED, and the said court does hereby ORDER, ADJUDGE AND
DECREE, that all and singular the above described PERSONAL PROPERTY be, and the same hereby is, assigned to
and vested in the above named persons, in the following proportions and estates, to-wit:

None for distribution.

the title to the above described real estate. And the ... has passed to and is hereby assigned to and vested in the above named person in the following proportions and estates, to-wit: All thereof to the said Manford Theel, in fee simple. TO HAVE AND TO HOLD THE SAME, together with all the hereditaments and appurtenances thereunto belonging or in anywise appertaining, to the said above named person. has heirs and assigns; without prejudice, however, to any lawful conveyance of said property or any part thereof by said persone/of any of them, heretofore made. his Dated aSt. Cloud, Minnesota , this 26th May day of. PROBATE COURT SEAL State of Minnesota, PROBATE COURT 88. County of I, \_\_\_\_\_\_\_of the Probate Court, within and for said County, and Custodian of the Seal and Records of said Court, do hereby certify that I have compared the foregoing copy of Final Decree of Distribution with the original record thereof preserved in this office and have found the same to be a correct transcript of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the Seal of said Court, at ... in said County, this \_\_\_\_\_day of \_\_\_\_ ...19..... ... of the Probate Court. I hereby certify that the within Instru-it was filed in this office for record on Deputy. Deputy Final Decree of Distribution County Auditor. Register of Deeds. IN THE MATTER OF THE ESTATE OF Clerk of Probate Court. IN PROBATE COURT State of Minnesota, Office of Register of Deeds, State of Minnesota, 69, and recorded in Book Theel, duly recorded in Book Filed this 26th day of File No. 19,550 Stearns o'clock No. 3881\* day of Transfer entered this (Eg Sagie of Decrees, page. ment was filed County of 경 8000

#### STATE OF MINNESOTA.

COUNTY OF STEARNS

PROBATE COURT

FILE No. 19,550

RE ESTATE OF

Sadie F. Theel,

Ward-Decedent.

ORDER DISCHARGING REPRESENTATIVE-GEARBIAN

Manford Theel

the representative herein, having complied with all the orders and decrees of the court and with the provisions of law and having fully discharged h 18 trust,

IT IS ORDERED, that said representative /g/a/f/and and h 18 sureties herein are hereby finally discharged and that the representative's—goapticate bond is hereby cancelled.

Dated August 4th, 1969

(COURT SEAL)

Probate Judge

FILE No. 19,550

#### STATE OF MINNESOTA,

COUNTY OF STEARNS

#### PROBATE COURT

RE ESTATE OF

Sadie F. Theel,

Nata Decedent.

ORDER DISCHARGING REPRESENTATIVE—GLANDIAN

Filed this 4th day of August

19 69 , and Recorded in Book

on Page thereof.

Joselyn Kirkous Clerk of Probate.

PROBATE COURT STATE OF MINNESOTA. FRE No.19,550 COUNTY OF STEARNS RE ESTATE OF Sadie F. Theel, Decedent. IT IS ORDERED that the petition for general administration filed herein be heard on March 1st, 19 63, at 9 o'clock A. M. by this court in the Court House Friday, in St. Cloud, Minn. IT IS ORDERED that creditors of decedent file their claims in this court within four months from the date . 1963 at 9 o'clock June 7th, hereof and that said claims be heard on Friday, A. M. by this court in the Court House in St. Cloud, Minn. Dated this day of (SEAL)

Attorney.

W. Y. Henning,

PROBATE COURT STATE OF MINNESOTA File No. 19,550 COUNTY OF STEARNS Re Estate of Sadie F. Theel, Decedent. IT IS ORDERED that the final account and petition for examination thereof and for distribution filed herein be heard on Friday, March 29th, 1968 , at 9 o'clock A. M. by this court in the Court House in St. Cloud, Minn. 16th February day of Dated this. W. Y. Henning,
Attorney.

NOTE: Make this order in duplicate.

File No.19,550

## STATE OF MINNESOTA COUNTY OF STEARNS PROBATE COURT

Re Estate of

Sadie F. Theel,

Decedent.

Order for Examination of Final Account

Publish in Daily Times

Hearing March 29th

19 68

FILED THIS 16 DAY
OF Feel AD 19 6 &
Sosely Husbonse

NOTE: Make this order in duplicate.

FILE No. 19,550

STATE OF MINNESOTA COUNTY OF STEARNS PROBATE COURT

RE ESTATE OF

Sadie F. Theel,

Decedent.

ORDER FOR HEARING PETITION FOR ADMINISTRATION AND NOTICE TO CREDITORS

Publish in Daily Times

Hearing Adm March 1st , 1963

Hearing Claims June 7th , 1963

ON Ledway 1963

| State | of | Minnesota, |  |
|-------|----|------------|--|
|-------|----|------------|--|

Stearns County of

## IN PROBATE COURT

In the Matter of the Estate of

Sadie F. Theel,

Decedent

ORDER LIMITING TIME

of Administration Letters

of said estate

this day having been granted unto

Manford Theel

of said County, it is ordered that the said

Manford Theel

be, and he is hereby allowed

twelve

months from and after the date hereof, for the

settlement of said estate.

By the Court,

Dated March 18th

(Court Seal)

## State of Minnesota.

County of Stearns

#### PROBATE COURT

In the Matter of the Estate of

Sadie F. Theel, Decedent.

## Order Limiting Time to Settle Estate

Filed this 18th day of

March , 19 63, and

recorded in book

of Orders at Page

No. 3587\*

| State of Minnesota  | . ).                        | IN PROBATE C                              | OURT   | MATTER OF THE ESTATE OF  |
|---|-----------------------------|---|--|--|
| County of Stearns   | )                           |   | Sadi   | e F. Theel   |
| State of Minnesota,<br>County of Steams   | }88.                        | W.Y.Henr                                  | ing  | Decedent.  |
| copy of the printed notic depositing the same in the Post C                                     | in the<br>on the<br>e heret | matter above entitled and tached and made | and has full knowledge<br>day of February<br>a part hereof by encl |  |
| County and State aforesaid, poste   |                             |   |  |  |
| stated below; and that they are all named in the will of said deceden                           | t whose nam                 | es and addresses he h                     | as been able to ascerta  | in after due diligence, to-wit:  |
| Names   | Addres                      | ses                                       | Names  | Addresses  |
| Manford Theel, R  | oute #1,                    |   | Minnesota  | PROBATE COURT File Na. 18-508 RE ESTATE OF Sade F. Thesel. De- codest: SORDERED that the petition for general administration filed herein be heard on Friday. March 1st. 1803, at 9 c'clock A.M. by this court in the Court House in St. Cloud, Minn. 17 IS ONDERED that creditors of decedent file their claims in this court within four months he heard on Fri- day. June 7th. 1863, at 9 c'clock A.M. by this court in the Court House in St. Cloud, Minn. Dated this 8th day of February, 1863, (SEAL) JOHN LANG. Probate Judge. W. Y. Hesning. Attorney. Publish Feb. 7, 14, 21, 1863. |
| Subscribed and suprn to be day of February  M.V. HULIZK A Votery Firth of My commission expires | ore me this                 | 1th<br>, 19 63.                           | W. Y. Herming  | Chung  |

## State of Minnesota,

County of Stearns

## PROBATE COURT

IN THE MATTER OF THE ESTATE OF

Sadie F. Theel

Decedent.

### AFFIDAVIT OF SERVICE BY MAIL

Filed this A day of

March, 1963.

#### STATE OF MINNESOTA COUNTY OF STEARNS

PROBATE COURT File No. 19,550 RE ESTATE OF Sadie F. Theat.

IT IS ORDERED that the final account nd petition for examination thereof and distribution filed herein be heard on Friday, March 29th, 1968, at 9 o'clock M. by this court in the Court House in 51. Cloud, Minn, Dated this 16th day of February, 1966.

(SEAL) JOHN LANG Probate Judge.

W. Y. HENNING.

Afforney Publish: Feb. 22, 29, March 7, 1948.

#### AFFIDAVIT OF PUBLICATION

| STATE OF MINNESOTA  | 13  |
|---------------------|-----|
| STATE OF MINNESOTA, | 55. |

. Willer , being duly sworn,

bookkseper on cath says he is and during all the times herein stated has been the of the Times Publishing Company, the publisher of the newspaper known as St. Cloud Daily Times, and has full knowledge of the facts herein stated as follows: "(1) Said newspaper is printed in the English language in newspaper format and in column and sheet form equivalent in printed space to at least 900 square inches. (2) Said newspaper is a dally and is distributed dally except Sundays and holidays. (3) Sald newspaper has 50 percent of its news columns devoted to news of local interest to the community which it purports to serve and does not wholly duplicate any other publication and is not made up entirely of patents, plate matter and advertisements. (4) Said newspaper is circulated in and near the municipality which it purports to serve, has at least 500 copies regularly delivered to paying subscribers, has an average of at least 75 percent of its total circulation currently paid or no more than three months in arrears and has entry as second-class matter in its local post office. (5) Sald newspaper purports to serve the City of St. Cloud in the County of Stearns and It has its known office of issue in the City of St. Cloud in said county, established and open during its regular business hours for the gathering of news, sale of advertisements and sale of subscriptions and maintained by publisher of said newspaper or persons in his employ and subject to his direction and control during all such regular business hours and at which said newspaper is printed. (6) Said newspaper files a copy of each issue immediately with the State Historical Society. (7) Said newspaper has compiled with all the foregoing conditions for at least two years preceding the day or dates of publication mentioned below. (8) Said newspaper has filled with the Secretary of State of Minnesota prior to January 1, 1966 and each January 1 thereafter an affidavit in the form prescribed by the Secretary of State and signed by the publisher of newspaper, and sworn to before a notary public stating that the newspaper is a legal newspaper.

He further states on cath that the printed . Order for Hearing on Final

hereto attached as a part hereof was cut from the columns of said newspaper, and was printed and published therein in the English language, once each week, for 3 successive weeks, that it was first so published Thursday me 22ndday of February 19 68 and was thereafter printed and published on every Thursday to and including the 7th day of March . 19 68 and that the following is a printed copy of the lower case alphabet from A to Z, both inclusive, and is hereby acknowledged as being the size and kind of type used in the composition and publication of said notice, to-wil:

7th day of March Subscribed and sworn to before me this

My Commission Expires ...

September 29th, 72.

12.550

# PRINTER'S Affidavit of Publication OF

## THE ST. CLOUD DAILY

| Of_ | Order for Hearing on      |
|-----|---------------------------|
|     | Final Account.            |
| _   | Estate of Sadie F. Theel, |
| _   | Decadent.                 |
|     |                           |
|     |                           |
|     |                           |
|     |                           |
|     |                           |
|     |                           |

DE Silvery D. 1968 Conly Curtous

| -     | - 4 |         |          |       |
|-------|-----|---------|----------|-------|
| State | mf  | 444 *** | 99.65.62 | entes |
| Butun | Tit | ZELLII  | TIED     | TITCE |

County of STEARNS

Manford Theel

ss. IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

SADIE F. THEEL

Decedent.

State of Minnesota, County of Steams

W. Y. HENNING

being duly sworn, on oath says; that he is the attorney for the petitioner in the matter above entitled and has full knowledge of the facts herein set forth; that on the 27th day of EERRUARY 1968, he mailed a true

Names

copy of the printed notice hereto attached and made a part hereof by enclosing it in a sealed envelope and

depositing the same in the Post Office at the City of St. Cloud County and State aforesaid, postage prepaid, addressed to each of the following named persons at their respective addresses stated below; and that they are all of the legal heirs at law of the above named decedent all of the legaless and devisees named in the will of said decedent whose names and addresses he has been able to ascertain after due diligence, to-wit:

Names Addresses

88.

Route 1. Paynesville. M. nnesota

STATE OF MINNESOTA,

COUNTY OF STEARNS
PROBATE COUNT
File No. 15,558
RE ESTATE OF Sadio F. Thesi,
Decedent.

Addresses

Decement.

IT IS ORDERED that the final account and pelition for examination thereof and for distribution filed herein the heard on Friday, March 29th, 1988, at 9 orclock.

A. M. by this court in the Court House in St. Cloud, Minn.
Dated this left day of February, 1988.

(SEAL)

Probate Judge.

W. Y. HENNING. Afterney, Publish: Feb. 22, Merch 7, 1988.

Subscribed and sworn to before me this 27th

Subscribed and sworn to before me this 27th

February 1968.

Notana Public, Sucres County, Man.

My commission expired
City of St Cloud Minnesota

W Y Henning Jum

## State of Minnesota,

County of Stearns

## PROBATE COURT

IN THE MATTER OF THE ESTATE OF

Sadie F Theel

Decedent.

### AFFIDAVIT OF SERVICE BY MAIL

Filed this 29th

day of

March

. 19 68

Clerk Nidge by Prohate.

FINAL ACCOUNT AND PENTION FOR SETTLEMENT

## State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ESTATE OF

Sadie F. Theel Decedent

for Settlement

Final Account and Petition

Date of death January 8, 1963

Total expense of administration

Your petitioner respectfully represents and shows to the court:

FIRST-That .....he is the representative of the estate of the above named decedent.

THIRD—That he herewith renders his final account of his said administration, which is as follows, to-wit: To be Filled in by the RECEIPTS Personal property described in the inventory Personal estate omitted from the inventory Gain by sales above appraised value -Cash from sales of real estate -3 Cash from rent of real estate 2 Cash from interest and profits -Cash from other sources Advanced by Manford Theel 2 8 \$ 8 Total receipts from all sources -DISBURSEMENTS I. FAMILY Personal property selected by and turned over to 8 surviving spouse -Maintenance of family of decedent -Total -II. EXPENSES OF ADMINISTRATION Loss from sales of personal property at less than appraised valuation Cash paid to appraisers for services -2 21.50 % 8 Cash paid for publication of orders -Repairs to real estate - - -Cash paid for insurance - - Expenses of representative - -8 3 Compensation of representative -600.00 T \$ Fees of Attorney -50.00 P Bond of Representative 2.50 12 Certified copies (Probate Court) -Register of Deeds, recording -10.00 R Estimated cert. copies and recording 8

704.00

#### III. EXPENSES OF LAST SICKNESS

| 1  |              |       |              |           |       |           |         |           |        |      |     |      | VOUCHER NO.        | AMOUNT   |
|--|--------------|-------|--------------|-----------|-------|-----------|---------|-----------|--------|------|-----|------|--------------------|--|
| h paid for medical a   | Mendance     |       | Payn<br>Dr.  | Sohn      | lle   | 911       | nic     | -         | -      | 100  | *   | -    | -                  | \$ 316.0<br>150.0  |
| h paid for nursing   |              |       |              |           |       |           |         | -         | -      |      | -   | 1    |                    | 3  |
| h paid for hospital  |              |       | Payr         | le ZA J   | 116   | Hor       | spl to  | IL.       | -      | 7    | -   |      | - 1 - 1            | \$ 473.7   |
| Total expenses of le   | ast sickness |       |              |           | -     | -         | -       | *         | ~      | -    | -   | -    |                    | \$ 939.7   |
|  | )            |       |              | TV        | 10e   | TANTO D   | AL E    | VDES      | rope   |      |     |      |                    |  |
|  |              |       |              | 14        | * E . | (PARIS)   | ALI Est | W.E. BIT. | VOLENS |      |     |      |                    |  |
| h paid for undertake   | r            | 1     | Bur          | ton':     | s Fu  | 対数で       | al He   | ope       | -      | -    | 2   | -    |                    | \$ 675.0<br>\$ 42.0  |
| h paid sexton —<br>h paid for other nece                             | essary servi | ces - |              | -         | -     | -         | -       | -         |        | -    |     |      |                    | \$   |
| h paid for burial ser  | rvice        |       | Sal.         | an_Ci     | nurc  | h_(2      | 2 chi   | ngk i     | FL     | -    | -   | *    |                    | 8 35.5   |
| h paid for monumen<br>h paid to cemetery                             | 4            |       |              | en_Ce     |       | eD.       |         | +         | -      | -    | -   |      |                    | 8 37.0   |
| Total funeral exper  | 1868         |       |              |           |       |           | _       |           | -      | _    | 4   |      |                    | \$ 804.0   |
|  |              |       |              |           |       |           |         |           |        |      |     |      |                    |  |
|  |              |       |              |           |       | V. 7      | TAXE:   | s         |        |      |     |      |                    |  |
| sonal property tax li  | en at date   | of de | ath -        | -         |       | -         | _       |           | _      | _    |     | -    |                    | 8  |
| er personal property   | taxes -      |       | -            | -         | -     | -         | -       | -         | -      | -    | -   | -    |                    | 8  |
| property tax lien a  |              |       | -            | -         | *     | -         | -       | -         | -      | -    | -   | -    | -                  | 8 522.   |
| er real estate taxes<br>eral estate taxes                            |              |       | -            | -         | -     | -         | -       | -         | -      | -    | -   | 7    |                    | 8  |
| eral income taxes; pe  | ersonal to d | leced | ent -        | -         | -     | -         | 790     | Are       | -      | 100  | -   | 40.7 |                    | 3  |
| eral income taxes; fu  | duciary -    |       |              |           | -     | -         | -       | -         | -      | -    | *   | -    | -                  | \$   |
| e income taxes; pers<br>e income taxes; fidua                        | onal to dec  | edent | 1            | - 7       |       |           | -       |           | -      | -    | -   | -    |                    | \$   |
|  | CECUTIV -    |       |              | -         | 100   | 1000      | 966     | -944      | -      | -    | -   | 70   | ****************** | · · · · · · · · · · · · · · · · · · ·                            |
| Total taxes paid   |              |       |              | -<br>VI.  | - CL  | -         | of C    | REDI      | TOR    | -    | +   | 4    |                    | \$ 522.5   |
| Total taxes paid   |              | AIMS  | OF CR        |           |       |           |         |           |        |      | URT | AS P | ollows:            | \$522.5  |
|  |              | AIMS  |              |           | ORS A | S AL      | LOWE    |           |        |      | URT | AS F | OLLOWS:            | \$ 522.5   |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS F |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS F |                    |  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   |              | AIMS  |              | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid   | ENT OF CL    |       | N            | EDIT      | ORS A | S AL      | LOWE    |           |        |      | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.                       | ENT OF CL    |       | N            | EDITY AME | OP CI | LAIM.     | LOWE    | ED BY     | Y TH   | - CO | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.                       | ENT OF CL    |       | N            | EDITY AME | OP CI | LAIM.     | LOWE    | ED BY     | Y TH   | - CO | URT | AS P | VOUCHER NO.        | AMOUNT  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.                       | ENT OF CL    |       | N            | EDITY AME | OP CI | LAIM.     | LOWE    | ED BY     | Y TH   | - CO | URT | AS P |                    | AMOUNT \$  |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.                       | ENT OF CL    |       | N            | EDITY AME | OP CI | LAIM.     | LOWE    | ED BY     | Y TH   | - CO | URT | AS P | VOUCHER NO.        | AMOUNT  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.                       | ENT OF CL.   | and s | N N          | AME       | ORS A | S ALLAIM. | ANT     | Base      | Y TH   | E CO | 7   |      | VOUCHER NO.        | AMOUNT  S S S S S S S S AMOUNT                                   |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.  Total amount of cla  | ENT OF CL    | and ( | N N Settled  | EDITY     | OF CI | S ALLAIM. | ANT     | Best      | QUE    | E CO | 7   |      | VOUCHER NO.        | AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Total taxes paid  ER PAID IN SETTLEM  CLAIM NO.  Total amount of cla | ENT OF CL    | and s | N N Seettled | EDITY     | DRS A | S ALLAIM. | ANT     | Base      | QUE    | E CO |     |      | VOUCHER NO.        | AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Total taxes paid  H PAID IN SETTLEM  CLAIM NO.  Total amount of cla  | ENT OF CL    | and s | N N Seettled | EDITY     | DRS A | S ALLAIM. | ANT     | Base      | QUE    | E CO |     |      | VOUCHER NO.        | AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Total taxes paid  ER PAID IN SETTLEM  CLAIM NO.  Total amount of cla | ENT OF CL    | and s | N N Seettled | EDITY     | DRS A | S ALLAIM. | ANT     | Base      | QUE    | E CO |     |      | VOUCHER NO.        | AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |

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#### RECAPITUALTION

Not to be filled

|                                 |          |        |            |     |         |      |      | RECEIPTS          | DISBURSEMENTS       | Representative<br>RECEIPTS |
|---------------------------------|----------|--------|------------|-----|---------|------|------|-------------------|---------------------|----------------------------|
| Total receipts from all sources |          | -      | -          | -   | -       | -    | -    | \$ 2979.27        |                     | \$                         |
| Total disbursements and credit  | ts as fo | llows: |            |     |         |      |      |                   |                     | Dishurmements              |
| 1. Family -                     |          | -      |            | -   | -       |      | **   |                   | 1                   | 1                          |
| 2. Expenses of administ         | ration   | -      | 100        | 96) | 96      | -    | 100  |                   | \$ 704.00           | \$                         |
| 3. Expenses of last nicks       | neen -   | -      | 100        | 200 | -       | 4    | 144  |                   | \$ 939.75           | 8                          |
| 4. Funeral Expenses             |          | -      | -          | -   | -       | -    | -    |                   | \$ 80h.00           | 1                          |
| 5. Taxes                        |          | -      | 100        |     | -       | -    | 0.00 |                   | \$ 522.52           | \$                         |
| 6. Claims of creditors          | -        | -      | 100        | -   | -       | 14   | 166  |                   | 1                   | \$                         |
| 7. Specific Legacies            | -        | -      | 121        | -   | -       | 100  | -    |                   | \$                  | \$                         |
| 8. Residue of personal p        | prop. fo | r dist | ributio    | 275 | -       |      | -    |                   | # none              |                            |
| 9.                              |          |        |            | V-u |         |      | 1.00 |                   | 1                   | 1                          |
| 10.                             |          |        |            |     |         |      | -    |                   | 1                   | \$                         |
| 11.                             |          |        | xenessesse |     |         | -    | -    |                   | \$                  | \$                         |
| 12.                             |          |        |            |     |         | 1100 | -    |                   | \$                  | \$                         |
| 13                              | -        | -      | 4177       |     | CVIIII. | dia. | 36   |                   | \$                  |                            |
| Total                           | 2 4      | 727    | -1         | 1   | -       | -    | -    | <b>\$</b> 2979.27 | <b>\$</b> . 2970.27 |                            |

FOURTH—That there is also belonging to said estate for distribution certain real estate as follows:

The homestead of said decedent, in the County of Stearns , State of Minnesota, described as follows:...

> Lot 8, less West 45 feet, and all of Lot 9, Block 7, Oak Park Addition to the Village of Paynesville, on file and of record in the Office of the Register of Deeds in and for Stearns County, Minnesota.

Also these other tracts and parcels of land in the County of... State of Minnesota, described as follows:

NONE

FOURTH (A)-Personal property for distribution consists of the following items:....

NONE

G-01 FIFTH-That said decedent died on the .... 8th anuary , 1963 day of\_\_ testate, and left h or surviving Manford Theel, son, 15 sole heir at law of said decedent, and the persons entitled to the residue of said estate. WHEREFORE, your petitioner prays the order of this court fixing a time and place for the hearing of this petition and an examination of h. h.s. ... final account, and the settlement and allowance of the same; and that upon said hearing the court issue its final decree assigning the residue of said estate to the persons thereunto entitled. Dated ..... February Petitioner State of Minnesota, Stearns Manford Theel County of ... being duly sworn on oath says that ...he is the person who made the foregoing petition; that .....he knows the contents thereof, and that the same is true of h. 12. own knowledge except as to those matters therein stated on h. 12. information and belief, and as to those matters... he believes it to be true. Subscribed and sworn to before me this . 19. 68 .. Y. Hending Notary Public Sudge of Municipal Court Commy, Minn. City of St. Cloud, Minnesota My commission expires. Insert "Sole devisees" or "All the heirs at law" as the case may be. Number your receipts and enter them in your (voucher No.) column. 0 Final Account and Petition for State of Minnesota, In the Matter of the Estate Hearing and Allowance Sadie F. Theel, 16th County of Stearns February