

UNOFFICIAL COPY



0906934031

Doc#: 0906934031 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/10/2009 09:04 AM Pg: 1 of 5

**AFFIDAVIT OF HEIRSHIP
FOR THE ESTATES OF
KAMILA (CANDICE) ORLOFF AND JOSEPH ORLOFF**

Property of Cook County Clerk's Office

DONE AT CUSTOMER'S REQUEST

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP FOR THE ESTATES OF KAMILA (CAMILLE) ORLOFF AND JOSEPH ORLOFF

I, the undersigned, Anthony S. Orloff and John Orloff being first duly sworn on oath state:

1. Joseph Orloff died on August 29, 1964, a resident of the State of Illinois.
2. Kamila (Camille) Orloff died on July 11, 1964, a resident of the State of Illinois.
3. During their lifetimes both decedents were married once and to each other.
4. The sole surviving heirs of the decedents are Anthony S. Orloff, Victor W. Orloff, and John Orloff. All other heirs are deceased.

AFFIANT FURTHER STATES NOT

John S. Orloff 12/12/08
 John Orloff Date

Anthony S. Orloff 12/12/08
 Anthony S. Orloff Date

Anthony S. Orloff As plenary guardian for Victor W. Orloff
 Anthony S. Orloff, plenary guardian of Victor W. Orloff Date 12/12/08

Signed & Sworn before me on this
12th day of December 2008

[Signature]
 Notary Public

Disinterested Third Party: Lietek Janine, am a friend of the Orloff family and I can attest to the fact that Vitor W. Orloff, Anthony S. Orloff, and John Orloff are the sole heirs of the decedents Joseph Orloff and Kamila (Camille) Orloff.

Lietek Janine



AD8-1474 UMH

BOARD OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY



July 13, 1964

STATE OF ILLINOIS }
COUNTY OF COOK }
CITY OF CHICAGO } SS

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID

Only When Original BLUE

COPY

Samuel L. Andelman, M.D.

LOCAL REGISTRAR

ALL BY TYPE / REVERSE OR LEGIBLE PRINTING

49147

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. STATE Illinois
b. COUNTY Cook
c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago
d. OUTSIDE corporate limits and in Township name _____
e. LENGTH OF STAY IN IC or ID 50 Yrs.
f. NAME OF HOSPITAL OR INSTITUTION St. Anthony de Padua
g. LENGTH OF STAY IN IC 6 Days
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 2331 West 19th Street

2. USUAL RESIDENCE (Where deceased lived at institution, residence before admission.)
a. STATE Illinois
b. COUNTY Cook
c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago
d. OUTSIDE corporate limits and in Township name _____
e. LENGTH OF RESIDENCE AT IC or ID 50 Yrs.
f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 2331 West 19th Street

3. NAME OF DECEASED
a. FIRST Camille
b. (MIDDLE) _____
c. (LAST) Orloff

4. DATE OF DEATH
DATE July 11, 1964
9. AGE (In years, months, days) 46 Yrs. 11 Mos. 11 Dns.
10a. USUAL OCCUPATION Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or foreign country) Poland
12. Citizen or what country Poland

13. FATHER'S FULL NAME John Niziolek
14. MOTHER'S FULL MAIDEN NAME Kamalina (Not Known)

15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give year or dates of service) No
16. SOCIAL SECURITY NUMBER -9603

17. INFORMANT SIGNATURE Estelle Budman
18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).)
IMMEDIATE CAUSE (A) Myocardial Infarction
due to (B) Arteriosclerotic Heart Disease
the UNDERLYING CAUSE (A) starting due to (C) Unknown

19. DATE OF OPERATION, IF ANY: 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21. I hereby certify that I attended the deceased from July 11, 1964 to July 11, 1964, that I first saw the deceased alive on July 11, 1964, and death occurred at 8:30 P.M. from ill causes and on the date stated above.
Signature P.E. Datta, M.D. Date July 13, 1964 Illinois License No. 23298
Address 2830 W. Cermak Rd. Chicago, Ill. 60608 Phone 67-6677

22. DISPOSITION: BURIAL-REMOVAL-CREATION Date 7-14-64
CEMETERY Resurrection
LOCATION Justice, Illinois

23. FUNERAL DIRECTOR Cicilia Funeral Home
SIGNATURE _____ ADDRESS 2159 W. Cullerton St. Chicago, Ill. 60608 License No. 4041

24. Received for filing on JUL 18 1964 Signed A. Johnson

BOARD OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY

STATE FILE NUMBER 58679

SEPTEMBER 1, 1964

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

COPY



Samuel L. Andelman, M.D.

LOCAL REGISTRAR

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. _____

1. PLACE OF DEATH
a. STATE Illinois b. COUNTY Cook c. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO
d. OUTSIDE corporate limits and in Township name _____ Road District No. _____ e. LENGTH OF RESIDENCE AT 2c or 2d 55 Yrs.
f. NAME OF HOSPITAL OR INSTITUTION Hospital of St. Anthony de Padua g. LENGTH OF STAY IN IT 6 days
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 2331 W. 19th Street

2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission.)
a. STATE Illinois b. COUNTY Cook c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago
d. OUTSIDE corporate limits and in Township name _____ Road District No. _____ e. LENGTH OF RESIDENCE AT 2c or 2d 55 Yrs.
f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 2331 W. 19th Street

3. NAME OF DECEASED
a. (FIRST) Joseph b. (MIDDLE) _____ c. (LAST) Orloff d. DATE OF DEATH August 28, 1964 e. (DAY) (MONTH) (YEAR)
4. Did decedent reside ON A FARM? YES NO

5. SEX Male 6. RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (specify) Widowed 8. DATE OF BIRTH Feb. 18, 1892 9. AGE (in years, last birthday) 72 10. MONTHS (under 1 year) _____ 11. DAYS (under 24 hrs.) _____ 12. HOURS (under 24 hrs.) _____

10a. USUAL OCCUPATION Sprayer 10b. KIND OF BUSINESS OR INDUSTRY Can Company 11. BIRTHPLACE (City and state or foreign country) Poland 12. Citizen or what country? Poland

13. FATHER'S FULL NAME Michael Orloff 14. MOTHER'S FULL MAIDEN NAME Not Known

15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No 16. SOCIAL SECURITY NUMBER 8802

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B), and (C))
IMMEDIATE CAUSE (A) Cerebral Vascular Accidents
due to (B) Arteriosclerotic Hardening
due to (C) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 3 weeks
19. MAJOR FINDINGS OF OPERATION Unknown
20. AUTOPSY? Unknown

19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from Aug 22, 1964 to Aug 28, 1964, that I last saw the deceased alive on Aug 28, 1964, and death occurred at 5:45 A.M., from the causes and on the date stated above.
Signature P.E. Jtk Date Aug 28-1964 Illinois License No. 37298
Address 2830 W. Central Ave., Chicago, Ill. 7-6679 M.D. Phone Vi. 7-6679

22. DISPOSITION: BURIAL, CREMATION, or other Resurrection Date 8-31-64 23. FUNERAL DIRECTOR Ciesla Funeral Home
CEMETERY Justice, Illinois SIGNATURE Samuel L. Andelman, M.D.
LOCATION Chicago, Illinois ADDRESS 2159 W. Cullerton St. Chicago, Ill. 60608 No. 4041

24. Received for filing on AUG 29 1964 (Signed) Samuel L. Andelman, M.D. LOCAL REGISTRAR

1964 revision based on the U.S. Standard Certificate of Death

UNOFFICIAL COPY

LOT 18 IN THE SUBDIVISION OF THE NORTH 1/2 OF BLOCK 56 IN THE SUBDIVISION OF SECTION 19,
TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Property Index Number:
17-19-310-015-0000

Property Address:
2331 W 19th Street
Chicago, IL 60608

Property of Cook County Clerk's Office

Alliance Title Corporation
5523 N. Cumberland Ave., Ste. 1211
Chicago, IL 60656
(773) 556-2222

(A08-1479.PFD/A08-1479/28)