

Thank you for your recent order. Please be advised that New York City Dept. of Health and Mental Hygiene requires the following identity verification documents to process your request.

Instructions For Gathering Required Documentation

1 Licensed attorneys who are retained by an entitled party are required to submit the following documentation:

1. An original letter from the entitled party authorizing the attorney to act on his/her behalf.
2. A copy of the entitled party's unexpired, government issued photo identification. If the entitled party does not have a valid ID, the submission does not qualify as an attorney protocol. Please email nycdohvr@health.nyc.gov for instructions/assistance on how the request can be submitted.
3. An original letterhead of request from the attorney, which states you have been retained, the registrant's name, date of birth and/or date of death and request reason.
4. Proof that you are a licensed attorney, such as a copy of the unexpired court pass or printout of your attorney number.
5. The documentary evidence that demonstrates entitlement if the entitled party is not listed as eligible. The following individuals are eligible relationships: spouse or domestic partner, parent, child, sibling, grandparent, grandchild, person in control of the disposition listed on the death certificate (informant).

2 Sign and date the Identity Verification Form.

3 Submit your documentation and the signed Identity Verification Form to the following address:

MAILING ADDRESS

New York City Dept. of Health and Mental Hygiene
Office of Vital Records
ATTN: Hybrid Orders
125 Worth Street, CN-4, Room 119
New York City, NY 10013



104740063+

Identity Verification Form

Applicant Name:	Claude Simon	Order Date:	2/5/2020 09:23 AM CST
Certificate Holder Name:	Hildegard Klages	Order Number:	104740063
Contact Phone:	(912)-441-0062	Order Pin:	766468

IMPORTANT

This signed Identity Verification Form **MUST** be submitted, along with the required documentation, to:

New York City Dept. of Health and Mental Hygiene
Office of Vital Records
ATTN: Hybrid Orders
125 Worth Street, CN-4, Room 119
New York City, NY 10013

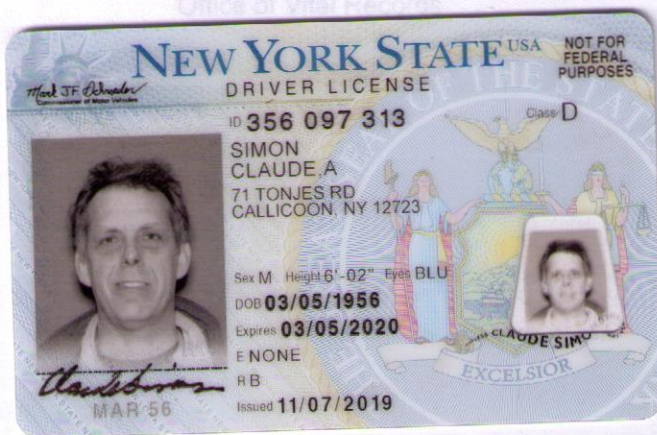
Signature and Date Required

Applicant's Signature: _____

Claude Simon

Date: 2-5-2020

If possible, photocopy identification in the space provided below.



February 5, 2020
Claude Simon
Charles Henry Properties, LLC
534 West 42nd Street Apt 8
New York, NY 10036

New York City Dept. of Health and Mental Hygiene
Office of Vital Records
ATTN: Hybrid Orders
125 Worth Street, CN-4 Room 119
New York City, NY 10013

RE: Hildegard Klages, 336 East 56th Street Apt 1, deceased July 28, 2019 DEATH CERTIFICATE

To Whom It May Concern:

The decedent is the former tenant of an apartment in our building located at 336 East 56th Street, Apt 1, New York, NY 10036.

We are attempting to retake possession of the apartment through the Public Administrators' office, failing all other attempts to contact next of kin or legal representative of the decedent.

We hereby authorized and retain Darryl M. Vernon and Mel Ginsburg of Vernon Ginsburg, LLP, 26th Floor, 261 Madison Avenue, New York, NY (212-949-7300) as our attorneys in this matter.

Attached please find the deed to 336 East 56th Street, New York, NY 10022 showing Charles Henry Properties, LLC as the legal owner of the property and the most recent lease renewal for Ms. Klages to Apartment 1.

Sincerely,



Claude Simon
President
Charles Henry Properties, LLC