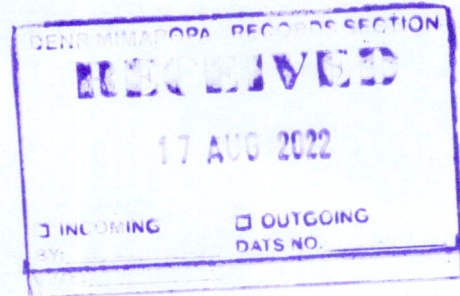


July 28, 2022



**The Regional Technical Director for Lands**  
DENR-MIMAROPA  
Roxas Boulevard, Manila


Sir,

The undersigned would like to request for the cancellation of approved plans CSD-04-013843-D and CSD-04-0157620-D for the simple reason that my father Ricaredo G. Gabat and Leoncio Galicha are both deceased and their agreement did not push thru.

This request is being made for the heirs of Ricaredo G. Gabat who is the original owner.

Thank You. God bless you.

For the heirs of Ricaredo G. Gabat

  
**REQUITO G. GABAT**  
Brgy. Poctoy, Odiongan, Romblon


*TNT / srt.*  
*glb*  
*09308671961 / 09057241651*

  
**NIXON G. GABAT**  
Poblacion, Ferrol, Romblon

**SYLVIA G. GABAT**  
Alcantara, Romblon

SUBSCRIBED AND SWORN TO BEFORE  
ME 18 AUG 2022 AT QUEZON CITY

Doc. No. 301  
Page No. 61  
Book No. 1512  
Series of 222

  
**ATTY. HERCULES P. GUZMAN**  
Notary Public  
Until Dec. 30, 2022, Quezon City  
PTR No. 2430-22, 01-03-2022, Quezon City  
MCLE Exemption VI No. 00278; April 4, 2022  
IBP No. AR48096148, 01-05-2022; Quezon City  
Admin No. NP-135 (2020-2021); Roll No. 32720  
Jurisdiction, Quezon City  
118A Luna St., Project 4, Quezon City



Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF DEATH**

Province <b>ROMBLON</b> City/Municipality <b>SANTA MARIA</b>			Registry No. <b>2010-8</b>		
1. NAME (First) (Middle) (Last) <b>RICAREDO, SR. GALVERO GABAT</b>			2. SEX (Male/Female) <b>MALE</b>		
3. DATE OF DEATH (Day, Month, Year) <b>24 MARCH 2010</b>		4. DATE OF BIRTH (Day) (Month) (Year)		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <b>82</b> b. IF UNDER 1 YEAR [1] Months [0] Days c. IF UNDER 24 HRS Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>CONCEPCION SUR SANTA MARIA ROMBLON</b>			7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <b>WIDOWER</b>		
8. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		9. CITIZENSHIP <b>FILIPINO</b>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>CONCEPCION SUR, STA. MARIA, ROMBLON, PHILIPPINES</b>	
11. OCCUPATION <b>PENSIONER</b>		12. NAME OF FATHER (First, Middle, Last)		13. MAIDEN NAME OF MOTHER (First, Middle, Last)	
<b>MEDICAL CERTIFICATE</b> (For ages 0 to 7 days, accomplish items 14-19a at the back)					
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) Interval Between Onset and Death I. Immediate cause : a. _____ Antecedent cause : b. _____ Underlying cause : c. <b>CEREBROVASCULAR ACCIDENT</b> II. Other significant conditions contributing to death: _____					
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) _____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices					
19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)					20. AUTOPSY (Yes / No)
21a. ATTENDANT 1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____					21b. If attended, state duration (mm/dd/yy) From _____ To _____
22. CERTIFICATION OF DEATH <input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above.					
Signature _____ (SGD) HON. FRED M. HERNANDEZ Name in Print <b>HON. FRED M. HERNANDEZ</b> Title or Position <b>MUNICIPAL MAYOR</b> Address <b>STA. MARIA, ROMBLON</b> Date <b>MAY 19, 2010</b>			REVIEWED BY: Signature _____ (SGD) VENJUNE P. TANSIONGCO, MD. Name in Print <b>VENJUNE P. TANSIONGCO, MD.</b> Title or Position _____ Address _____ Date <b>5/18/2010</b>		
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)		24a. BURIAL/CREMATION PERMIT Number <b>4958440</b> Date Issued <b>03-30-10</b>		24b. TRANSFER PERMIT Number _____ Date Issued _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>PUBLIC CEMETERY STA. MARIA, ROMBLON</b>					
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ (SGD) RODERICK C. CEZAR Name in Print <b>RODERICK C. CEZAR</b> Relationship to the Deceased <b>SON IN LAW</b> Address <b>CONCEPCION SUR, STA. MARIA, ROMBLON</b> Date <b>MARCH 29, 2010</b>			27. PREPARED BY Signature _____ (SGD) GERENITA M. LARGUEZA Name in Print <b>GERENITA M. LARGUEZA</b> Title or Position <b>STATISTICIAN AIDE</b> Date <b>MARCH 29, 2010</b>		
28. RECEIVED BY Signature _____ (SGD) GERALDINE RIO-VISCA Name in Print <b>GERALDINE RIO-VISCA</b> Title or Position <b>MUN. CIVIL REGISTRAR</b> Date <b>MAY 19, 2010</b>			29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ (SGD) GERALDINE RIO-VISCA Name in Print <b>GERALDINE RIO-VISCA</b> Title or Position <b>MUN. CIVIL REGISTRAR</b> Date <b>MAY 19, 2010</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <b>LATE REGISTRATION</b>					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 5 _____ 8 _____ 9 _____ 10 _____ 11 _____ 19a(a)/19b _____ 19a(c) _____ <b>0 8 0 1 0 2 2 1</b>					



# FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY: (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc)	
<b>MEDICAL CERTIFICATE</b>		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant		
b. Other diseases/conditions of infant		
c. Main maternal disease/condition affecting infant		
d. Other maternal disease/condition affecting infant		
e. Other relevant circumstances		
<b>CONTINUE TO FILL UP ITEM 20</b>		

## POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_  
 Name in Print \_\_\_\_\_ Address \_\_\_\_\_  
 Date \_\_\_\_\_

## CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed RICAREDO, SR. GALVERO GABAT following all the regulations prescribed by the Department of Health.

Signature \_\_\_\_\_ (SGD) JONATHAN F. MAGALLANES Title/Designation LIC. EMBALMER  
 Name in Print JONATHAN F. MAGALLANES License No. 03-00-3461  
 Address TABING DAGAT, ODIONGAN, ROMBLON Issued on 3/22/06 at MANILA  
 Expiry Date 3/17/12

## AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, RODERICK C. CEZAR, of legal age, single/married/divorced/widow/widower, with residence and postal address CONCEPCION SUR, STA. MARIA, ROMBLON, after being duly sworn in accordance with law, do hereby depose and say:

- That RICAREDO, SR. GALVERO GABAT died on MARCH 24, 2010 in CONCEPCION SUR, STA. MARIA, ROMBLON and was buried/cremated in \_\_\_\_\_ on \_\_\_\_\_
- That the deceased at the time of his/her death:
 

☐ was attended by \_\_\_\_\_
   
☐ was not attended.
- That the cause of death of the deceased was \_\_\_\_\_
- That the reason for the delay in registering this death was due to NEGLIGENCE
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, Philippines.

(SGD) RODERICK C. CEZAR  
 RODERICK C. CEZAR  
 (Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this 19th day of MAY, 2010 at STA. MARIA, ROMBLON, Philippines, affiant who exhibited to me his/her CTC/valid ID 01457168 issued on \_\_\_\_\_ at STA. MARIA, ROMBLON

(SGD) GERALDINE RIO-VISCA  
 Signature of the Administering Officer

MUNICIPAL CIVIL REGISTRAR  
 Position / Title / Designation


GERALDINE RIO-VISCA  
 Name in Print

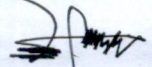
STA. MARIA, ROMBLON  
 Address












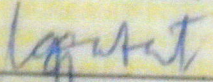





 REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**GABAT, SYLVIA GALICHA**  
TIN: **255-128-693-000**  
POBLACION, ALCANTARA  
ROMBLON

BIRTHDATE: 06/10/1953  
ISSUE DATE: 10/15/2007

  
SIGNATURE



*Gabat*  
*Gabat*  
*Gabat*

\*001865607\*

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.



