

ublic of the Philippines artment of Environment and Natura sources MIMAROPA Region

Provincial Environment and Natural Resources Office

September 27, 2022

DATS NO.

MEMORANDUM

FOR

The Regional Executive Director

MIMAROPA Region

FROM

The In-Charge, Office of the PENRO

Calapan City, Oriental Mindoro

SUBJECT

APPLICATION FOR TERMINAL LEAVE CLAIM OF

ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)

LOLINE M. CARLE OF DENR PENRO ORIENTAL MINDORO

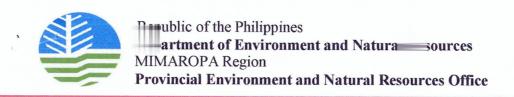
Forwarded are the documents on terminal leave claim of Administrative Officer IV (Budget Officer II) Loline M. Carle effective May 24, 2021.

Attached is the list of requirements.

For information, reference and record.

ALMA E. GIBE

DENRPENR02209000056



September 27, 2022

MEMORANDUM

FOR

The Regional Executive Director

MIMAROPA Region

FROM

The In-Charge, Office of the PENRO

Calapan City, Oriental Mindoro

SUBJECT

APPLICATION FOR TERMINAL LEAVE CLAIM OF

ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)
LOLINE M. CARLE OF DENR PENRO ORIENTAL MINDORO

Forwarded are the documents on terminal leave claim of Administrative Officer IV (Budget Officer II) Loline M. Carle effective May 24, 2021.

Attached is the list of requirements.

For information, reference and record.



Name: LOLINE M. CARLE Effective Date: MAY 24, 2022 Position: ADM. OFFICER IV (B.O II) Purpose: **DEATH** Office: DENR PENRO ORIENTAL MINDORO LIST OF REQUIREMENTS/DOCUMENTS ATTACHED Retirement (COMPULSORY/Optional)/EO 366 Letter of Intent Endorsement by the Head of Office CENRO/PENRO For Terminal Claim (4 copies) ✓ GSIS Clearance/Voucher Application for Terminal Leave Certification of Leave Credits and Computerized Leave Card Adv. copy to K-D Sworn Statement of Assets and Liabilities (as of Last day of service) Latest Appointment Latest Notice of Salary Adjustment/Notice of Step Increment PENRO Clearance CENRO Clearance Service Record Ombudsman Clearance (Online Filing www.ombudsman.gov.ph) Affidavit of No pending Criminal Case IPCR with Journal Xerox UMID Card Sworn/Affidavit/Statement for the delay in the filing of claims In Case of Death Death Certificate (Original) Marriage Certificate (if married) ✓ Birth Certificate of Children 1 Authorized Claimant with Waiver of Rights of Siblings (for Single without Child) (Original)

For Mowel Fund (Refund)

- Application for Refund of Premiums
- Certificate of Contributions
- Marriage Contract if married

Xerox of Valid ID (Claimant)

3.

OVERNMENT SERVICE INSURANCE SYSTE BATANGAS REGIONAL OFFICE ALANGILAN, BATANGAS CITY 4200

SURVIVORSHIP BENEFITS VOUCHER

06/02/2022

RA 8291

BP NUMBER

SURVIVORSHIP NO. CLAIM CODE POLICY NO.

GSIS ID NO. :
DATE OF RETIREMENT :
DATE OF DEATH :
DATE OF BIRTH :
DATE OF PROCESSING :

PAY TO : SECONDARY BENEFICIARIES OF THE LATE LOLINE M. CARLE

BRGY STO NIÑO CALAPAN CITY ORIENTAL MINDORO 5200 04B PH

LAST EMPLOYER : DENR, PENRO CALAPAN

SUQUI CALAPAN CITY ORIENTAL MINDORO 5200 04B PH

SERVICE (PPP) : 37.64520287 LWOP : 0.0000

AGE : 60.00000000 LWOP : 0.00000000

FOR : CASH PAYMENT FOR THE LATE LOLINE M. CARLE

CASH PAYMENT (18 X BMP) :

18 X 28,333.53

510,003

ACCR ANNUITIES FROM 05/25/2021 TO 11/24/2022 AT 28,333.53 PER MONTH

510,003.

GROSS BENEFIT

ADD:

510,003

LESS:

NET PROCEEDS P

: 2000902716

60062700249 05/25/2021 05/24/2021 06/28/1960

06/02/2022

RA 8291R0050020225230022 \\
2300
LP_10000002466748

510,003

CHECK NO.

DATE

NET PROCEEDS TO BE PAID AS FOLLOWS:

REGINE C RAMIREZ

GLENN DARYL C RAMIREZ

255,001.77

255,001.77

CERTIFIED CORRECT marin

MIDER B MASICA? STAFF OFFICER III

510,003.54

POST AUDITED AND ALLOWED IN THE AMOUNT OF P

CHECK NO. :

636941 00000000 JUN 06 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

APPROVED FOR PAYMENT

OFFICER I/II

MARIEL C

ACLAN

1939-931-2419



UUVERNMENT SERVICE INSURANCE 31'STEM **BATANGAS**

05/27/2022 PAGE: 1

Life Insurance Claim Voucher

REGINE CARLE RAMIREZ BRGY STO NIÑO 5200 CALAPAN CITY ORIENTAL MINDORO

Policy No. **Termination Date** GSIS ID No. BP No.

LP10000002466748 05/24/2021 60062700249 2000902716

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

ADD: Death Claim

P 611,154.00

TOTAL CREDIT: P 611,154.00

LESS:

Premiums in Arrears (GSL_BAL) Multipurpose Loan (MPL) Premiums in Arrears (PSL_BAL)

P 44.27 P 14,827.44 P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION; P NET PROCEEDS: P

14,915.98 596,238.02

Net Proceeds to be paid as follows: REGINE CARLE RAMIREZ P298,119.01

Check No.:

Check Date:

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Mercado

MARIEL C. ACLAN OFFICER I/II

MABEL A. DE GUZMAN MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : Check Date :

AUDITOR'S REPRESENTATIVE

AUDITOR



UDVERNMENT SERVICE INSURANCE USTEM BATANGAS

Deductions Details

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

LP10000002466748

05/27/2022 PAGE: 3

Policy No. Termination Date GSIS ID No. BP No.

05/24/2021

60062700249 2000902716

DESCRIPTION	DUE AMOUNT	PAID AMOUNT	BALANCE
Premiums in Arrears (PIA)			
Balance	88.54	88,54	0.00
Multipurpose Loan (MPL)			
Balance	8,582.76	8,582.76	0.00
Interest	6,011.18	6,011.18	0.00
Surcharge	0.00	0.00	0.00
RI Balance	233.50	233.50	0.00
RI Benefit	0.00	290,170.32	0.00
TOTALS:	14,915.98	305,086.30	0.00



■■VERNMENT SERVICE INSURANC BATANGAS

05/27/2022 PAGE: 2

Life Insurance Claim Voucher

GLENN DARYL CARLE RAMIREZ

BRGY.STO.NIÑO 5200 CALAPAN CITY ORIENTAL MINDORO

Policy No. **Termination Date**

GSIS ID No. BP No.

LP10000002466748

05/24/2021 60062700249 2000902716

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

ADD:

Death Claim

P 611,154.00

TOTAL CREDIT: P

611,154.00

LESS:

Premiums in Arrears (GSL_BAL) Multipurpose Loan (MPL) Premiums in Arrears (PSL BAL)

P 44.27 14,827.44 P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P NET PROCEEDS: P

14,915.98 596,238.02

Net Proceeds to be paid as follows:

GLENN DARYL CARLE RAMIREZ P298,119.01

Check No.:

Check Date:

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Mercado CESSOR

mulen MARIEL C. ACLAN OFFICER I/II

MABEL A. DE GUZMAN MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : Check Date :

636873

AUDITOR'S REPRESENTATIVE

AUDITOR

0939-931-2419

RNMENT SERVICE INSURANCE SYSTEM BATANGAS REGIONAL OFFICE ALANGILAN, BATANGAS CITY 4200 SURVIVORSHIP BENEFITS VOUCHER

RA 8291

06/02/2022

PAY TO : SECONDARY BENEFICIARIES OF THE LATE LOLINE M. CARLE

BRGY STO NIÑO CALAPAN CITY ORIENTAL MINDORO 5200 04B PH

LAST EMPLOYER : DENR, PENRO CALAPAN

SUQUI CALAPAN CITY ORIENTAL

MINDORO 5200 04B PH

SERVICE (PPP) : 37.64520287 AGE : 60.00000000

LWOP : 0.00000000

BP NUMBER 2000902716

BP NUMBER : 2000902716
SURVIVORSHIP NO. : RA 8291R0050020225230022 |
CLAIM CODE : 2300
POLICY NO. : LP 10000002466748
GSIS ID NO. : 60062700249
DATE OF RETIREMENT : 05/25/2021
DATE OF DEATH : 05/24/2021
DATE OF BIRTH : 06/28/1960
DATE OF PROCESSING : 06/02/2022 |
3.

3.

FOR : CASH PAYMENT FOR THE LATE LOLINE M. CARLE

CASH PAYMENT (18 X BMP) :

18 X 28,333,53

510,003

ACCR ANNUITIES FROM 05/25/2021 TO 11/24/2022 AT 28,333.53 PER MONTH

510,003.

GROSS BENEFIT

ADD:

510,003

LESS:

NET PROCEEDS TO BE PAID AS FOLLOWS:

NET PROCEEDS P

510,003

CHECK NO.

DATE

1 REGINE C RAMIREZ

GLENN DARYL C RAMIREZ

255,001.77 255,001.77

CERTIFIED CORRECT MIDER B MASICA

STAFF OFFICER III

POST AUDITED AND ALLOWED IN THE AMOUNT OF P

510,003.54

ACLAN MARIEL C OFFICER I/II

APPROVED FOR PAYMENT

CHECK NO. DATE

: 00000000

JUN 0 6 2022

AUDITOR'S REPRESENTATIVE

AUDITOR



GC NMENT SERVICE INSURANCE SY M BATANGAS

05/27/2022 PAGE: 1

Life Insurance Claim Voucher

REGINE CARLE RAMIREZ

BRGY STO NIÑO 5200 CALAPAN CITY ORIENTAL MINDORO

Policy No. **Termination Date**

GSIS ID No. BP No.

LP10000002466748

05/24/2021 60062700249 2000902716

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

ADD:

Death Claim

P 611,154,00

> TOTAL CREDIT: P 611,154.00

LESS:

Premiums in Arrears (GSL_BAL) Multipurpose Loan (MPL) Premiums in Arrears (PSL_BAL)

P

14,827.44 44.27

44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P NET PROCEEDS: P

Net Proceeds to be paid as follows:

REGINE CARLE RAMIREZ P298,119.01

Check No. :

Check Date:

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Marvin B. Marvin B. Mercado PROCESSOR

RIEL C. ACLAN

makel 9. de MABEL A. DE GUZMAN MANAGER

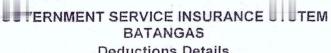
Post-audited and allowed in the amount of P596,238.02

Check No. : Check Date :

0 1 2022

AUDITOR'S REPRESENTATIVE

AUDITOR



Deductions Details

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

LP10000002466748

Policy No. Termination Date GSIS ID No.

05/24/2021 60062700249

BP No.

2000902716

DESCRIPTION	DUE AMOUNT	PAID AMOUNT	BALANCE
Premiums in Arrears (PIA)			
Balance	88.54	88.54	0.00
Multipurpose Loan (MPL)		100	
Balance	8,582.76	8,582.76	0.00
Interest	6,011.18	6,011.18	0.00
Surcharge	0.00	0.00	0.00
RI Balance	233.50	233.50	0.00
RI Benefit	0.00	290,170.32	0.00
TOTALS:	14,915.98	305,086.30	0.00



✓ERNMENT SERVICE INSURANCE → TEM BATANGAS

05/27/2022 PAGE: 2

Life Insurance Claim Voucher

BP No.

GLENN DARYL CARLE RAMIREZ

BRGY.STO.NIÑO 5200 CALAPAN CITY ORIENTAL MINDORO

Policy No. Termination Date GSIS ID No. LP10000002466748

05/24/2021 60062700249 2000902716

TOTAL CREDIT: P

For the payment of the Death Claim of 2000902716 / LOLINE M CARLE

ADD:

Death Claim

P 611,154.00

611,154.00

LESS:

Premiums in Arrears (GSL_BAL) Multipurpose Loan (MPL) Premiums in Arrears (PSL_BAL) P 44.27 P 14,827.44 P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P NET PROCEEDS: P

14,915.98 596,238.02

Net Proceeds to be paid as follows:

GLENN DARYL CARLE RAMIREZ P298,119,01

Check No.:

Check Date:

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Marvin B. Mercado PROCESSOR MARIEL C. ACLAN OFFICER I/II MABEL A. DE GUZMAN' MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : Check Date :

636873

AUDITOR'S REPRESENTATIVE

AUDITOR



Republic of the Philippines Provincial Environment and Natural Resources MIMAROPA Region

	APPLICATION	NF	OR LEAVE		
1. 0	DFFICE/DEPARTMENT 2. NAME		(Last)	(First)	(Middle)
D	ENR PENRO ORIENTAL MINDORO		CARLE	LOLINE	MONDRAGON
2 5	ATE OF FILLING		***************************************	-	
3. D	ATE OF FILLING 4. POSITION _		5. SALARY PhP		
	C DETAILS O	- 400	LICATION		
	6. DETAILS OF	APP	LICATION		
6.A	TYPE OF LEAVE TO BE AVAILED OF	6.B	DETAILS OF LEAVE		
				n/Special Privilege Leave:	
	,			Philippines	
	, , , , , , , , , , , , , , , , , , , ,			cify)	
	,,		In case of Sick Lea		
	, and a second of the second o			Specify Illness)	
	3 (☐ Out Patient	(Specify Illness)	
			In Coop of Special	Leave Benefits for Wome	
			maker 5	ess)	
			iii (Specify lift)	=55/	
			In case of Study Le	eave:	
				of Master's Degree	
				Examination Review	
	Others:		Other purpose:		
				n of Leave Credits	
			☑ Terminal Lea	ave	
6.C	NUMBER OF WORKING DAYS APPLIED FOR	6.D	COMMUTATION		
			☐ Not Request ☐ Requested	ted	
	INCLUSIVE DATES		☐ Requested		
				above Alminer	
			· ·	(Signature of Applica	int)
	7. DETAILS OF ACTION	ON C	N APPLICATIO	N	
7.A	CERTIFICATION OF LEAVE CREDITS	7.B	RECOMMENDATIO		
	As of		☐ For approva		
	Vacation Leave Sick Leave		☐ For disappro	oval due to	
	Total Earned			-	
	Less this application				
	Balance				
	BUENA P. FLORIDA			ALMA E. GIBE	
	Administrative Officer IV		In-	Charge, Office of the	PENRO
7.C	APPROVED FOR:	7.D	DISAPPROVED DU		7121110
/.0	days with pay	7.0	DISAFFROVED DO	E TO.	
	days without pay				
	others (Specify)				



Republic of the Philippines Provincial Environment and Natural Resources MIMAROPA Region

		APPLICATI				
1. OFFICE/DEPARTI		2. NA		(Last)	(First)	(Middle)
DENR PENRO OR	ENTAL MINDORO	_		CARLE	LOUNE	MONDRAGON
3. DATE OF FILLING	The state of the s	4. POSITION			E CALAD	V DLD
3. DATE OF FILLING		4. POSITION	***		5. SALAR	Y PNP
		6 DETAILS	OF APE	PLICATION		
CA TYPE OF LEAVE	TO DE AVAUED OF	O. DETAIL				
	TO BE AVAILED OF		6.8	DETAILS OF LEAVE		
		es Implementing E.O. No. 292			n/Special Privilege Lea	
		Omnibus Rules Implementing E.O. No. 292				
	3, Rule XVI, Omnibus Rules I					
	A.A. No. 11210/IRR issued by			In case of Sick Le		
	.A. No. 8187/CSC MC No. 71					
		mnibus Rules Implementing E.O. No. 292		☐ Out Patient	(Specify Illness)	
	(RA No. 8972/CSC MC No.			/- Of Oi-		
	68, Rule XVI, Omnibus Rules ve (RA No. 9262/CSC MC N			· ·	Leave Benefits for Wo	
	,	mnibus Rules Implementing E.O. No. 292		(Specify llin	ess)	
		9710/CSC MC No. 25, s. 2010				
		MC No. 2, s. 2012 as amended		In case of Study L	agua	
☐ Adoptation Leave		vio No. 2, s. 2012 as amended			of Master's Degree	
- Adoptation Leave	(104 140. 0002)				Examination Review	
				L BAN BOAT	LXammation Neview	
Others:				Other purpose:		
2					on of Leave Credits	
				☑ Terminal Le		
6.C NUMBER OF W	ORKING DAYS APPLIE	D FOR	6.D	COMMUTATION		
				☐ Not Reques	ted	
				☐ Requested		
INCLUSIVE DAT	ES					
					(Signature of Apr	nlicant)
		7. DETAILS OF A	TION	ON APPLICATIO		meant _j
7.A CERTIFICATION	OF LEAVE CREDITS	7. DETAILS OF A	7.B	RECOMMENDATION		
7.7.	As of		1,.5	☐ For approva		
	Vacation Leave	Sick Leave			oval due to	
Total Earned						
750072011100						
Less this application	n					
Balance						
	()					
	BUZNA P. F	LORIDA			ALMA E. GI	BĖ
	Administrative	e Officer IV		In	-Charge, Office of	the PENRO
7.C APPROVED FOR			7.D			
The second secon	s with pay		7.0	2.0.1. 1.100120 00		
day	s without pay					
oth	ers (Specify)					



Republic of the Philippines Provincial Environment and Natural Resources MIMAROPA Region

APPLICATION FOR LEAVE

	APPLICATION	NF	UK LEA		
1. 0	FFICE/DEPARTMENT 2. NAME		(Last)	(First)	(Middle)
DE	ENR PENRO ORIENTAL MINDORO		CARLE	LOLINE	MONDRAGON
3. D/	ATE OF FILLING 4. POSITION _			5. SALARY	PhP
	6. DETAILS O	FAPP	LICATION		
6.A	TYPE OF LEAVE TO BE AVAILED OF	6.B	DETAILS OF	LEAVE	
	Vacation Leave(Sec.51, Rule XVI, Omnibus Rules Implementing E.O. No. 292		In case of Va	acation/Special Privilege Leave	
	Mandatory/Forced Leave(Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292		☐ Withir	the Philippines	
	Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292			d (Specify)	
	Maternity Leave (R.A. No. 11210/IRR issued by CSC, DOLE and SSS		In case of Si		
	Paternity Leave (R.A. No. 8187/CSC MC No. 71, s. 1998, as amended		☐ In Hos	pital (Specify Illness)	
	Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292			atient (Specify Illness)	
	Solo Parent Leave (RA No. 8972/CSC MC No. 8, s. 2004				
	Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292		In Case of S	pecial Leave Benefits for Wom	en:
	10-Day VAWC Leave (RA No. 9262/CSC MC No 15, s. 2005		☐ (Speci	fy Illness)	
	Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292				
	Special Leave Benefits for Women (RA No. 9710/CSC MC No. 25, s. 2010				
	Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012 as amended		In case of St	udy Leave:	
	Adoptation Leave (RA No. 8552)		Comp	letion of Master's Degree	
			☐ BAR/B	loard Examination Review	
	Others:		Other purpo	se:	
				tization of Leave Credits	
			☑ Termi	nal Leave	
6.C	NUMBER OF WORKING DAYS APPLIED FOR	6.D	COMMUTAT		
				equested	
	INCLUSIVE DATES		☐ Reque	steu	
				July Minier	
				(Signature of Appli	cant)
	7. DETAILS OF ACTI	ON C	N APPLICA	ATION	
7.A	CERTIFICATION OF LEAVE CREDITS	7.B	RECOMMEN	NDATION	
	As of		☐ For ap	proval	
	Vacation Leave Sick Leave		☐ For dis	sapproval due to	
	Total Earned				
	Less this application		***************************************		
1	LESS ANS APPRICATION		·		
	Balance				
				1111111	•
	BUENA P. FLORIDA			ALMA E. GIB	É
	Administrative Officer IV			In-Charge, Office of th	ne PENRO
7.C	APPROVED FOR:	7.D	DISAPPROV	ED DUE TO:	
	days with pay				
	days without pay				
	others (Specify)				

Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

☐ Joint Filing

☐ Separate Filing

✓ Not Applicable

DECLARANT: ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II CARLE LOLINE POSITION: M. (Family Name) (First Name) (M.I.) AGENCY/OFFICE: DENR/PENRO, ORIENTAL MINDORO ILANG-ILANG ST.SITIO III, SUQUI, ADDRESS: OFFICE ADDRESS: 117, Lopez Subd. Sto.Niño, CALAPAN ORIENTAL MINDORO Calapan City, Oriental Mindoro SPOUSE: N/A N/A N/A POSITION: N/A (Family Name) (M.I.) AGENCY/OFFICE: N/A (First Name) OFFICE ADDRESS: N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A
10 Februaries and the control of the		

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

Real Properties* a.

(e.g. lot, house and lot, condominium	(e.g. residential, commercial,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION	
and improvements)	industrial, agricultural and mixed use)			he Tax Declaration of I Property)	YEAR MODE			
House &Lot	Residential	117 Lopez Subd.Sto Nino, Calapan City	84,340.00	843,412.00	1990	Purchased	P 732,000.00	
Agr'l Land	Agricultural	Sta Cruz, Calapan City	49,430.00	123,585.00	2002	Purchased	P 400,000.00	
Agr'l Land	Agricultural	Pasi,Socorro, Or. Mindoro	7,200.00	18,000.00	2002	Inheritance	N/A	

Subtotal:

P1,132,000 .00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Furniture & Fixtures	1987-2020	200,000.00	
Jewelries & Clothing's	1984-2020	250,000.00	
Appliances	1980-2020	300,000.00	
Cash in Bank (Savings Account)	2009-2020	2,550,000.00	
St. Peter Plan	2014	33,000.00	
Model 2015 Isuzu-MUX ,CR No.233424800	2015	1,398,000.00	
Model 2017 Toyota-Innova, CR No. 273941673	2017	1,164,000.00	
Model 2020 Isuzu D-Max, CR No. 37682266-6	2020	1,290,000.00	
Investment(House&Lot) Tanza Cavite	2018	95,000.00	
PAG-IBIG MP2	2018 -2020	300,000.00	

Subtotal:

P 7,580,000.00

TOTAL ASSETS (a+b): P 8,712,000.00



^{*} Additional sheet/s may be used, if necessary

Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

☐ Separate Filing ✓ Not Applicable ☐ Joint Filing

DECLARANT: ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II CARLE LOLINE M. POSITION:

> (Family Name) (First Name) (M.I.) AGENCY/OFFICE: DENR/PENRO, ORIENTAL MINDORO

ILANG-ILANG ST.SITIO III, SUQUI, ADDRESS: OFFICE ADDRESS: 117, Lopez Subd. Sto.Niño,

CALAPAN ORIENTAL MINDORO Calapan City, Oriental Mindoro

SPOUSE: N/A N/A N/A POSITION: N/A (Family Name) (First Name) (M.I.) AGENCY/OFFICE: N/A OFFICE ADDRESS: N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

Real Properties* a.

DESCRIPTION (e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
lot, condominium commercial, industrial, agricultural and mixed use)			(As found in the Tax Declaration of Real Property)		YEAR	MODE		
House &Lot	Residential	117 Lopez Subd.Sto Nino, Calapan City	84,340.00	843,412.00	1990	Purchased	P 732,000.00	
Agr'l Land	Agricultural	Sta Cruz, Calapan City	49,430.00	123,585.00	2002	Purchased	P 400,000.00	
Agr'l Land	Agricultural	Pasi,Socorro, Or. Mindoro	7,200.00	18,000.00	2002	Inheritance	N/A	

Subtotal:

P1,132,000 .00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Furniture & Fixtures	1987-2020	200,000.00	
Jewelries & Clothing's	1984-2020	250,000.00	
Appliances	1980-2020	300,000.00	
Cash in Bank (Savings Account)	2009-2020	2,550,000.00	
St. Peter Plan	2014	33,000.00	
Model 2015 Isuzu-MUX ,CR No.233424800	2015	1,398,000.00	
Model 2017 Toyota-Innova, CR No. 273941673	2017	1,164,000.00	
Model 2020 Isuzu D-Max, CR No. 37682266-6	2020	1,290,000.00	
Investment(House&Lot) Tanza Cavite	2018	95,000.00	
PAG-IBIG MP2	2018 -2020	300,000.00	

Subtotal:

P 7,580,000.00

TOTAL ASSETS (a+b): P 8,712,000.00



^{*} Additional sheet/s may be used, if necessary

Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020 (Required by R.A. 6713)

e: Husband and wife u	who are both public office of Joint Filing			
CARLE	LOLINE	M.	POSITION:	ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II
(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DENR/PENRO, ORIENTAL MINDORO
117, Lopez Subd	. Sto.Niño,		OFFICE ADDRESS:	ILANG-ILANG ST.SITIO III,SUQUI,
Calapan City, Or	riental Mindoro			CALAPAN ORIENTAL MINDORO
N/A	N/A	N/A	POSITION:	N/A
(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
			OFFICE ADDRESS:	N/A
	CARLE (Family Name) 117, Lopez Subd Calapan City, Or	CARLE LOLINE (Family Name) (First Name) 117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro N/A N/A	CARLE LOLINE M. (Family Name) (First Name) (M.I.) 117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro N/A N/A N/A	CARLE LOLINE M. POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE: 117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro N/A N/A N/A POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE:

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

KIND (e.g. residential,	LOCATION	VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION
lot, condominium commercial, industrial, agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
Residential	117 Lopez Subd.Sto Nino, Calapan City	84,340.00	843,412.00	1990	Purchased	P 732,000.00
Agricultural	Sta Cruz, Calapan City	49,430.00	123,585.00	2002	Purchased	P 400,000.00
Agricultural	Pasi,Socorro, Or. Mindoro	7,200.00	18,000.00	2002	Inheritance	N/A
	(e.g. residential, commercial, industrial, agricultural and mixed use) Residential Agricultural	Residential, agricultural and mixed use) Residential Agricultural Agricultural Agricultural	Commercial, industrial, agricultural and mixed use LOCATION VALUE	Ce.g. residential, commercial, industrial, agricultural and mixed use) LOCATION VALUE MARKET VALUE	Ceg. residential, commercial, industrial, agricultural and mixed use) Commercial, industrial, agricultural and mixed use) Commercial, industrial, agricultural and mixed use) Commercial, industrial, agricultural Commercial, industrial, agricul	Commercial, agricultural and mixed use LOCATION VALUE MARKET VALUE (As found in the Tax Declaration of Real Property) YEAR MODE

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Furniture & Fixtures	1987-2020	200,000.00	
Jewelries & Clothing's	1984-2020	250,000.00	
Appliances	1980-2020	300,000.00	
Cash in Bank (Savings Account)	2009-2020	2,550,000.00	
St. Peter Plan	2014	33,000.00	
Model 2015 Isuzu-MUX ,CR No.233424800	2015	1,398,000.00	
Model 2017 Toyota-Innova, CR No. 273941673	2017	1,164,000.00	
Model 2020 Isuzu D-Max, CR No. 37682266-6	2020	1,290,000.00	
Investment(House&Lot) Tanza Cavite	2018	95,000.00	
PAG-IBIG MP2	2018 -2020	300,000.00	

Subtotal: P 7,580,000.00
TOTAL ASSETS (a+b): P 8,712,000.00

Emen

^{*} Additional sheet/s may be used, if necessary

PORMA BLG. 33 (Narebisa, 1998)



Republika ng Rilipinas Republic of the Philippines

Kagawaran ng Kapaligiran at Likas Yaman

Department of Environment and Natural Resources REHIYON BLG. 4B MIMAROPA

Region IV-B, MIMAROPA

1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila

Ginoong/Gng./Bb.: Mr./Mrs./Ms.

LOLINE M. CARLE

sa pasahod na TWO HUNDRE with a compensation rate of Ito ay magkakabisa sa peta The effectivity date of this appointment pagpirma ng puno ng tangg issuance of the appointment which is the of Ang appointment na This appointment is Leonora C. Arbes Aytem Blg. OSEC-DEN Item No. (Under approved NOSCA s.	sa ng pag nt shall be the apan o app late of the signin	gganap ng date of actua pointing au ng of the appoin	g tungkulin sub al assumption by the apput authority. Inting authority.	(Php 298,644.00) peso vali't di aaga sa petsa ng
Ito ay magkakabisa sa peta. The effectivity date of this appointment pagpirma ng puno ng tangg issuance of the appointment which is the control of the appointment is Leonora C. Arbes Aytem Blg. OSEC-DEN	sa ng pag nt shall be the apan o app late of the signin	gganap ng date of actua pointing au ng of the appoin	g tungkulin sub al assumption by the apput authority. Inting authority.	(Php 298,644.00) peso vali't di aaga sa petsa ng pointee but not earlier than the date of
Ito ay magkakabisa sa peta The effectivity date of this appointment pagpirma ng puno ng tangg ssuance of the appointment which is the constant of the appointment na This appointment is Leonora C. Arbes Aytem Blg. OSEC-DEN Item No.	apan o apposate of the signin	date of actual pointing autual pointing autual pointing autual point of the appoint PR	at assumption by the appartnerity. nting authority OMOTION	vali't di aaga sa petsa n pointee but not earlier than the date of
The effectivity date of this appointment pagpirma ng puno ng tangg ssuance of the appointment which is the control of the appointment na This appointment is Leonora C. Arbes Aytem Blg. OSEC-DENtem No.	apan o apposate of the signin	date of actual pointing autual pointing autual pointing autual point of the appoint PR	at assumption by the appartnerity. nting authority OMOTION	pointee but not earlier than the date of
Leonora C. Arbes Aytem Blg. OSEC-DENtem No.		(Origina)		
Aytem Blg. OSEC-DENtem No.				vice
tem No.	na who		etired red, Retired, etc.)	and in accordance with
	RB-ADOF4-	-281-2004	Pahina	N/A
I naer annravea Stist A s	0002014-0	05-126)	Page	
NACTIBAY NA-PERMA			Sumasainyo, Very truly yours.	

JACINTO C. MATEO III

Director II **Awtorisadong Opisyal** Komisyon ng Serbisyo Sibil Authorized Official/Civil Service Commission

MAY 0 2 2016

Petsa Date

OSCAR C. DOMINGUEZ ØIC, Regional Director **MIMAROPA** Region

AUG 19 2015

Petsa ng Pagpirma

Date of Signing



Republika ng Rilipinas Republic of the Philippines

Kagawaran ng Kapaligiran at Likas Yaman

Department of Environment and Natural Resources REHIYON BLG. 4B MIMAROPA Region IV-B, MIMAROPA

1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila

SEP 1 5 2015

Ginoong/Gng./<u>Bb.</u>: Mr./Mrs./**Ms.**

You are hereby appointed as

LOLINE M. CARLE

Kayo ay nahirang na	ADMINISTRATIVE OFFICER IV (SG-15)	n

may katayuang	PERMANENTE	sa	DENR, REGION IV-B, MIMAROPA
with a	Status	at the	(Agency)

sa pasahod na TWO HUNDRED NINETY EIGHT THOUSAND AND SIX HUNDRED FORTY FOUR piso. with a compensation rate of (Php 298,644.00) pesos

Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subali't di aaga sa petsa ng The effectivity date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of

pagpirma ng puno ng tanggapan o appointing authority. issuance of the appointment which is the date of the signing of the appointing authority

C	Ang appointment na ito ay_ This appointment is			Promotion, etc)	bilang kapalit		
Leono	ora C. Arbes	<i>na</i> who		tired d, Retired, etc.)	at ayon sa		
Aytem Blg	OSEC-DEN	RB-ADOF4	-281-2004	Pahina	N/A		

PINACTIBAY NA-PERMANENT

JACINTO C. MATEO III

Awtorisadong Opisyal
Komisyon ng Serbisyo Sibil
Authorized Official/Civil Service Commission

MAY 0 2 2016

Petsa Date Sumasainyo, Very truly yours,

OSCAR C. DOMINGUEZ
OIC, Regional Director
MIMAROPA Region

AUG 1 9 2015

Petsa ng Pagpirma Date of Signing PORMA BLG. 33 (Narebisa, 1998)



Republika ng Rilipinas Republic of the Philippines

Kagawaran ng Kapaligiran at Likas Yaman

Department of Environment and Natural Resources REHIYON BLG. 4B MIMAROPA

Region IV-B, MIMAROPA

1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila

SEP 1 5 2015

Ginoong/Gng./<u>Bb.</u>: Mr./Mrs./<u>Ms.</u> LOLINE M. CARLE

Kayo ay nahira You are hereby appoin		MINISTRATIVE OFFIC	CER IV (SG-15)
		E sa DENR, REGIO	
rith a	Status	at the	(Agency)
a pasahod na <u>TWO H</u>	UNDRED NINETY	EIGHT THOUSAND AND S	IX HUNDRED FORTY FOUR pisc
ith a compensation rate of			(Php 298,644.00) peso
			abali't di aaga sa petsa ng appointee but not earlier than the date of
he effectivity date of this appagate and the appointment white	r tanggapan o ap	pointing authority. ing of the appointing authority PROMOTION	appointee but not earlier than the date of
the effectivity date of this apparent of the appointment white	r tanggapan o ap	e date of actual assumption by the appointing authority. ing of the appointing authority.	appointee but not earlier than the date of
pagpirma ng puno ng suance of the appointment whi This appointment is	r tanggapan o ap ch is the date of the sign	pointing authority. ing of the appointing authority PROMOTION (Original, Promotion, etc.)	bilang kapalit n
pagpirma ng puno ng suance of the appointment whi This appointment is	r tanggapan o ap ch is the date of the sign	pointing authority. ing of the appointing authority PROMOTION	bilang kapalit n
pagpirma ng puno ng suance of the appointment whi has appointment is Leonora C. A. Aytem Blg. OS	r tanggapan o appet the sign that the sign t	pointing authority. ing of the appointing authority PROMOTION (Original, Promotion, etc) Retired (Transferred, Retired, etc.)	bilang kapalit n
the effectivity date of this apparatus of the appointment white appointment is	r tanggapan o ap ch is the date of the sign ent na ito ay who EC-DENRB-ADOF	pointing authority. ing of the appointing authority. PROMOTION (Original, Promotion, etc) Retired (Transferred, Retired, etc.) 4-281-2004 Pahina Page	bilang kapalit in vice at ayon sa Plantilya and in accordance with

JACINTO C. MATEO III

Director II

Awtorisadong Opisyal

Komisyon ng Serbisyo Sibil

Authorized Official/Civil Service Commission

MAY 0 2 2016

Petsa Date Sumasainyo, Very truly yours.

OSCAR C. DOMINGUEZ
OIC, Regional Director
MIMAROPA Region

AUG 19 2015

Petsa ng Pagpirma Date of Signing



Republic of the Philippines Department of Environment and Natural Resources

MIMAROPA Region

Suqui, Calapan City, Oriental Mindoro

SERVICE RECORD

(To be accomplished by Employee)

NAME:	LOLINE	М.	CARLE	(If married woman also full maiden
	(Name)	(M.I.)	(Surname)	name)
BIRTH:	June 28, 1960	Mer	it, Victoria, Oriental Mindoro	(Date herein should be checked
	(Date)		(Place)	from birth or baptismal certificate
	` /		` '	or other reliable documents).

This is to certify that the employee named herein above actually rendered service as shown in the service record below, each line of which is supported by appointment and other papers actually issued by this Office and approved by the authorities concerned.

01-01-20 12-31-20 -do- -do- 389,172.00 -do- -do- -do- -do- DENRS	SERV	VICE	RECORD OF AP	POINT	MENT	OFFIC	E		SEPAR	RATION
To	Inclusiv	e Dates	Position/Designation	Status	Salary	Entity or Division	Branch	L/V	Data	Cauca
10-04-82 09-26-83 Accounting Clerk II Perm. 15.00/d Bu. of Lands, R-IV, Q.C. -do- -d	From	То	rosition/Designation	Status	per annum	Place of Assignment	Dianen	ABS w/o pay	Date	Cause
09-27-83 04-30-84 -do	11-03-80	09-30-82	Out of School Youth	Cas.	10.00/d	Bu.of Lands, Manila	National	None		
05-01-84 12-31-84	10-04-82	09-26-83	Accounting Clerk II	Perm.	15.00/d	Bu.of Lands, R-IV, Q.C.	-do-	-do-		
01-01-85 06-30-86 -do-	09-27-83	04-30-84	-do-	-do-	5,928.00	-do-	-do-	-do-		
07-01-86 02-28-87 -do	05-01-84	12-31-84	-do-	-do-	6,552.00	-do-	-do-	-do-		
03-01-87 12-31-87 -do-	01-01-85	06-30-86	-do-	-do-	7,236.00	-do-	-do-	-do-		
01-01-88 09-15-88 06-30-89 Bookkeeper I -do- 15,060.00 DENR Region-IV, Q.C. -do- -	07-01-86	02-28-87	-do-	-do-	7,992.00	-do-	-do-	-do-		
09-16-88 06-30-89 Bookkeeper I -do- 15,060.00 DENR Region-IV, Q.C. -do-	03-01-87	12-31-87	-do-	-do-	9,190.00	-do-	-do-	-do-		
07-01-89 09-15-91 Bookkeeper II	01-01-88	09-15-88	-do-	-do-	10,109.00	-do-	-do-	-do-		
09-16-91 12-31-93 -do	09-16-88	06-30-89	Bookkeeper I	-do-	15,060.00	DENR Region-IV, Q.C.	-do-	-do-		
01-01-94 12-31-94 -do-	07-01-89	09-15-91	Bookkeeper II	-do-	33,024.00	-do-	-do-	-do-		
01-01-95 12-31-95 -do-	09-16-91	12-31-93	-do-	-do-	33,348.00	-do-	-do-	-do-		
01-01-96 12-31-96 -do-	01-01-94	12-31-94	-do-	-do-	42,948.00	DENR-PENRO Or Mdo.	-do-	-do-		
01-01-97 10-31-97 10-31-97 10-31-97 10-31-99 10-00 10-00 10-00 12-31-00 10	01-01-95	12-31-95	-do-	-do-	55,284.00	-do-	-do-	-do-		
11-01-97 12-31-99	01-01-96	12-31-96	-do-	-do-	67,284.00	-do-	-do-	-do-		
01-01-00 12-31-00 0-do- -do- -do- 107,172.00 -do-	01-01-97	10-31-97	-do-	-do-	81,168.00	-do-	-do-	-do-		
01-01-01 06-30-01 -do- -do- -do- 109,848.00 -do-	11-01-97	12-31-99	-do-	-do-	97,428.00	-do-	-do-	-do-		
07-01-01 09-14-03 -do- -do- -do- 115,344.00 -do-	01-01-00	12-31-00	-do-	-do-	107,172.00	-do-	-do-	-do-		
09-15-03 12-31-03 -do- -do- 118,224.00 -do-	01-01-01	06-30-01	-do-	-do-	109,848.00	-do-	-do-	-do-		
01-01-04 09-15-06 Administrative Asst. II -do- 118,224.00 -do- -d	07-01-01	09-14-03	-do-	-do-	115,344.00	-do-	-do-	-do-		
09-16-06 06-30-07 -do- -do- 121,188.00 -do- -do- <td>09-15-03</td> <td>12-31-03</td> <td>-do-</td> <td>-do-</td> <td>118,224.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td></td>	09-15-03	12-31-03	-do-	-do-	118,224.00	-do-	-do-	-do-		
07-01-07 06-30-08 -do- -do- 133,308.00 -do- -do- <td>01-01-04</td> <td>09-15-06</td> <td>Administrative Asst. II</td> <td>-do-</td> <td>118,224.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td></td>	01-01-04	09-15-06	Administrative Asst. II	-do-	118,224.00	-do-	-do-	-do-		
07-01-08 06-30-09 -do- -do- 146,640.00 -do- -do- <td>09-16-06</td> <td>06-30-07</td> <td>-do-</td> <td>-do-</td> <td>121,188.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td>-</td>	09-16-06	06-30-07	-do-	-do-	121,188.00	-do-	-do-	-do-		-
07-01-09 09-15-09 -do- -do- 157,536.00 -do-	07-01-07	06-30-08	-do-	-do-	133,308.00	-do-	-do-	-do-		
09-16-09 06-23-10 -do- -do- 160,752.00 -do- -do- <td>07-01-08</td> <td>06-30-09</td> <td>-do-</td> <td>-do-</td> <td>146,640.00</td> <td></td> <td></td> <td>-do-</td> <td></td> <td></td>	07-01-08	06-30-09	-do-	-do-	146,640.00			-do-		
06-24-10 05-31-11 -do- -do- 171,204.00 -do-	07-01-09	09-15-09	-do-	-do-	157,536.00	-do-	-do-	-do-		
06-01-11 05-31-12 -do- -do- 181,656.00 -do-	09-16-09	06-23-10	-do-	-do-	160,752.00	-do-	-do-	-do-		
06-01-12 08-18-15 -do- -do- 192,108.00 -do- -do- <td>06-24-10</td> <td>05-31-11</td> <td>-do-</td> <td>-do-</td> <td>171,204.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td></td>	06-24-10	05-31-11	-do-	-do-	171,204.00	-do-	-do-	-do-		
08-19-15 12-31-15 Adm. Officer IV (BO II) -do- 298,644.00 -do-	06-01-11	05-31-12	-do-	-do-	181,656.00	-do-	-do-	-do-		
01-01-16 12-31-16 -do- -do- 314,304.00 -do- -do- <td>06-01-12</td> <td>08-18-15</td> <td>-do-</td> <td>-do-</td> <td>192,108.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td></td>	06-01-12	08-18-15	-do-	-do-	192,108.00	-do-	-do-	-do-		
01-01-17 12-31-17 -do- -do- 330,780.00 -do- -do- <td>08-19-15</td> <td>12-31-15</td> <td>Adm. Officer IV (BO II)</td> <td>-do-</td> <td>298,644.00</td> <td>-do-</td> <td>-do-</td> <td>-do-</td> <td></td> <td></td>	08-19-15	12-31-15	Adm. Officer IV (BO II)	-do-	298,644.00	-do-	-do-	-do-		
01-01-18 08-18-18 -do- -do- 348,120.00 -do- -do- <td>01-01-16</td> <td>12-31-16</td> <td>-do-</td> <td>-do-</td> <td>314,304.00</td> <td>-do-</td> <td></td> <td>-do-</td> <td></td> <td></td>	01-01-16	12-31-16	-do-	-do-	314,304.00	-do-		-do-		
08-19-18 12-31-18 -do- -do- 352,308.00 -do- Separation DENKS DENKS DENKS -do-	01-01-17	12-31-17		-do-	330,780.00			1		
01-01-19 12-31-19 -do- -do- 370,908.00 -do- DENR'S	01-01-18	08-18-18	-do-	-do-	348,120.00	1		I .		
01-01-20 12-31-20 -do- -do- 389,172.00 -do- -do- Separatic DENRS	08-19-18	12-31-18	-do-	-do-	352,308.00	-do-		-do-		
01-01-20 12-31-20 -do- -do- -do- -do- -do- -do- -do- -do-	01-01-19	12-31-19	-do-	-do-	370,908.00	-do-	-do-	-do-		
01 01 01 05 22 21	01-01-20	12-31-20		-do-	389,172.00	1	E .	-do-		Separation from DENR Service
01-01-21 03-23-21 -00- -	01-01-21	05-23-21	-do-	-do-	407,436.00	-do-	-do-	-do-	05/24/2021	(Death)

NOTE: This certification is issued upon the request of **Ms.** Carle for whatever legal purpose it may serve her.

Issued in compliance with Executive Order No. 54 dated August 10, 1954, and in accordance with Circular No. 58 dated August 10, 1954 of the Government.

CERTIFIED CORRECT:

NESTORN. CUASAY

August 10, 2021



Republic of the Philippines Department of Environment and Natural Resources

MIMAROPA Region

Suqui, Calapan City, Oriental Mindoro

SERVICE RECORD

(To be accomplished by Employee)

NAME:	LOLINE	M.	CARLE	(If married woman also full maiden
	(Name)	(M.I.)	(Surname)	name)
BIRTH:	June 28, 1960	Mer	rit, Victoria, Oriental Mindoro	(Date herein should be checked
	(Date)		(Place)	from birth or baptismal certificate
				or other reliable documents).

This is to certify that the employee named herein above actually rendered service as shown in the service record below, each line of which is supported by appointment and other papers actually issued by this Office and approved by the authorities concerned.

SERV	VICE	RECORD OF AF	POINT	MENT	OFFIC	Œ.		SEPAR	ATION
Inclusiv	e Dates	Position/Designation	Status	Salary	Entity or Division	Branch	L/V	Date	Cause
From	То	Position/Designation	Status	per annum	Place of Assignment	Branch	ABS w/o pay	Date	Cause
11-03-80	09-30-82	Out of School Youth	Cas.	10.00/d	Bu.of Lands, Manila	National	None		
10-04-82	09-26-83	Accounting Clerk II	Perm.	15.00/d	Bu.of Lands, R-IV, Q.C.	-do-	-do-		
09-27-83	04-30-84	-do-	-do-	5,928.00	-do-	-do-	-do-		
05-01-84	12-31-84	-do-	-do-	6,552.00	-do-	-do-	-do-		
01-01-85	06-30-86	-do-	-do-	7,236.00	-do-	-do-	-do-		
07-01-86	02-28-87	-do-	-do-	7,992.00	-do-	-do-	-do-		
03-01-87	12-31-87	-do-	-do-	9,190.00	-do-	-do-	-do-		
01-01-88	09-15-88	-do-	-do-	10,109.00	-do-	-do-	-do-		
09-16-88	06-30-89	Bookkeeper I	-do-	15,060.00	DENR Region-IV, Q.C.	-do-	-do-		
07-01-89	09-15-91	Bookkeeper II	-do-	33,024.00	-do-	-do-	-do-		
09-16-91	12-31-93	-do-	-do-	33,348.00	-do-	-do-	-do-		
01-01-94	12-31-94	-do-	-do-	42,948.00	DENR-PENRO Or Mdo.	-do-	-do-		
01-01-95	12-31-95	-do-	-do-	55,284.00	-do-	-do-	-do-		
01-01-96	12-31-96	-do-	-do-	67,284.00	-do-	-do-	-do-		
01-01-97	10-31-97	-do-	-do-	81,168.00	-do-	-do-	-do-		
11-01-97	12-31-99	-do-	-do-	97,428.00	-do-	-do-	-do-		
01-01-00	12-31-00	-do-	-do-	107,172.00	-do-	-do-	-do-		
01-01-01	06-30-01	-do-	-do-	109,848.00	-do-	-do-	-do-		
07-01-01	09-14-03	-do-	-do-	115,344.00	-do-	-do-	-do-		
09-15-03	12-31-03	-do-	-do-	118,224.00	-do-	-do-	-do-		
01-01-04	09-15-06	Administrative Asst. II	-do-	118,224.00	-do-	-do-	-do-		
09-16-06	06-30-07	-do-	-do-	121,188.00	-do-	-do-	-do-		
07-01-07	06-30-08	-do-	-do-	133,308.00	-do-	-do-	-do-		
07-01-08	06-30-09	-do-	-do-	146,640.00	-do-	-do-	-do-		
07-01-09	09-15-09	-do-	-do-	157,536.00	-do-	-do-	-do-		
09-16-09	06-23-10	-do-	-do-	160,752.00	-do-	-do-	-do-		
06-24-10	05-31-11	-do-	-do-	171,204.00	-do-	-do-	-do-		
06-01-11	05-31-12	-do-	-do-	181,656.00	-do-	-do-	-do-		
06-01-12	08-18-15	-do-	-do-	192,108.00	-do-	-do-	-do-		
08-19-15	12-31-15	Adm. Officer IV (BO II)	-do-	298,644.00	-do-	-do-	-do-		
01-01-16	12-31-16	-do-	-do-	314,304.00	-do-	-do-	-do-		
01-01-17	12-31-17	-do-	-do-	330,780.00	-do-	-do-	-do-		
01-01-18	08-18-18	-do-	-do-	348,120.00	-do-	-do-	-do-		
08-19-18	12-31-18	-do-	-do-	352,308.00	-do-	-do-	-do-		
01-01-19	12-31-19	-do-	-do-	370,908.00	-do-	-do-	-do-		
01-01-20	12-31-20	-do-	-do-	389,172.00	-do-	-do-	-do-		Separation from DENR Service
01-01-21	05-23-21	-do-	-do-	407,436.00	-do-	-do-	-do-	05/24/2021	(Death)

NOTE: This certification is issued upon the request of **Ms.** Carle for whatever legal purpose it may serve her.

Issued in compliance with Executive Order No. 54 dated August 10, 1954, and in accordance with Circular No. 58 dated August 10, 1954 of the Government.

CERTIFIED CORRECT:

NESTUR N. CUASAY

August 10, 2021

Date

In-charge, Management Services Division



Republic of the Philippines Department of Environment and Natural Resources

MIMAROPA Region

Suqui, Calapan City, Oriental Mindoro

SERVICE RECORD

(To be accomplished by Employee)

NAME:	LOLINE	M.	CARLE	(If married woman also full maiden
	(Name)	(M.I.)	(Surname)	name)
BIRTH:	June 28, 1960	Mei	it, Victoria, Oriental Mindoro	(Date herein should be checked
	(Date)		(Place)	from birth or baptismal certificate
	(Bate)		(Tideo)	or other reliable documents).

This is to certify that the employee named herein above actually rendered service as shown in the service record below, each line of which is supported by appointment and other papers actually issued by this Office and approved by the authorities concerned.

SERV	ЛСЕ	RECORD OF AF	POINT	MENT	OFFICE			SEPAR	RATION
Inclusiv	e Dates	Position/Designation	Status	Salary	Entity or Division	Branch	L/V	Date	Cause
From	То	Position/Designation	Status	per annum	Place of Assignment	Branch	ABS w/o pay	Date	Cause
11-03-80	09-30-82	Out of School Youth	Cas.	10.00/d	Bu.of Lands, Manila	National	None		
10-04-82	09-26-83	Accounting Clerk II	Perm.	15.00/d	Bu.of Lands, R-IV, Q.C.	-do-	-do-		
09-27-83	04-30-84	-do-	-do-	5,928.00	-do-	-do-	-do-		
05-01-84	12-31-84	-do-	-do-	6,552.00	-do-	-do-	-do-		
01-01-85	06-30-86	-do-	-do-	7,236.00	-do-	-do-	-do-		
07-01-86	02-28-87	-do-	-do-	7,992.00	-do-	-do-	-do-		
03-01-87	12-31-87	-do-	-do-	9,190.00	-do-	-do-	-do-		
01-01-88	09-15-88	-do-	-do-	10,109.00	-do-	-do-	-do-		
09-16-88	06-30-89	Bookkeeper I	-do-	15,060.00	DENR Region-IV, Q.C.	-do-	-do-		
07-01-89	09-15-91	Bookkeeper II	-do-	33,024.00	-do-	-do-	-do-		
09-16-91	12-31-93	-do-	-do-	33,348.00	-do-	-do-	-do-		
01-01-94	12-31-94	-do-	-do-	42,948.00	DENR-PENRO Or Mdo.	-do-	-do-		
01-01-95	12-31-95	-do-	-do-	55,284.00	-do-	-do-	-do-		
01-01-96	12-31-96	-do-	-do-	67,284.00	-do-	-do-	-do-		
01-01-97	10-31-97	-do-	-do-	81,168.00	-do-	-do-	-do-		
11-01-97	12-31-99	-do-	-do-	97,428.00	-do-	-do-	-do-		
01-01-00	12-31-00	-do-	-do-	107,172.00	-do-	-do-	-do-		
01-01-01	06-30-01	-do-	-do-	109,848.00	-do-	-do-	-do-		
07-01-01	09-14-03	-do-	-do-	115,344.00	-do-	-do-	-do-		
09-15-03	12-31-03	-do-	-do-	118,224.00	-do-	-do-	-do-		
01-01-04	09-15-06	Administrative Asst. II	-do-	118,224.00	-do-	-do-	-do-		
09-16-06	06-30-07	-do-	-do-	121,188.00	-do-	-do-	-do-		
07-01-07	06-30-08	-do-	-do-	133,308.00	-do-	-do-	-do-		
07-01-08	06-30-09	-do-	-do-	146,640.00	-do-	-do-	-do-		
07-01-09	09-15-09	-do-	-do-	157,536.00	-do-	-do-	-do-		
09-16-09	06-23-10	-do-	-do-	160,752.00	-do-	-do-	-do-		
06-24-10	05-31-11	-do-	-do-	171,204.00	-do-	-do-	-do-		
06-01-11	05-31-12	-do-	-do-	181,656.00	-do-	-do-	-do-		
06-01-12	08-18-15	-do-	-do-	192,108.00	-do-	-do-	-do-		
08-19-15	12-31-15	Adm. Officer IV (BO II)	-do-	298,644.00	-do-	-do-	-do-		
01-01-16	12-31-16	-do-	-do-	314,304.00	-do-	-do-	-do-		
01-01-17	12-31-17	-do-	-do-	330,780.00	-do-	-do-	-do-		
01-01-18	08-18-18	-do-	-do-	348,120.00	-do-	-do-	-do-		
08-19-18	12-31-18	-do-	-do-	352,308.00	-do-	-do-	-do-		
01-01-19	12-31-19	-do-	-do-	370,908.00	-do-	-do-	-do-		
01-01-20	12-31-20	-do-	-do-	389,172.00	-do-	-do-	-do-		Separation from DENR Service
01-01-21	05-23-21	-do-	-do-	407,436.00	-do-	-do-	-do-	05/24/2021	(Death)

NOTE: This certification is issued upon the request of **Ms. Carle** for whatever legal purpose it may serve her.

Issued in compliance with Executive Order No. 54 dated August 10, 1954, and in accordance with Circular No. 58 dated August 10, 1954 of the Government.

CERTIFIED CORRECT:

NESTOR N. CUASAY
In-charge, Management Services Division

August 10, 2021

DATE: January 15, 2021

MS. LOLINE M. CARLE **DENR-PENRO** Calapan City, Oriental Mindoro

Ma'am:

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

> 1. Adjusted monthly basic salary effective January 01, 2021, under the new Salary Schedule;

SG: 15 Step: 02

PhP 33,953.00

2. Actual monthly salary as of December 31, 2020;

SG: 15 Step: 02 PhP 32,431.00

3. Monthly salary adjustment, effective January 01, 2021, (1-2)

PhP 1,522.00

It is understood that this salary adjustment is subject to review and post-audit, and to appropriate readjustment and refund if not in order.

Very truly yours,

BIGHANI M. MANIPULA, Ph.D. OIC, Assistant Regional Director for Management Services

Position Title: Administrative Officer IV (BO II)

Salary Grade: 15

Item No./Unique Item No., FY _____ Personal Services Itemization

And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

DATE: January 15, 2021

MS. LOLINE M. CARLE
DENR-PENRO
Calapan City, Oriental Mindoro

Ma'am:

F

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

 Adjusted monthly basic salary effective January 01, 2021, under the new Salary Schedule; SG: 15 Step: 02

PhP 33,953.00

2. Actual monthly salary as of December 31, 2020;

SG: 15 Step: 02

PhP 32,431.00

3. Monthly salary adjustment, effective January 01, 2021, (1-2)

PhP 1,522.00

It is understood that this salary adjustment is subject to review and post-audit, and to appropriate readjustment and refund if not in order.

Very truly yours,

BIGHANI M. MANIPULA, Ph.D.
OIC, Assistant Regional Director
for Management Services

Position Title: Administrative Officer IV (BO II)

Salary Grade: 15

Item No./Unique Item No., FY _____ Personal Services Itemization

And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

DATE: January 15, 2021

MS. LOLINE M. CARLE **DENR-PENRO** Calapan City, Oriental Mindoro

Ma'am:

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

> 1. Adjusted monthly basic salary effective January 01, 2021, under the new Salary Schedule;

SG: 15 Step: 02

PhP 33,953.00

2. Actual monthly salary as of December 31, 2020;

SG: 15

Step: 02

PhP 32,431.00

3. Monthly salary adjustment, effective January 01, 2021, (1-2)

PhP

1,522.00

It is understood that this salary adjustment is subject to review and post-audit, and to appropriate readjustment and refund if not in order.

Very truly yours,

BIGHANI M. MANIPULA, Ph.D. OIC, Assistant Regional Director for Management Services

Position Title: Administrative Officer IV (BO II)

Salary Grade:

Item No./Unique Item No., FY _____ Personal Services Itemization

And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

DATE: January 15, 2021

MS. LOLINE M. CARLE **DENR-PENRO** Calapan City, Oriental Mindoro

Ma'am:

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

> 1. Adjusted monthly basic salary effective January 01, 2021, under the new Salary Schedule;

SG: 15 Step: 02

PhP 33,953.00

2. Actual monthly salary as of December 31, 2020;

SG: 15

Step: 02

PhP

32,431.00

3. Monthly salary adjustment, effective January 01, 2021, (1-2)

PhP

1,522.00

It is understood that this salary adjustment is subject to review and post-audit, and to appropriate readjustment and refund if not in order.

Very truly yours,

BIGHANI M. MANIPULA, Ph.D. OIC, Assistant Regional Director for Management Services

Position Title: Administrative Officer IV (BO II)

Salary Grade: 15

Item No./Unique Item No., FY _____ Personal Services Itemization

And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES CLEARANCE FORM

(Instructions at the back)

				1. St. World 150 P. C.		
I PURPOSE				- Ab 4 4 200		
			Date of Application	Esta pro-		
TO: DENR-PENRO ORIENTAL MINDORO			Date of Application			
		andan	ly related accountabilities for			
I hereby apply for clearance from money Purpose: ☐ Transfer ☐ Resign			r Mode of Separation:			
☐ Resign			se specify: Death			
		1 100				
Effectivity/Inclusive Period:	2					
Office of Assignment DENR PENRO Calapan, Oriental	Mindoro					
			LOLINE M. CARLE			
Position/SG/Step: Administrative officer iv (BUDGET OFFICER	II)/SG 15/S2		Name and Signature of Emp	lovee		
	Older State of Bases III		ramo ana orginataro or Emp			
II CLEARANCE FROM WORK-RELATED ACCO						
I hereby certify that this applicant is cleared	of work-r	elated ac	countabilities from this Unit/Office/De	ept.		
	MH	The				
	MARICI		PLEO			
			vices Division			
III CLEARANCE FROM MONEY AND PROPER	TY ACCO	UNTABIL	LITIES			
Name of Unit/Office/Department	Cleared	Not	Name of Clearing Officer/Official	Signature		
·	Olcarca	Cleared	Name of Oldaring Officer, Official	Oignature		
1. Administration Sector	' '					
	V			1/1 /11-1		
	9/18 202		NELSON S. SIKAT	HATA!		
a General Services Unit	1//01/10		Adm. Assistant III/In-Charge, GSS			
L B			NOEME P. ALCANCIA	(restores)		
b Records Unit	 		In-charge,General Records Unit	200		
			BUENA P. FLORIDA	4		
c Personnel Unit			Administrative Officer IV	L_/		
2. Finance and Assets Management	T					
			1			
a Financial Comices						
a Financial Services	-					
			MARICEL V. SUPLEO	60.0		
b Transaction, Processing & Billing Services		,	PENRO Accountant	yug yw		
c Payroll & Remittance Services						
4. Professional and Institutional Development	Т					
	3.0		MYLA GEMMA P. GAMBOA	A		
a DENR Foreign and Scholarship Services			Forest Tech. II/HRD Officer	Nu		
IV CERTIFICATION OF NO PENDING ADMINIS	TRATIVE	CASE:		V		
			MARICEL V. SUPLEO	Mohan		
a Internal Affairs Office/Legal Affairs Office			Chief, Management Services Division	1 my 1 m		
with pending administrative case						
with ongoing investigation (no fo	rmal charg	e yet)				
V CERTIFICATION						
VICERTIFICATION						
11111/						
) /XL/M	AE. G	IBE			
In-Charge, PENRO Oriental Mindoro						
	.a.go, i L		one. Illinoid			

DEPARTMENT OF ENVIRONMENT AND NATURAL RESUURCES CLEARANCE FORM

(Instructions at the back)

I PURPOSE						
			Date of Application	and the state of t		
TO: <u>DENR-PENRO ORIENTAL MINDOR</u> I hereby apply for clearance from mo		and wor	k related accountabilities for:			
			r Mode of Separation:			
⊔ Retirement ⊔ Le		Plea	se specify: Death	- Control of the Cont		
Effectivity/Inclusive Period:	2022	-				
Office of Assignment DENR PENRO Calapan, Orier	ntal Mindoro		LOLINE M. CARLE			
Position/SG/Step: ADMINISTRATIVE OFFICER IV (BUDGET OF	FICER II)/SG 15/S2		Name and Signature of Emp	loyee		
II CLEARANCE FROM WORK-RELATED A		LITIES				
I hereby certify that this applicant is clear			countabilities from this Unit/Office/De	ept.		
s Parketol Lan white include	Me	Dyn				
	MARICI hief Manager		Vices Division			
III CLEARANCE FROM MONEY AND PROP	The second secon	Apple to the control of the control				
Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature		
Administration Sector		Cleared	7			
	V			1/11/17		
a General Services Unit	9/2 /202		NELSON S. SIKAT Adm. Assistant III/In-Charge, GSS	#		
b Records Unit			NOEME P. ALCANCIA In-charge,General Records Unit	marina		
c Personnel Unit			BUENA P. FLORIDA	(/~		
Finance and Assets Management			Administrative Officer IV			
			1			
a Financial Services	,					
a i maneral delvices				14.0		
b Transaction, Processing & Billing Services			PENRO Accountant	religion		
			* * * * * * * * * * * * * * * * * * *			
c Payroll & Remittance Services			J			
4. Professional and Institutional Developmen	t	1				
a DEND Foreign and Scholarship Sonioce			MYLA GEMMA P. GAMBOA			
a DENR Foreign and Scholarship Services IV CERTIFICATION OF NO PENDING ADMI	NISTRATIVE	CASE:	Forest Tech. II/HRD Officer	0		
		I		40		
a Internal Affaire Office / agail Affaire Office			MARICEL V. SUPLEO	Myzy		
a Internal Affairs Office/Legal Affairs Office with pending administrative of		<u> </u>	Chief, Management Services Division			
with ongoing investigation (n		e yet)				
V CERTIFICATION						
	1	11111				
ALMA É. GIBE						
Ir	n-Charge, PE	NRO Ori	ental Mindoro			

ENR MOWEL FOUNDATION INC.APPLICATION FOR PREMIUM REFUND

Name of Claimant: Rugine Rumire
Former Place of Assignment (Office/Division):
DENR PENRO ORIENTAL MINDORO
Supporting documents: (to be attached to claim application) -Endorsed by Head of Office/RD/PENRO/CENRO -Retirement Voucher -Certification on money, property and work accountabilities -Certificate of Remittances
- Marin Manager
Signature of Claimant
ENR MOWEL FOUNDATION INC. APPLICATION FOR PREMIUM REFUND
Name of Claimant : Rubico
Former Place of Assignment (Office/Division):
DENR PENRO ORIENTAL MINDORO
Supporting documents: (to be attached to claim application) -Endorsed by Head of Office/RD/PENRO/CENRO -Retirement Voucher -Certification on money, property and work accountabilities -Certificate of Remittances
Signature of Claimant



CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the ENRP-MOWEL Fund contribution of Budget Officer II LOLINE M. CARLE of PENRO Oriental Mindoro has been deducted and remitted as acknowledge by Official Receipt Nos. indicated below:

AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
10.00	839	Sept. 16, 1996	LAND BANK-Calapan
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	1730	FEB. 10, 1997	LAND BANK-Calapan
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
10.00	- do -	- do -	- do -
20.00 20.00 20.00 20.00 20.00 20.00 20.00 80.00 50.00 50.00 50.00	0712-1010-32 0712-1010-32 0712-1010-32 0712-1010-32 44554 4708 4906 5096 5226 5467 5734 5879	FEB. 03, 1998 MAR. 05, 1998 APR. 06, 1998 APR. 30, 1998 JUNE 09, 1998 JUNE 09, 1998 AUG. 11, 1998 SEPT. 10, 1998 OCT. 01, 1998 NOV. 05, 1998 DEC. 09, 1998 JAN 07, 1999	LAND BANK-Calapan - do do do do do do do do do - LAND BANK-Calapan - do do do -
50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00	6141 6277 6467 6672 7030 7123 7432 7606 Dep.Slip No.7 7911 8496 8798	FEB. 10, 1999 MAR. 10, 1999 APR. 08, 1999 MAY 06, 1999 JUNE 07, 1999 JUNE 28, 1999 AUG. 09, 1999 SEPT. 08, 1999 OCT. 15, 1999 OCT. 26, 1999 DEC. 15, 1999 MAR. 09, 2000	LAND BANK-Calapan - do -
	10.00 10.00	10.00 839 10.00 - do - 10.00 -	10.00 839 Sept. 16, 1996

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY	50.00 50.00 50.00 50.00 50.00 50.00	8484 8797 9312 9313 9553 9730 10307	JAN. 31, 2000 MAR 14, 2000 APR 04, 2000 MAY 02, 2000 JUNE 05, 2000 JULY 04, 2000 AUG. 08, 2000	LANDBANK-Calapan - do do do do do do do -
AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	50.00 50.00 50.00 50.00 50.00	10308 10777 10972 Dep.Slip No16 11236	SEPT. 04, 2000 SEPT. 10, 2000 NOV. 08, 2000 DEC. 04, 2000 JAN. 08, 2000	- do - - do - - do - - do - - do -
2001 JANUARY FEBRUARY MARCH APRIL MAY	50.00 50.00 50.00 50.00 50.00	11690 11885 12136 12412 12681	FEB. 05, 2001 MAR 20, 2001 APR 23, 2001 May 05, 2001 MAY 31, 2001	LANDBANK-Calapan - do do do do do -
JUNE JULY AUGUST SEPTEMBER OCTOBER	50.00 50.00 50.00 50.00 50.00	12940 13575 13576 14973 Dep.Slip No.31	JUNE 26, 2001 JULY 27, 2001 SEPT. 04, 2001 OCT. 05, 2001 NOV. 05, 2001	- do - - do - - do - - do - - do -
NOVEMBER DECEMBER 2002 JANUARY FEBRUARY MARCH	50.00 50.00 50.00 50.00 50.00	14247 Dep.Slip No.34 14970 14972 15150	DEC. 06, 2001 JAN. 03, 2002 FEB. 05, 2002 MAR. 20, 2002 APR. 10, 2002	- do - - do - LANDBANK-Calapan - do - - do -
APRIL MAY JUNE JULY AUGUST	50.00 50.00 50.00 50.00 50.00	Dep. Slip No. 39 15414 15978 16239 16240	MAY 03, 2002 MAY 29, 2002 JULY 08, 2002 AUG. 02, 2002 AUG. 30, 2002	- do - - do - - do - - do - - do -
SEPTEMBER OCTOBER NOVEMBER DECEMBER 2003	50.00 50.00 50.00 50.00	16731 16965 17389 17390	SEPT. 30, 2002 NOV 08, 2002 DEC. 09, 2002 JAN. 08, 2003	- do - - do - - do - - do -
JANUARY FEBRUARY MARCH APRIL MAY JUNE	50.00 50.00 50.00 50.00 50.00 50.00	18044 18045 18046 18738 18739 18740	FEB. 04, 2003 MAR. 05, 2003 APR. 08, 2003 MAY 05, 2003 JUNE 26, 2003 JULY 02, 2003	DENR CENTRAL OFFICE - do do do do do do -
JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	50.00 50.00 50.00 50.00 50.00 50.00	18799 19046 19315 19550 19786 19996	AUG. 04, 2003 SEPT. 01, 2003 OCT. 07, 2003 NOV. 07, 2003 DEC. 03, 2003 JAN. 12, 2003	- do - - do - - do - - do - - do - - do -
2004 JANUARY FEBRUARY MARCH APRIL MAY	50.00 50.00 50.00 50.00 50.00	20177 20498 20626 20858 21182	FEB 05, 2004 MAR 10, 2004 APR. 01, 2004 MAY 06, 2004 JUNE 09, 2004	DENR CENTRAL OFFICE - do do do do -
JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	50.00 50.00 50.00 50.00 50.00 50.00 50.00	21379 21588 21768 21945 22403 22402 22722	JULY 07, 2004 AUG. 03, 2004 SEPT. 07, 2004 OCT. 07, 2004 DEC. 02, 2004 DEC. 02, 2004 JAN. 12, 2005	- do - - do - - do - - do - - do - LAND BANK-CALAPAN - do -
2005 JANUARY FEBRUARY MARCH APRIL MAY	50.00 50.00 50.00 50.00 50.00	22927 23118 23313 23590 23767	FEB. 08, 2005 MAR. 08, 2005 APR. 07, 2005 MAY 11, 2005 JUNE 06, 2005	LAND BANK-CALAPAN - do do do do do -
JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER	75.00 75.00 75.00 75.00 75.00 75.00 75.00	23986 24238 24530 25051 24892 25237 25472	JULY 01, 2005 AUG. 04, 2005 SEPT. 08, 2005 OCT. 03. 2005 NOV 10, 2005 NOV. 06, 2005 JAN. 09, 2006	- do - - do - - do - - do - - do - - do -

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
2006 JANUARY FEBRUARY	75.00 75.00	25764 26029	FEB 09, 2006 MAR 09, 2006	LAND BANK-CALAPAN - do -
MARCH	75.00	26216	APRIL 07, 2006	- do -
APRIL	75.00	26459	MAY 08, 2006	- do -
MAY JUNE	75.00 75.00	26743 26921	JUNE 13, 2006 JULY 04, 2006	4 do ± - do -
JULY	75.00	27167	AUG. 07, 2006	- do -
AUGUST	75.00	27501	SEPT. 16, 2006	- do -
SEPTEMBER	75.00	27672	OCT. 09, 2006	- do -
OCTOBER NOVEMBER	75.00 75.00	27851 28145	NOV. 03, 2006 DEC. 05, 2006	- do - - do -
DECEMBER	75.00	28363	JAN. 10, 2007	- do -
2007 JANUARY	75.00	28655	FEB 12, 2007	DENR CENTRAL OFFICE
FEBRUARY	75.00	28871	MAR 12, 2007	- do -
MARCH APRIL	75.00	29073	APR 10, 2007	- do -
MAY	75.00 75.00	29278 29515	MAY 08, 2007 JUNE 12, 2007	- do - - do -
JUNE	75.00	29661	JULY 05, 2007	- do -
JULY	75.00	29986	AUG 09, 2007	- do -
AUGUST	75.00	30151	SEP 07, 2007	- do -
SEPTEMBER OCTOBER	75.00	30373	OCT. 10, 2007	- do -
NOVEMBER	75.00 75.00	30537 30779	NOV 07, 2007 DEC 11, 2007	- do - - do -
DECEMBER	75.00	30900	JAN 08, 2008	- do -
2008				
January February	75.00 75.00	83403	Feb 07, 2008	DENR CENTRAL OFFICE
March	75.00 75.00	31524 31671	Mar 10, 2008 Apr 08, 2008	- do - - do -
April	75.00	31883	May 09, 2008	- do -
May	75.00	32100	June 04, 2008	- do -
June	75.00	32307	July 08, 2008	- do -
July	75.00	32548	Aug 05, 2008	- do -
August September	75.00 75.00	32719 32956	Sept 04. 2008 Oct. 08, 2008	- do - - do -
October	75.00	33174	Nov 06, 2008	- do -
November	75.00	33376	Dec. 02, 2008	- do -
December	75.00	33584	Jan 12, 2009	- do -
2009	=====			
January February	75.00 75.00	33848	Feb 10, 2009	DENR CENTRAL OFFICE
March	75.00	34029 34269	Mar 05, 2009 April 02, 2009	- do - - do -
April	75.00	34396	May 06, 2009	- do -
May	75.00	34734	June 09, 2009	- do -
June	75.00	34901	July 07, 2009	- do -
July August	75.00 75.00	35102 35300	Aug. 11, 2009 Sept 10, 2009	- do -
September	75.00	35495	Oct . 06, 2009	- do - - do -
October	75.00	35749	Nov 10, 2009	- do -
November	75.00	35991	Dec.08, 2009	- do -
December 2010	75.00	36393	Feb. 08, 2010	- do -
January February	75.00 75.00	36395 36587	Feb 08, 2010 Mar 08, 2010	DENR CENTRAL OFFICE - do -
March	75.00	36808	April 07, 2010	- do - - do -
April	75.00	37010	May 06, 2010	- do -
May	75.00	37218	June 08, 2010	- do -
June	75.00	37405	July 07, 2010	- do -
July August	75.00 75.00	37636 37856	Aug. 09, 2010 Sept. 08, 2010	- do - - do -
September	75.00	37998	Oct. 07, 2010	- do -
October	75.00	38177	Nov. 08, 2010	- do -
November	75.00	38532	Dec. 10, 2010	- do -
December	75.00	38701	Jan. 10, 2010	- do -
2011 January	75.00	38898	Feb 07, 2011	DENR CENTRAL OFFICE
February	75.00	30170	Mar 09, 2011	- do -
March	75.00	39344	Apr. 07, 2011	- do -
April	75.00	39557	May 09, 2011	- do -
May	75.00 75.00	39807	June 08, 2011	- do -
June July	75.00 75.00	39967 40185	July 08, 2011 Aug. 08, 2011	- do - - do -
August	75.00	40611	Oct. 13, 2011	- do -
September	75.00	40611	Oct. 13, 2011	- do -
October	75.00	40710	Nov. 09 ,2011	- do -
November December	75.00 75.00	40886	Dec. 08, 2011	- do -
Decembel	75.00	41173	Jan 09, 2012	- do -

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
2012			T	DEND OFFITE ALL OFFICE
January	75.00	41377	Feb. 09, 2012	DENR CENTRAL OFFICE
February March	75.00	41597	Mar 07, 2012 Apr 11, 2012	- do - - do -
April	75.00 75.00	41814 41988	May 08, 2012	- do -
May	75.00	42129	June 05, 2012	- do -
June	75.00	42372	July 10, 2012	- do -
July	75.00	42682	Aug. 10, 2012	- do -
August	75.00	42901	Sep 10, 2012	- do -
September	75.00	43130	Oct 11, 2012	- do -
October	75.00	43309	Nov. 08, 2012	- do -
November	75.00	43534	Dec. 10, 2012	- do -
December	75.00	43669	Jan 08, 2013	- do -
2013				
January	75.00	43900	February 11, 2013	DENR CENTRAL OFFICE
February	75.00	44072	March 6, 2013	- do -
March	75.00	44338	April 10, 2013	- do -
April	75.00	44510	May 8, 2013	- do -
May	75.00	44676	June 05, 2013	- do -
June	75.00	44824	July 03, 2013	- do -
July	75.00	45057	Aug. 06, 2013	ë do ë
August	75.00	45244	Sept. 06, 2013	- do -
September	75.00	45398	Oct. 9, 2013	- do -
October	75.00	45591	Nov. 07, 2013	- do -
November December	75.00	45807	Dec. 09, 2013	- do -
2014	75.00	45904	Jan. 08, 2014	- do -
January	75.00	4860	March 10, 2014	DENR CENTRAL OFFICE
February	75.00	4861	March 10, 2014	- do -
March	75.00	5052	April 08, 2014	- do -
April	75.00	5159	May 08, 2014	- do -
May	75.00	5337	June 09, 2014	- do -
June	75.00	5550	July 10, 2014	- do -
July	75.00	5664	Aug. 08, 2014	- do -
August	75.00	5862	Sept. 10, 2014	- do -
September	75.00	5950	Oct. 09, 2014	- do -
October	75.00	6098	Nov. 05, 2014	- do -
November December	75.00 75.00	6256 6323	Dec. 10, 2014 Jan. 07, 2014	- do - - do -
December	75.00	0323	Jan. 07, 2014	- do -
2015				
January	75.00	6498	Feb. 10, 2015	DENR CENTRAL OFFICE
February	75.00	6631	March 4, 2015	- do -
March	75.00	6782	April 8, 2015	- do -
April	75.00	6888	May 5, 2015	- do -
May	75.00	7038	June 10, 2015	- do -
June	75.00	7158	July 10, 2015	- do -
July	75.00	7374	August 5, 2015	- do -
August September	75.00 75.00	7556 7707	September 14, 2015 October 14, 2015	- do - - do -
October	75.00	7876	November 26, 2015	- do -
November	75.00	8011	January 4, 2016	- do -
December	75.00	8460	March 11, 2016	- do -
	. 5.00		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2016				
January	75.00	8461	February 10, 2016	DENR CENTRAL OFFICE
February	75.00	8927	March 2, 2016	- do -
March	75.00	8928	March 30, 2016	- do -
April	75.00 75.00	8929	May 6, 2016	- do -
May June	75.00 75.00	9125 9126	May 31, 2016	- do - - do -
July	75.00 75.00	9355	June 28, 2016 August 10, 2016	- do - - do -
August	75.00	9820	September 7, 2016	- do -
September	75.00	9805	September 29, 2016	- do -
October	75.00	9806	November 4, 2016	- do -
November	75.00	9807	December 6, 2016	- do -
December	75.00	9768	January 10, 2017	- do -
2047				
2017	75.00	0005	Eshance 4 0017	DEMO SELETO MARIE DE
January February	75.00 75.00	9995	February 1, 2017	DENR CENTRAL OFFICE
February March	75.00 75.00	10268 10486	March 8, 2017	- do -
April	75.00 75.00	10486	March 30, 2017 March 26, 2017	- do - - do -
May	75.00	10665	May 25, 2017	- do -
June	75.00	10747	June 21, 2017	- do -
July	75.00	11074	July 26, 2017	- do -
August	75.00	11757	August 30, 2017	- do -
September	75.00	11758	September 26, 2017	- do -
October	75.00	11759	October 30, 2017	- do -
November	75.00	11760	November 28, 2017	- do -
December	75.00	11761	December 28, 2017	- do -

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
2018				
January	75.00	11762	January 31, 2018	DENR CENTRAL OFFICE
February	75.00	12316	February 28, 2018	- do -
March	75.00	12316	March 22, 2018	- do -
April	75.00	12317	May 4, 2018	- do -
May	75.00	12318	May 29, 2018	- dō -
June	75.00	12670	June 26, 2018	- do -
July	75.00	12318	May 29, 2018	- do -
August	75.00	12833	September 7, 2018	- do -
September	75.00	12859	September 25, 2018	- do -
October	75.00	13245	November 9, 2018	- do -
November	75.00	13616	December 3, 2018	- do -
December	75.00	13258	December 21, 2018	- do -
2019				
January	75.00	13617	February 7, 2019	DENR CENTRAL OFFICE
February	75.00	13618	March 4, 2019	- do -
March	75.00	14738	March 28, 2019	- do -
April	75.00	14741	April 29, 2019	- do -
May	75.00	147425	May 27, 2019	- do -
June	75.00	14743	June 24, 2019	- do -
July	75.00	14051	July 24, 2019	- do -
August	75.00	15507	August 28, 2019	- do -
September	75.00	14744	September 25, 2019	- do -
October	75.00	14745	October 31, 2019	- do -
November	75.00	15508	November 29, 2019	- do -
December	75.00	15509	November 29, 2019	- do -
	70.00	10000	110101111111111111111111111111111111111	40
2020	75.00			
March	75.00	15512	May 15, 2020	- do -
April	75.00	15513	May 15, 2020	- do -
May	75.00	15514	June 10, 2020	- do -
June	75.00	15515	June 26, 2020	- do -
July	75.00	15516	August 11, 2020	- do -
August	75.00	-in transit-	September 8, 2020	- do -
September	75.00	-in transit-	September 25, 2020	- do -
October	75.00	-in transit-	November 4, 2020	- do -
November	75.00	-in transit-	December 9, 2020	- do -
December	75.00	16088	December 22, 2020	- do -
2021				
January	75.00	16095	February 16, 2021	- do -
February	75.00	16291	March 5, 2021	- do -
March	75.00	16703	July 13, 2021	- do -
April	75.00	16704	July 13, 2021	- do -
May	75.00	17488	January 13, 2022	- do -

This certification is issued upon her request for whatever legal purpose it may serve.

Issued this 5th day of August 2022 at PENRO Oriental Mindoro, Suqui, Calapan City.

MARICEL V. SUPLEO
Chief, Management Services Division



PROFESSIONAL REGULATION COMMISSION PROFESSIONAL IDENTIFICATION CARD





FIRST NAME

▶ REGINE

MIDDLENAME REGISTRATION NO. > 0009366

➤ CARLE

▶ RAMIREZ

REGISTRATION DATE > 12/02/2016 > 09/16/2025



Jebra Marnha

Nome MANNEY

below word

Professional Regulation Commission www.prc.gov.ph

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear harein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/site is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Signature of Professional

TEOFILO S. PILANDO, JR.

Chairman



PROFESSIONAL REGULATION COMMISSION PROFESSIONAL IDENTIFICATION CARD





LAST NAME **▶** RAMIREZ

FIRST NAME **▶** REGINE

▶ CARLE

REGISTRATION NO. > 0009366

REGISTRATION DATE > 12/02/2016 ▶ 09/16/2025 VALID UNTIL

CUSTOMS BROKER

Varinges

MANUAL

Wind

Professional Regulation Commission www.prc.gov.ph

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/stie is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Signature of Professional

-4545226

FREL TEOFILO S. PILANDO, JR. Chairman

Contract of the



PROFESSIONAL REGULATION COMMISSION PROFESSIONAL IDENTIFICATION CARD





LAST NAME

FIRST NAME

▶ RAMIREZ **▶** REGINE

MIDDLE NAME

▶ CARLE

REGISTRATION NO. ▶ 0009366

REGISTRATION DATE > 12/02/2016

VALID UNTIL

▶ 09/16/2025



Jelm pamilez

Mmile

Professional Regulation Commission www.prc.gov.ph

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Signature of Professional

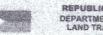
TEOFILO S. PILANDO, JR. Chairman

A COMMISSION OF



When homes





REPUBLIC OF THE PHILIPPINES DEPARTMENT OF TRANSPORTATION LAND TRANSPORTATION OFFICE DRIVER'S LICENSE





I words with Signiture of Licenses

Lost Name. First Hame. Middle Name RAMIREZ, REGINE CARLE

Nationality Sex Date of Sirth Weight Rep Heighton PFIL T 1994/09/16 13 1.57 Address 1.17 DAO ST STO NIÑO CITY OF CALAPAN

License No. Expiration Date
D05-17-000143 2026/09/16
Blood Type Syre Cetor
A+ SROWN

DL Codes 6,61,92

Molm numin

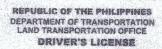
MILMO

MMM

MEM ramines











Digneture of Lipensee

Lost Name. First Name. Middle Name RAMIREZ, REGINE CARLE

Nationality Sex Date of Sitts Weight Fig. Height Fig. 157
Address 117 DAO ST STO NIÑO CITY OF CALAPAN

Losina No. Expiration Date
D05-17-000143 2026/09/16
Blood Tyris Byro Cotor
A+ BROWN

DL Codes 8,81,92

Mobile

Kumin

MC ma

Mmuz

MEM

ramuer



IN ORGAN DOMATION: I WILL ROT DOMATE ANY ORGAN

AP TO SEGO KESS OVAL/B SEATS AP TO SEGO KOS GVAL/P OR MORE SEATS HOTHER 3500 KOS GVAL/P OR MORE SEATS ts gow SVM/V on More Seats



TICS	E D			(Copy for OCRG)
T.	Form No. 102	(To I	pe accomplished in quadruplicate)	REMARKS/ANNOTATION
P	Nanuary 1993) Republic of the Ph OFFICE OF THE CIVIL REG	ilippines		
1	(Fill out completely, accurately and legit Place X before the appropriate answer in	oly. Use ink	or typewriter. , 5b and 19a.)	
1 1	ovince ORIGNEAL WINDORO by/Municipality_VICTORIA	<u> </u>	Registry No.	
	1. NAME (First) (A	Viddle) 간고	(Lest) RATINEZ	For OCRG USE ONLY: Population Reference No.
		E OF BIR	TH (day) (month) (year)	5215= A94TG01-3
С	PLACE OF (Name of Hospital/Clinic/Institution/ BIRTH House No., Street, Barangay)	NAME AND ADDRESS OF THE OWNER, WHEN	6 September 9994 unicipality) (Province)	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
LD	5a. TYPE OF BIRTH b. IF		BIRTH, CHILD WAS	9401005
	3 Triplet, etc. C. BIRTH ORDER (live births and fetal deaths Including this delivery)	3	GHT AT BIRTH	48
-	2nd (first, second, third, etc.) 6. MAIDEN (First) (Midd	Tel Year	3105 grams (Last)	49 50
	NAME Toline		Carle	2 140994
M	7. CITIZENSHIP Filipina	8. RE	LIGION Roman Catholic	56
OTH	9a. Total number of b. No. of children st living including this birth:	2	c. No. of children born alive but are now dead:	52159
R	10. OCCUPATION	/.	11. Age at the time of this birth:	61
	12. RESIDENCE (House No., Street, Barangay)	(City/M	unicipality) (Province)	62 54 O 5
F	13. NAME (First) (Midd	dle)	(Last) Remirez	68 69
TH	14. CITIZENSHIP Filipino	15. R	ELIGION Roman Catholic	
E	16. OCCUPATION		17. Age at the time of this birth:	70 72 74
<u></u>	18. DATE AND PLACE OF MARRIAGE OF PARE Acknowledgment/Admission of Paternity at the			02 02 00
	Jonuary 43g 7986 - 45	ictorie	or Mindoro	76 79
		Nurse Others (Spe	city) 3 Midwite	[2]2101 [3]41
1	19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child am/pm on the date stated above.	who was borr	o'dock	52159
	Signature Name in Print PTP SATA INEUGAR Title or Position of the organization of the	Address 025	barin, Viotoria ental Mindoro	66 87 52/34 11 1
	20. INFORMANT			88. 91
	Name in Print PLORENTINO ABANILLA	07:1	entel Hindoro tember 29, 1994	MINE 34
	21. PREPARED BY	1	VED AT THE OFFICE OF E CIVIL REGISTRAR	93 1780
	Name In Print HERT TO L. O. SARA Title or Position SST. Reg. OF ICE	Signature — Name in Prid Title or Posita Date — S	z 1610 Y. Compice beal Civil Registr leptember 29, 1904	94 2 (4)
The second second				

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE



BReN 05215-A94TG02-9

Documentary Stamp Tax Paid COSM

ICS	E			(Copy for OCRG)
I.E.	mit out Form No. 102	(fo t	be accomplished in quadruplicate)	REMARKS/ANNOTATION
R	Republic	of the Philippines CIVIL REGISTRAR (GENERAL	TEMPLIA STATE OF THE STATE OF T
K	(Fill out completely, accur Place X before the appropr			•
1	ovince ORIENTAL MINDS		Registry No.	
	1. NAME (First)	(Middle)	(Last) RACTREZ	For OCHG USE ONLY: Population Reference No.
	REGINE 2. SEX 1 Mate X 2 Female	3. DATE OF BIRT		5215= A04TGO1-3 TO BE FILLED UP AT THE
C	4. PLACE OF (Name of Hospital/Clir BIRTH House No., Street, Ba	nic/Institution/ (City/Mu	inicipality) (Province)	OFFICE OF THE CIVIL REGISTRAR
LD	5a. TYPE OF BIRTH 工/ 1 Single 2 Twin	1 First	BIRTH, CHILD WAS	9401005
		d. WEI	3 Others, Specify	48
	2nd (first, second, thi 6. MAIDEN (First) NAME	(Middle)	3105 grams (Last)	9 50
M	7. CITIZENSHIP	8. RE	Carle LIGION	
0 T	children born By	o, of children still ing including	Roman Catholic C. No. of children born alive but are now dead:	52159
HER	10. OCCUPATION		11. Age at the time of this birth:	61
	Nouse te spet 12. RESIDENCE (House No., Street,	Barangay) (City/Mi	unicipality) (Province)	82 64 CO
FA	13. NAME (First)	(Middle)	(Last) Remirez	68 69
T	14. CITIZENSHIP Filipino	15. R	ELIGION Roman Catholic	
E R	16. OCCUPATION Gov! Employee		17. Age at the time of this birth:	70 72 74
-	18. DATE AND PLACE OF MARRIAGE Acknowledgment/Admission of the control of the con		t married, accomplish Affidavit of	02 02 00
	January 13m 7 19a. ATTENDANT 1 Physician \.	986 - Victoria	Or Mindoro	76 79 Z20 34
	4 Hilot (Traditional Midwife) 19b. CERTIFICATION OF BIRTH	2 Nurse 5 Others (Spec		81
1	I hereby centify that I attended the bi am/pm on the date stated above.	rth of the child who was born	alive at 9,500 o'dock	52159
i	Signature	Address OFF	bhrin. Victoria ental Mindoro	86 87 52/34
	20. INFORMANT Signature First William Signatu	Addres 2	it. Victoria	092994
	Name in Print PLORENTTNO ABANT Relationship to the child Grandfather	Date Sep	ental Mindoro tember 29, 1994	X 110 34
	21. PREPARED BY	тн	VED AT THE OFFICE OF E CIVIL REGISTRAR	1780
1	Name in Print TITE I OF SAR Title or Positions September 29 199	Signature — Name in Prior Title or Positio	Fig. V. Consider	94 27 [27]

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE



BReN 05215-A94TG02-9

Documentary Stamp Tax Paid COSM

YAU	Form No. 102	(To be acc	complished in quadruplicate)	(Copy for Other REMARKS/ANNOTATION
	January 1993)		/ quadrophoats	TILMATICO/ANTOTATION
		of the Philippines		
		CIVIL REGISTRAR GENE E OF LIVE BIRT		/ /
		tely and legibly. Use ink or typ		
	Place X before the appropris	ate answer in Items 2, 5a, 5b a	nd 19a.)	
Pro	ovince ORIENTAL MINDO	RO Re	egistry No.	
City	y/Municipality_VICTORIA		94-1005	
	1. NAME (First)	(Middle)	(Last)	For OCHG USE ONLY:
	REGINE	CARLE	RATTREZ	Population Reference No.
,	2. SEX	3. DATE OF BIRTH	(day) (month) (year)	5215= A94TG01-3
1	1 Male _X 2 Female	16 8	eptember 9994	TO BE FILLED UP AT THE OFFICE OF THE CIVIL
C	4. PLACE OF (Name of Hospital/Clinic		dity) (Province)	REGISTRAR
H	BIRTH House No., Street, Bara			
. }	Ner		Or. Mindoro	i hamou lototel
	5a. TYPE OF BIRTH	b. IF MULTIPLE BIRT		14/01/10/01
	1 Single 2 Twin 3 Triplet, etc.	1 First 3 Othe	z Second	*0
·	c. BIRTH ORDER (live births and fetal			48
	including this	s delivery)		
-	2nd (first, second, third	The state of the s	05 grams	49 50
	6. MAIDEN (First) NAME	(Middle)	(Last)	M. Malala
	Loline		Carle	18 (LIGIDIA)
	7. CITIZENSHIP	8. RELIGIO	ON	NO MEDICAL
И	Filipina	R	omen Catholic	56
9		of children still C.	No. of children	52159
1		ig including	born alive but are now dead:	
<u></u>	10. OCCUPATION	11.	Age at the time	61
3			of this birth:	
-	Housekesper		34 years	4
	12. RESIDENCE (House No., Street, B	arangay) (City/Municipa	ality) (Province)	62 64
+	12 Mars	, Victoria	Ore Mindoro	023105
=	13. NAME (First)	(Middle)	(Last)	
4	dil di		emirez	68 69
,	14. CITIZENSHIP Filipino	15. RELIGI	Roman Catholfo	ШИ
ן ב	16. OCCUPATION	17.	Age at the time	
1			of this birth:	70 . 72 . 74
	Gov' + Employee			02 02 00
	18. DATE AND PLACE OF MARRIAGE		ed, accomplish Affidavit of	
	Acknowledgment/Admission of Pa			
-		86 - Victoria, O	r. Mindoro	76 79
1	19a. ATTENDANT	2 Nurse	3 Midwife	Z 20 34
	Hilot (Traditional Midwife)	5 Others (Specify)	- Wildwile	
1	9b. CERTIFICATION OF BIRTH	7 ₇		81
)	I hereby certify that I attended the birth	n of the child who was born alive a	t 9:00 o'dock	52159
8	m/pm on the date stated above.			
	Signature	Address Ambha	in. Viotoria	0/1384
	lame in Print EUF MTA 1 EUGAR	- Orient	al Mindoro	86 87 52/34
_	itle or Positional 111 dwif	€ Date		W 11 160001
	20. INFORMANT			09249
S	Signature # Persottietles	Addres 021 ta	Victoria	88 91
	lame in Print PLORENTINO ABANTI	LA Orient	al Mindoro	X70 34
	delationship to the child Grandfather	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ber 29, 1994	
-	21. PREPARED BY		AT THE OFFICE OF	1780
		Lancard Control of the Control of th	IL REGISTRAR	1,700
	innature Migh cesar	1.	4. Chiel	
	ignature (1)	Signature Name in Prints	GIO Y. COMBIGO	94 /
	itle or PositiASST. Reg. Of icer		1 Civil Registre	TZI
	ate September 29, 1994		enher 29, 1994	

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE



BReN 05215-A94TG02-9

Documentary Stamp Tax Paid COSM

funicipal Form No. 102 (Ravisos (983) . to be accentinened in inflicate) REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
computed, accurately and legibly in link or typewriter) Or ental Mando so 115. PROVINCE _ LOCAL CIVIL REGISTRY HO. almen CITY /MUNICIPALITY. CILY, ORIENTA HAME GLEN DARD HEREBY ORD (Middle) RAM REZ 2. SEX (Piggs X'on appropriate conner) ď DATE OF BIRTH (Month) _2 Female d contactly 1987 (City/Municipality) [Provinge] hospital, give street/harningay) Ba. TYPE OF BURTH (Mode X) on appropriate gaswer)

1 Smale __ 2 Twin __ 3 Three or more IF MULTIPLE BIRTH, CHILD WAS -3 Three or more MAIDEN (FINE) . I Fire 3 Third, 4th, erc. CALAPAN (Middle) (Latt) HATIONALITY CHIED CAPLE DI LIPINO RAMT REZ NATIONALITY AND MANUEL DATE AND PLACE OF MARRIAGE OF PARENTS (Important; If not applicable, III) Affidevit, at Acknowledgment of the, back) Illegituate (39) IS. CENTIFICATE OF ATTENDANT AT BIRTH day cariffy that I altended the birth of the child who was born alive at. _o'clock a.m./p.m. on the date stated above. XXXIX (SEX) Calmpan, Or, Mendore Name to prior Title or position BRANCH IA. INFORMANT RENDERED Calmonn, Or. Minders JUNE 13, 2008 KENNA, I JUDICIAL REGION, B Relationship to child DO PREPARED BY RECEIVED AT THE OFFICE OF THE LOCAL GIVE RESISTINAR Kenwum - 1 glaugiate " Halia F. Astumas Norme in print_ DARWIND O WILLIAM Title of position. 02-09-87 Date. mation given in supplemental report DATE WHEN INFORMATION WAS SUPPLIED 'Unportant's informant stould also provide information for items 17 to 25. The code boxes are to be filled sail at the office of the Local Civil Registrar')

Researchion 2 STATE OF THE LAND IN THE PARTY OF THE PARTY PATED FOURTH · Respiredien Oxiontal Kendom PROC. PROVINCE 87001452 I 20 CITY / MUNICIPALITY CERTIFIED CORRECT ORDER IT, weight of Birth COURT, FEMALE. Birth Order of Child 0 1 ata now dand! O chiere but the part of the TRIAL UNDER 00 F.ROW X 2 0 Age of the time ... Jap Joyea 21.6 of this Birm 26 TONY MUNICIPALITY CORRECTED REGIONAL MINDORO, Kert & Wictoria Ozi Mipdoze 52 05 0 23. Used threupenion 24. Age of the time of the Birth X 2 0 Dep layor Allendam a) Hith Floce X on 1 Physician 2 Nurse PESERVE a Others REMARKS: Mother's Helianulty Matiendilly Date of Birth Place of Birth 1 1301 I 87, OF MA CHILD

07838-DB-127LCH-00267-BI002

POSSIBLE IMAGE

BReN 05205-A87AC09-8

Documentary



STATISTICS lunicipal Form No. 102 (Ravisos (983) . (stantique of pound the passo so of REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FBI our completely, accurately and regibly in ink of hypermiles) Or ental Mando so PROVINCE _ . 15. LOCAL CIVIL REGISTRY HO. almen CITY / MUNICIPALITY. HAVE CITY, ORIENTAL GARANT DARIL ROM REZ 2. SEX (Place X'on appropriate conner) ď DATE OF BIRTH (Month) HEREBY 2 Female (Year) 1987 (City/Municipality) repetal, give street/bornegey) Dis. TIPE OF BURTH (Mode 'X' on eppropriate grawar) IF MULTIPLE BIRTH, SHILD WAS I Single -3 Three or more MAIDEN (FINE) .1 Firm 3 Third, 418, CALAPAN (Middle) (Let) CHIED NATIONALITY RELIGION CARLE DI LIPINO RAMIREZ (Lost) MATIONALITY RELIEON MANUEL DATE AND PLACE OF MARRIAGE OF PARENTS (Impostant; If not applicable, III) Affidevit at Acknowledgment of the back) Illegi trate 15. CERTIFICATE OF ATTENDANT AT BIRTH (39) country that I attended the birth of the abild valo was born alive at-_o'clock a.m./p.m. on the date stated above. (SEX) XXXXIX Calmpan, Or, Hendow Name to prior Title or position BY BRANCH IA. INFORMANT RENDERED Calapan, Or, Mandara Relationship to child BO, PREPARED BY, JUDICIAL RECION, CV-07-5849, THE RECEIVED AT THE OFFICE OF THE LOCAL GIVE REDISTRARE 2008 Kenwum - 1 Signature . Holle's F. Astures DARWIND O WILLIAM 30 Nome in print_ Title of position Asst. LOR 02-09-87 13, Date. mation given in supplemental report THE TARK THE WHEN INFORMATION WAS SUPPLIED W. JUNE important informati abuid also previde information for items 17 to 25. The code boxes are to be filled out at the Code of the Local Civil Registrar) ** Repeated in the Code of the Local Civil Registrar () PATES COURT, FOURTH PROVINCE Out ont all Mando se · Restriction PROC. N. STATE WEIGH 87001152 I CERTIFIED CORRECT: ORDER 17. Weight of Birth (in prome) Birth Order of Child Ex. first, second, a Ba Total Number of Children's Born Alive ath ush dead; O mere post, office bri e-spose stadis cyliques 00 **IRIAL** F.ROM UNDER 1 Age at the time Deployed 21.6 26 CORRECTED REGIONAL. MINDORO. Kerr's Westerra Oz, Mipdoze 32 05 0 Age of the time of the Birth X 2 0 Dep Layou 25. Allendam a) filith [Floce X1 on ___ 2 Muse PESENYE Mother's Pather's Data of Birth Place of Birth 1 1201 7 I 87, OF MA CHILD

07838-DB-127LCH-00267-BI002

T POSSIBLE IMAGE

BReN 05205-A87AC09-8

Documentary



CATISTIC Municipal Form No. 102 (Rassos (283) (stabilitation to meneral sea of REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FBI on comparing, accurately and registry in tak or hypewriter) Or ental Mendo so 115 PROVINCE _ LOCAL CIVIL REGISTRY NO. almen CITY / MUNICIPALITY CALAPAN CLIY, ORIENTA I. HAWK (PLOP) (Middle) RAM REZ 2. SEX (Place X on appropriate conner) S DATE OF BIRTH (Month) HEREBY 2 Female g country. 1987 (Name of Hospital / Institution: if not in (City/Municipality) isospinal, give stree! / horningey) (Province) Ba. TYPE OF BURTH (Mode 'X' on appropriate graver) IF MULTIPLE BIRTH, CHILD WAS S MAIDEN (FMI) .1 First 3 Third, 41h, etc. (Lail) CHED NATIONALITY PIUPINO 9. HAME (DIN) RANT REZ MATIOHALITY RELAMON MANUEL DATE AND PLACE OF MARRIAGE OF PARENTS (Important): If not applicable, III) Affidevit at Acknowledgment of the, back) Illegi trate (38) IS. CERTIFICATE OF ATTENDANT AT BIRTH the horsely cartify that I attended the birth of the abild who was born alive at __o'clock am./p.m. op.the date stated: above. BRANCH XXXTX GENDER (SEX) Calmpan, Gr. Kendore Name in prior Title or position BY IA. INFORMANT RENDERED Calepan, Or. Manders Relationship to child JUDICIAL RECION, CV-07-5849, IHE RECEIVED AT THE OFFICE OF THE LOCAL GIVE RESISTINAR 2008 (enwurn - 1) CV-07-5849, Signature _ Holle F. Asture of DARWIND O WILLIAM 30 Nome in print_ dr. and hop, were Title of position. Asst. LOR 02-09-87 Date. DATE WHEN INFORMATION WAS SUPPLIED W-----JUNE "Temportant! Informant straid also provide information for items 17 to 25. The code boxes out at the Office of the Local Civil Registrar? NA MO cre to be filled PATED FOURTH " Regulated ! Ori ontal Kendo m STANDARCION क्षेत्रावायाच्य PROC. PROVINCE ī 2 CERTIFIED CORRECT: CITY / MUNICIPALITY ORDER IT, weight or Birth COURT لتا Birth Order of Child to a fix ata non dead! O made path alive pril e has would children TRIAL 00 FROM UNDER Age of the time X 2 0 ... polytoles 26 26 CONT MUNICIPALITY CORRECTED REGIONAL. KO MINDORO. Kert & Wateria On Mipdoza 32 05 0 24. Used the euper los 89. Age of the time of the Birth X 2 0 people you 2 6 25. Allendam a) filith (Flore X1 m) BESEAVE T B Others 4 m Momer's Helianahiy Date of Birth Hattend Lly Place of Birth 1201 I 3 OF MA 87 CHILD

07838-DB-127LCH-00267-BI002

BReN 05205-A87AC09-8

Documentary



Municipal Form No. 102 (Revised 1983) to be accomposhed in implicate) REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FBI our completely, accountely and legibly in law or hypewriter) Or ontal Mando so PROVINCE _ LOCAL CIVIL REGISTRY NO. . almen CITY ZMUNICIPALITY. MANE (PLEN) DARIL CAPLE RAM REZ 2. SEX (Pigos X'on approprieto conver) DATE OF BIRTH (Month) 2 Female g outlory. 1987 (City/Municipality) [Province] mospinal, give street/horningey) DR. TYPE OF BURTH (Place X'on appropriate gasmer) IF MULTIPLE BIRTH, CHILD WAS I Smale __ 2 Twin MAIDEN (PAIL) . I First 3 Third, 4th, erc. (Lat) MATIONALITY CARLE PILIPINO RANT REZ SKI-KILIKAN DATE AND PLACE OF MARRIAGE OF PARENTS (Impetions: If you applicable, III) Affidevit at Acknowledgment of the, back) Illes treate IS. CENTIFICATE OF ATTENDANT AT BIRTH 11 hereby carrify that I attended the birth of the abild who was porn alive at. __o'clock a.m./p.m. op.the date stated: above. Calmpan, Ore Mendors Name to prior Title or position IA. INFORMANT Calepan, Or, Manders Reference to child RECEIVED AT THE OFFICE OF THE LOCAL GIVE RESISTHAN Signature _ Helia F. Astures Tiple or position By, 0.41 Rog, Clerk DARWIND OF WILLIAMS O Nome in print_ Title of position Date. MATION GIVEN IN SUPPLEMENTAL REPORT DATE WHEN INFORMATION WAS SUPPLIED * Unportant information tribuid also provide information for instruct 17 to 25. The code boxes are to be fitted out at the Office of the Local Civil Registrar).

Researching ALL E. PROVINCE ON ORTAL Mando M " Respected that . 87001452 STATE VEION PROVINCE ... 1 CITY / MUNICIPALITY 17, Weight of Birth (in prome) Birth Order of Child ats now dead! O mere poin cline pri c-lass under children 00 Age of the tim 2 6 of this Birm TONY MUNICIPALITY Kert & Wetoria Or, Hipdore 32 05 0 24. Age of the time X 2 0 Bep layor 25. Allendum Al filin. (Floce X on approprios answer)
— 1 Physician — 2 Nurse — 3 Midwife PESENYE T Mother's Matievelità. Data of Birth Pleas of Birth 1201 NAME OF I 67 CHILD

07838-DB-127LCH-00267-BI002

BReN 05205-A87AC09-8

Documentary



ATISTIC

CALAPAN CLIY, ORIENTA

S

MANUEL

HEREBY ORD

S

CHIED

(36) B

XXXIX (SEX)

BRANCH

RECION, 1849, THE

CV-07-5849

JUDICIAL

FOURTH

COURT,

TRIAL O

REGIONAL MINDORO,

REMARKS

2

CORRECTED

JUNE

RENDERED



We / G11 Rose res	d pgrenis/
parent of the child-mantioned in the Cartificate of Live Birth, do he true and correct to the District of security, knowledge and bedal.	
C D Coleman (Nex.	
Residence Certificate No. 3396125	(Asjacium, of Weener)
Ode usus January 14, 1987	Residence Certificate No.
Place issued - Online on, Or. Mindore	Act leaded -
	Ploca issued 87
of Oslands Or Mandore Philippines.	of February 19 87
	Array The relative to the state of the state
(Reporters of Acoustisting Officer)	Asst. Icenl Civil Rogistrar
DARMINIO C. PILLEROSA	Col
New A Preil	Galepan, Or. Mindore
AFFIDAVIT FOR DELAY. AFFIDAVIT FOR DELAY. John destination for Direct or February 27, 2531 Effort TET persyn hamatif. John Jagol Ogo.	, single / married and with residence and - postal address of
11. Does I can the applicant for the dalayed registration of my bir	that thousand many entity smally to be decoraction with tom.
C'T Cal. (Lye Leye . Mct. post . 60.	and the same of th
5 Fact I./ he/ she is a citizen of	Milit of Lines
A. First the reason for the delay in regularing my has her birt	h was due to
5. That is copy of my /his/her birth certificate in needed for th	o purpose of
The Afor the applicant only) That I am married to	
ow for sothes/morael/postdin/ That I am the father/morae	duardian of the said person.
and the second s	Hestaence Certificate Ma.
And the second of the second o	Octo IssuedPlace Issued J PONTONIES and
O COLS SUBSCRIBED AND SWORN TO BOTOR ME MIN	ay of
Philippines	to the same of the
Sepretation of Assistations Offices)	Company of the second
ACC.	f Litte & Beilbaftion !
A Vive Topic will Plante (most line) (Vive Vive Vive Vive Vive Vive Vive Vive	[Addiess]
	emergen emergenentergeneterbett kroentermittenerstenenteren er en gegenet ern erne societie den erste friederi I 18 a 6 1.4 8 6
Auto and an arrangement	en in die en een daar metalen stad begeen en en en een daar de een en en een en een en een en en een en
ballit of a special octor and cover to seed a nonlamination of a com- numeration. To accomply	WITHIS FORM
Accomplish (his form in relaticals copies Upon registration submit	
Applitude and heep the third copy for your pornanti file.	the original and duplicate copies to the Local Civil
ATTYPE OF MY TO begin mit on the trials spaces provided.	
The second of the second secon	A CONTRACTOR OF THE STATE OF TH
A POSTCOLIBETRARY accuracy of lang che malage as the	Der 19 19 19
IN THE MEN OF THE names of the parents are correcte speaked	was an market have been beine of the child
(Simplistration matur refers to minister or not registration is deta	red. If delayed, place 2 in post 13; otherwise place 11;
PENALTY CHAUSE OF	See the same
Saction its - False Statements - any person who shall knowingly a spread the entry in the avid represent, shall be punished by in what say are by a line of not less than two hundred pairs not it the court.	naké taise statemants in the terms turnished and short prisonment for not less than one menth nor more to more than the hundredier with the discretion of
Section 17 Father, to Report - Cinet Violations - Any person whose of persons and who knowledy tells to perform such auty, and is perform of this Act, shall be punished by a time of not less	then ten bet, tubis, thou ten bengled besor
Section to respect of Cuty with Reference to the Provisions of this perform his dutien in accordance with the Provisions of the Section of the Personal Provisions of the Section of the S	s Act App local civil revisitor who fails properly Act and of the requisitors lessed dereunder, shall

07838-DB-127LCH-00267-BI002

POSSIBLE IMAGE

BReN 05205-A87AC09-8

Documentary





G11 Rome res	
DO POSEDI of the child-monthly on the Cartifliants of Line Dieth on house	soleranly away that the information contained herein are
true and correct to the period of she zero, knowledge and beital.	
f Sthature of lymphar?	(Bigoglure of Weenbr)
Residence Certificate No. 2396125	Boaldence Certificate No.
Odio Issued wathrilly 14 1461	Gala issued
Place Issues - Gallapan, Or. Hindon	Place Issued
SUBSCRIBED THE SWORN TO D fore me this 9th day of	Folguary 19 87
of Calapen, Or, Mandore Philippiass.	A service of the serv
- When in	Asst. loom Cavil Rogestror
(EREMOTER'S of Administrating Officer)	ETEMA Desimilion
DARWING C. PILLANGA	Galepan, Or. Mindore,
V Comments	LAGGroft).
AFFIDAVIT FOR DELAYED I	REGISTRATION OF BIRTH. were end or ever, or fother/meins/puralen n.ey committe the Affice. ple/morrised_and with residence and postal address of
	powing have drift a season to be seen discussion of
	boring been duly swern to in gocordance with law.
11. Does I am the apelicant for him delayed registration of my birth/o	f the pirth of
The Fact I. I have she "la" of citisan of	With the state of
Programme repeats for the celoy in registering my his her birth wa	
5. The copy of my /his/her birth certificate to needed for the put	s due to
Die Politica substituti outs 1, am, married to	Dog 61
Down for tothes/mother/pourding That I am the father/mother/gu	and the second s
and the section & contract & dir	to and or the said beautiful to and or med
MARIE SERVICE OF THE PROPERTY OF CASE (SECTION)	flestdenge Certificate No. 1000 10 0000 10000
SUBSCRIBED AND THOUT TO DOTOTO THE WILL	Oute issuedPlace issued if PRINTER un
October 19 dey of	19
the state of the state of	the training the sould
(Augustus of Assistation Offices)	(Pelite y Peliphelion)
4.17.3	The state of the s
A Vice Type of Demonstration of the Control of the	[Addiese]
Will be to the Abril Cont.	THE PERSON NAMED OF THE PERSON NAMED IN THE PE
and are a proper state matter in the control of a few characters and the tar filled	the state of the same and the s
I DW. TO ACCOMPLISMOT	That W. With the .
Accompany interfering the copies upon ingretration submit the	added and author and a six
And the said said the plan cons of the house of the	second and arbitrary expiss to the Total Civil.
Type of write legible in mk on the blook epeces provided.	And the second and th
The fill op all stame in this form completely and accomplant	Dec. 1
A CONTROLLER LAND OCCUPACY OF COLD THE MOLENE OF The LOTTER SHOW	The preferred at informan) beer one other person
The mark of the names of the parents are correcte speaker	ore of the child
(6) Angistration mature refers to whether or not registration is designed.	If deloved place 21 in how 14, otherwise along the
	The second secon
PENALTY CHAUSE OF AC	
Saction IG - False Statements - any needed the columnia	At all or Persons and a
1 11 -1 the many seems the state of the stat	than five hundred or 20th in the discretion of
The state of the s	
Section 17 - Pathire, to Report - Other Violations - Any; person whose du	If it to report any fact concerning the civil status
of persons and who knowlinely fails to perform such duly, and any of entering and this Act, and he published by a line of not less than	person cemetated of having viriated any of the
130 5 1821) 49 mi flaghest of Curre with Reference to the Samuel	\$4\$2 % CONTROL OF \$1.00
Designing the place of our with helescence to the Provisions of this act to perform the dulies in occordance with the provisions of the last to the first offense, by an administrative line in a pulsage for the last three months, and for a second or repe	med to be tablicated tetrade valantidal byoth
	An eine ber eine aufer eine gera bat balbim ?

07838-DB-127LCH-00267-PI002

POSSIBLE IMAGE

BReN

05205-A87AC09-8



We / G11 Rome res		
bateal of the child-moduloned in the Cartificate of Live Birth, do hereby so true and correct to the Deal of shearth, knowledge and being	steranly aways that the intermation contained he	rein are
G Lower of Links	Sec. 3	
Residence Corlificate No. 2376125	(Bigosiure, et Meditor)	J- 11 3
Ode usued Junium 14, 1987	Bosidepos Certificate No.	
Place issued - Onlapan, Or. Mirdore	Doucal olog	(4 t) (5)
	Place Issued	-
SUBSCRIBED AND SWORN to b fore me this 9th day of	Followary 19 87	1
Philippass.	in weet in 1996 to the first that the	·
[[Depositors of Administrating Officer]	Asst. loonl Civil Rogistro	181
DARWING C. TILLAROSA	College Designation In	
Near D. Freil	Galepan, Or. Mindore,	
AFTDAVIT FOR DELAYED R	e / married and with residence and - pental ad	cress of
Detr beenly depose and say :	aring been duly sworn to in accordance with	low,
11. Dags 1 cm the applicant for the dalayed registration of my birth/of		
A S C T T T T T T T T T T T T T T T T T T	the fitting of the state of the	Hey St. S.
To Short I / he / sho 'le' a' cilisen; of	The state of the s	
to the country in registering my / his / her birth was	due to	11.5
	we of Tenking	PAR ST
Vicanian and the special to the transport to		-
De of for some of mother / punding That I am the father / mather / gua	editor of the sold services and training the	1111
		1996C
	Residence Cortificate No.	3414.5
ACTION OF THE PROPERTY OF THE	Date IssuedPlace Issued	H. H.
SUBSCRIBED AND SWORT to before me shis day of		Description of the last
Philippines.	Ander	Mrs.
Appendix of Assistation Office()	The same of the sa	T
P Assembly Dillers	Citte (Doolpeation)	CONTRACTOR .
A Voca Service (Printer) (C. V. C.	and the same of th	1. p. m.
In this is the same of the sam	(Vactore)	
Series and seem of the series		-
bolin of the ground of the transfer of the first and the best are the first better	b ki sarilat component	• ••
(NOW, TO ACCOMPLISHITE	413 FORM	
Accomplish interpretation to the copies upon regularized submit the o	detect and a still	>
bediered and tree up mine cook for home between the	cibural and arbiteum explos to the Focal Civi	ď
Allype or write legible in the co las trigit spaces provided.		
The state of the s	A CONTRACTOR OF THE PROPERTY O	•
Marie Control of the	New York and	
arrange for each them and make sure that the entries made income	ne preserved as interment over any other person.	
with a the names of the parents are correctly speken.	C POST COLORS	•
(B) Magistration matur referé le minitier et not registration le delayed. Il	delayed, place 2'in pos 15, elherwise place 11.	
	and the country the end of the country of	
PERALTY CHAUSE OF ACT	NO. 3783 .	
Section is - Falsa Statements - any person was shall knowingly make to		
the court of by a fine of not less than two hundred peace nor more in	han fire hundred or both his the discretion (ef i
Section 17 Fathers, to Report - Citat Violations - Any parson whose duty of persons and who knowingly letts to persons such duty, and only in a particular of this Act, and be published by a like of not less than to be published by a like of not less than to	ny isea, tubin, syan, ship bengked benner Success naturing of lightly distilled able of life) be
Estean lease and their than three mouths old for a second or repeat serious is the president of the first offense, by an equivalent like in a second or repeat serious is the president of the line of second or repeat serious is the president of the second or repeat serious is the president of the second or repeat serious is the president of the second or repeat serious is the president of the second or repeat serious is the president of the second or repeat serious is the second or repeat serious in the second or repeat serious is the second or repeat serious in the second or repeat serious in the second or repeat serious in the second or repeat	mark has taggistions residu colonius. Dioli	

07838-DB-127LCH-00267-PI002

POSSIBLE IMAGE

BReN

05205-A87AC09-8



	d parents/
bategi of the club mentioned to the Cartiflacte of Live Birth, do her true and correct to the best of she crip, knowledge and best in the correct to the best of she crip, knowledge and best in the correct to the corr	seby solumnly empor that the intermption confidend herein
(Sibature of pubac)	
Residence Certificate No. 3396125	(Bigogium et Welher)
Odio ususa January 14, 1987	Residence Certificate No.
Place issued - Onlapan, Or. Mindore	Deucal olog
	Place (swed
SUBSCRIBED AND SWORN to b fore me this 9th di	ny of Folgrany 19 87
Land of the World	Aget Toons Awd Downton
(E Reporture of Administring Officer)	Asst. Ioon! Givel Rogestror
DARWINIO C. PILLAROSA	Galepan, Or. Mindore
(New District)	TARREST AND THE PROPERTY OF TH
AFFIDAVIT FOR DELAY	ED REGISTRATION OF RIPTH
Deet I can the applicant for the dalayed registration of my bir 2. That I have been been on the rear to the delayed registration of my bir 2. That I have been a citizen of the rear to the delay in registering my his her birth a That is copy of my his her birth certificate to needed for the copy of the physical only. That I am the fether / mother had been a copy that he copy of the physical only. That I am the fether / mother had been a copy that he copy of the physical or the copy of the copy	n was due to
Phillippines	oy of
Philippines .	ay of the same of
Philippines	ay of
Philippines	oy of - 19 supervise the super
Philippines	ay of
Philippines deposition of Associating Offices)	ay of
Philippines dispersion of Assistanting Ottos:)	ay of
Philippines [Algorith of Assistanting Ottos:] [Burne inscripting Ottos:] [Burne inscripting Ottos:] [Burne inscripting Ottos:]	oy of
Philippines Gigostria pl Assimolytic Ottos:) Howard Company Company	OY OF 19 (Address) (Address) CARRIED THIS FORM
Philippines Garagna of Assistanting Ottos:	OY OF 19 (Address) (Address) CARRIED THIS FORM
Philippines Accomplete of Accomplete Officer) Philippines of Accomplete Officer) Philippines of Accomplete Officer) Philippines of Accomplete of Accomplete Officer of Accomplete of Accomplete Officer of Accom	TYLLEY Designation) (Address)
Philippines [Assessed of Assistation Offices] [Assessed of Assistation Offices] [Assessed of Assistation of Assistation Offices [Assistation of Assistation of	(Address) (Address) (Address) (Address) (Address)
Philippines [Asserted of Asserted Street] [Asserted of Asserted Street] [Asserted of Asserted Street Str	(Address) (Address) (Address) (Address) (Address)
Philippines Signature of Assimating Ottos: HOW. TO: ACCOMPLIS Accomplish Interpretation copies Upon registration submit Accomplish Interpretation to the copies upon registration submit Accomplish Interpretation of the copies Interpretation Interpretati	WITHIS FORM The original and deplicate copies to the Local Civil'
Philippines [Asserted of Asserted Officer] [Asserted of Asserted Officer] [Asserted of Asserted Officer) [Asserted of Asserted Officer Off	in original and duplicate copies to the Local Civil the original and duplicate copies to the Local Civil shall be preferred as informationers any other person.
Philippines Green of Assistanting Ottos:	the original and displicate copies to the Local Civil' shall be greforced at information over any other person. campleton. Before doing so he should review the
Philippines Page Philippines	the original and duplicate copies to the Local Civil shall be preferred as informant every any other person. completion. Delvie adjug so he should review the event are all correct and that the prince of the child
Philippines Page Philippines	the original and duplicate copies to the Local Civil shall be preferred as informant ever any other person. completion. Delvie adopt so he should review the services and incorrect and that the prefer all correct and that the prime of the child
Philippines Page Philippines	the original and duplicate copies to the Local Civil shall be preserved as informant ever any other person. completion. Dervie adopt so he should review the services and incorrect and that the prison of the child
Philippines [Assessed of Assistancing Ottoss] [Assessed of Assistancing Ottoss] [Assessed of Assistancing Ottoss] [Assessed of Assistancing Ottoss] [Assessed of Assessed of Copies Upon Inquisitation Submit Assessed of Ottos Copies Upon Inquisitation Submit Assessed of Ottos Copies of Ottos Philipsipal Ottos Ottos Inquisitation of Ottos	Anthia: FORM I hadiete! (Addiete! (Addiete! Anthia: FORM the original and duplicate copies to the Local Civil shall be preferred at informant every any other person. campleston. Before doing so he should review the even are all correct and that the paths of the child red. If delayed, place 2'in post 13; otherwise place 12
Philippines [Asserted of Asserting Officer] [Asserted of Asserting Officer] [Asserted of Asserting Officer) [Asserted of Asserting Officer) [Asserted of Asserting Officer Officer Officer Officer Officer [Asserted of Asserting Officer Officer Officer Officer [Asserted of Asserting Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer Officer [Asserted of Officer Officer Officer Officer Officer Officer [Asserted officer Officer Officer Officer [Asserted officer Officer [Asserted officer	the original and depticate copies to the Local Civil' shall be preferred as informant over any other person. campletion. Defens doing so he should review the strem are all correct and that the pame of the child yed. If delayed, place 2'in post 15, otherwise place 11's ACT. NO. 3783
Philippines Separate planelining office) How. To Accomplia How. To Accomplia How. To Accomplia Accomplian (Interce in retaining copies Upon registration bubmit Accomplian (Interce in retaining copies Upon registration bubmit Accomplian (Interce in retain copies Upon registration bubmit Accomplian (Interce in retain copies Upon registration bubmit Accomplian (Interce in retain copies) Accomplian (Interce in the retain of the r	withis: Form [Addition] [Addition] [Addition] [Addition] The original and displicate copies to the Local Civil shall be preferred as information over any other person, campleston. Delver doing so he would review the even are all correct and that the pains of the child red. If delayed, place 21/n post 13, etherwise place 11. ACT. NO. 3783
Philippines Gignerica pl. Accompting Ottom: How. To. Accompting output How. To. Accompting output Accompten philipping in it which the upper top represent the factor and heap the third copy for your personal tile. All of all items in this copy for your personal tile. All of all items in this copy for your personal tile. All of all items in this form computerly, and accurate the father of the process and accurate a date into maker at the father of the information and index sure that the entires made in the present are correctly spears. All manufactures for teen and index sure that the entires made in the parents are correctly spears. All manufactures in the parents are correctly spears. All manufactures in the present or the registration is detailed to the parents of the parents are correctly spears. All manufactures in the parents are parents are correctly spears. All manufactures in the	shall be preserved as informant ever any other person, completion. Dervie adopt so he should review the event and informant ever any other person, completion. Dervie adopt so he should review the event are all correct and that the hains of the child red. If delayed, piace 21n post 13, eliterates place 11. ACT. NO. 3783
Philippines Septema pl. Assistantials Office) How. To. Accomplish Accomplish [Initial minitial plants]	shall be preserved as informant ever any other person, completion. Dervie adopt so he should review the event and informant ever any other person, completion. Dervie adopt so he should review the event are all correct and that the hains of the child red. If delayed, piace 21n post 13, eliterates place 11. ACT. NO. 3783
Philippines Gigneria pl Assistance Otton How. To: Accomplian Accomplian Philippine Copies Upon requestration submit Accomplian Philippine Philippine Copies Upon requestration submit Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philip	shall be preferred as informant ever any other person. completion. Defens adopt so he should review the event are all correct and that has hame of the child are if delayed, place 2 in how 15, etherwise place 11. ACT NO. 3783 ACT NO. 3783 ACT NO. 3783 ACT NO. 1785 ACT NO. 1786 ACT NO. 1786
Philippines Separate planelining Ottos:	shall be preferred of informant every gay other person. campletion. Deform doing so he should review the event of all correct and that the pattern place "!" ACT NO. 3703 ACT NO. 3703 presonment for not bring furnished and shall presonment for not person for the fact of the fact
Philippines Gigneria pl Assistance Otton How. To: Accomplian Accomplian Philippine Copies Upon requestration submit Accomplian Philippine Philippine Copies Upon requestration submit Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philippine Philippine Philippine Accomplian Philip	the original and duplicate copies to the Local Civil' shall be preferred as informant every any other person. completion. Define adopt so he should review the even are all correct and that the pame of the child are in decreased and that the pame of the child are in the child

07838-DB-127LCH-00267-PI002

POSSIBLE IMAGE

BReN 05205-A87AC09-8



Taguig City
Philippines

Taguig City Hall, Gen. Antonio Luna St. Tuktukan, Taguig City 1637 Philippines Tel. No. (632) 555 7800 Fax No. (632) 642 3588 www.taguig.gov.ph

4		
		ı
	100	

Province Metro Manila				Regist	ry No.			
City/Municipality Taguig C	City			202	21-2	209	7	
. NAME (First)	(Middle)	(Last)			2. S	EX (Mai	le/Fema	ale)
LOLINE 3. DATE OF DEATH (Day, Month, Year) 4.	MONDRAG	Month) (Year) 5	RLE	THE TIME C	E DEATH	Fent Fill-in be	nale	dg. to age catego
			[2] Comple	or ABOVE eted years	[1] Months	DER 1 YE	EAR Days	cdg. to age catego c. IF UNDER 24 HR Hours Min/Se
24 May 2021 B. PLACE OF DEATH (Name of Hospital/O	28 June 1960	St. Barangay City/N	60 Aunicipality	Province)			- (Sin	ale/Married/Midou
					7. CIVIL	wer/Anni	ulled/Di	gle/Married/Widov vorced)
MEDICAL CENTER TA					Barangay	City/Mun		ngle , Province, Count
8. RELIGION/RELIGIOUS SECT 9.	CITIZENSHIP							
Roman Catholic	Filipino			. Niño Calapa				
	ME OF FATHER (First, Middle		13.	MAIDENNAN				
Budget Officer	Felimon M. O			Prescil	a M. M	londi	rago	n
(F	or ages 0 to 7 days, a	AL CERTIFICA ccomplish items		at the back	k)			
9b. CAUSES OF DEATH (If the decease				li	nterval Be	tween (Onset	and Death
	Acute Coronar Aspiration Pne					y of the law		
Antecedent cause : b	Small Intestinal Me		na					
Underlying cause : c. II. Other significant conditions contril	buting to death:	Aner	nia sec. to C	hronic Illness (s	mall intestin	al carcino	oma) 2. A	cute Tubular Necro
9c. MATERNAL CONDITION (If the dec	eased is female aged 15-4	49 years old)	OI CNIJ SE	er to Diapetic A	Hypoalb	uminemia	a prob. s	ec. to Hepatorenal
	egnant, in c. le	ess than 42 days a	after	d. 42 da	ys to 1 ye	ar after		
9d. DEATH BY EXTERNAL CAUSES								20. AUTOPS\ (Yes / No)
a. Manner of death (Homicide, Suic						1. 17		No
b. Place of Occurrence of External C	Cause (e.g. home, farm, f	factory, street, sea	a, etc.)		45 16 -44-	-4-4 -4		ration (mm/dd/
2 Public				1 4	ib. If atter	naea, si	tate du	ration (
X1 Private Health Physician Officer	3 Hospital Authority —— 4		Others Specify)		From—	May 12	, 2021-	Го Мау 24, 2
Physician Officer 22. CERTIFICATION OF DEATH	Authority —— 4	None (Specify)					
Physician Officer	Authority 4	None (Specify) n be asce	rtained and I	further ce	ertify tha	nt I 🎾	
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a	Authority 4	None (Specify) n be asce n/pm on REVIE	rtained and I the date of c	further ce	ertify tha	nt I 🎾	
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature	Authority 4 I particulars are correct as not that death occurred at	None (Specify) n be asce n/pm on REVIE	rtained and I	further ce	ertify tha	at I 🞾	have attende
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANGE Title or Position Physician	Authority 4 I particulars are correct as not that death occurred at CHEZ, M.D.	None (s near as same ca	be asce	rtained and I the date of c EWED BY:	further ce leath speci Luncy	ertify that cified ab	at I 🞾	
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Physician Medical Center Tagging Levil	Authority 4 particulars are correct as nd that death occurred at CHEZ, M.D. Mariano Ave. Brgy. Ususar	None (s near as same care 5;49 AM are	be asce	rtained and I	further ce leath speci in the speci in the speci in the special specia	ertify that bified about Mame of	oove.	have attended
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print Title or Position Address Nedical Center Taguig, Levi I	Authority 4 particulars are correct as nd that death occurred at CHEZ, M.D. Mariano Ave. Brgy. Ususar Date Ma	None (s near as same care 5:49 AM and	be asce	rtained and I the date of c EWED BY TEAL AND S ignature Day (ity Health)	further ce leath speci leath speci leath speci leath special special special leath special spe	ertify that sified about the sified abou	pove.	have attended
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Medical Center Taguig, Levi I Survey, Specify Physician Cempton Service Sanguage Service Se	Authority 4 particulars are correct as nd that death occurred at CHEZ, M.D. Mariano Ave. Brgy. Ususar	None (s near as same cares;49 AM and an another the care and another the care another the care and another the care another the care and another the care another the care and another the care another the care another the care another the care and another the care another the c	be asce	rtained and I the date of c EWED BY Charles 35 City Health guig Cry Hea	further ce leath speci- leath speci- leath speci- leath of the special	ertify that sified about the service of the service	pove. of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Medical Cremation, if others, specify) Burrial	Authority 4 I particulars are correct as not that death occurred at the correct as not the corr	None (s near as same care 5:49 AM and	be asce	rtained and I the date of c EWED BY: Challe Oxiginature Oxiginature Oxiginature Oxiginature Oxiginature Oxiginature Oxiginature (Ciry Health)	further ce leath speci- leath speci- leath speci- leath of the special	ertify that sified about the sified abou	pove. of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANGE NICOLE SAN	Authority 4 I particulars are correct as not that death occurred at the common of the	None (s near as same cares;49 AM and an	specify) n be asce n/pm on REVIE	rtained and I the date of c EWED BY Charles St City Health Quig City Hea Number Date Issu	further ce leath speci- leath speci- leath speci- leath of the special	ertify that iffed about the telegraph of telegr	pove. of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Medical Center Taguig, Levi I Burial, Cremation, if others, specify) Burial 25. NAME AND ADDRESS OF CEMETER Physician Center Taguig, Levi I Service Center Taguig, Levi	Authority 4 I particulars are correct as not that death occurred at the common of the	n, Taguig City ay 24, 2021 ON PERMIT	Revie	rtained and the date of ce EWED BY TEALA PROPERTY OF THE CONTRACT OF THE CONTR	further ce leath speci- leath speci- leath speci- leath of the special	ertify that iffed about the many that if	oove. of Heal 2 4 2 2021	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANGE NICOLE SAN	Authority	n, Taguig City ay 24, 2021 ON PERMIT 27. PREF	Revie	rtained and the date of ce EWED BY TEALA PROPERTY OF THE CONTRACT OF THE CONTR	further ce leath speci- leath speci- leath speci- leath of the special	ertify that iffed about the many that if	oove. of Heal 2 4 2 2021	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Title or Position Address Medical Center Taguig, Levi II 23. CORPSE DISPOSAL Burial 25. NAME AND ADDRESS OF CEMETERY PIUME NEEDLY OF CEMETERY PIUME NO FINFORMANT I hereby certify that all informatio to my own knowledge and belief.	Authority	n, Taguig City ay 24, 2021 ON PERMIT ACA CA PAW 27. PREF	n be ascendent on the sacendent of the sacend of the sacendent of the sacendent of the sacendent of the sace	rtained and the date of ce EWED BY TEALA PROPERTY OF THE CONTRACT OF THE CONTR	further ce leath speci- leath speci- leath speci- leath of the special	ertify that iffed about the many that if	oove. of Heal 2 4 2 2021	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print Title or Position Address 23. CORPSE DISPOSAL Burial, Cremation, if others, specify) Burial 25. NAME AND ADDRESS OF CEMETER Physician I hereby certify that all informatio to my own knowledge and belief. Signature Glenn Dary	Authority	None (s near as same care 5:49 AM and an	n be ascended in the sacender	rtained and the date of ce EWED BY TEALA PROPERTY OF THE CONTRACT OF THE CONTR	further ce leath specification of the first	ertify that iffed about the many that if	of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Medical Center Taguig	Authority	None (s near as same cares; 49 AM and an	Specify) n be ascended by a scended by a scenario by a scena	rtained and the date of ce EWED BY CALABOR CITY HEALTH Quig City Health Quig City Health Number Date Issu	further ce leath specification of the control of th	naya	operation of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Medical Center Taguig, Levi I Burial, Cremation, if others, specify) Burial 23. CORPSE DISPOSAL Burial, Cremation, if others, specify) Burial 25. NAME AND ADDRESS OF CEMETERY Physician Medical Center Taguig, Levi I	Authority	n, Taguig City ay 24, 2021 ON PERMIT 27. PREF Trect Signatur Name in Title or I	Specify) n be ascended by a scended by a scenario by a scena	rtained and the date of cewed By the date of cewed	further ce leath specification of the least	naya	operation of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANG Physician Medical Center Taguig, Levi I Medical C	Authority	n. Taguig City ay 24, 2021 ON PERMIT 27. PREF Trect Signatur Name in Title or f	Specify) n be ascended by a scended by a scenario by a scena	rtained and I the date of ce EWED BY Charles St City Health Quig City Hea Number Date Issu Arnolc Medical	further ce leath specification of the least	naya	operation of Heal	have attended the Officer MAY 202
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Title or Position Physician Medical Center Taguig, Levi I Physician Medical Center Taguig, Levi	Authority	n, Taguig City ay 24, 2021 ON PERMIT 27. PREF Tect Signatur Name in Title or I	REVIE TARED BY	rtained and I the date of ce EWED BY Charles St City Health Quig City Hea Number Date Issu Arnolc Medical	further ce leath specification of the control of th	Name of MAY MAY Maya naya s Staff	oove. 2 4 2 2021	th Officer MAY 2021
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Title or Position Physician Address Needical Center Taguig, Levi II 23. CORPSE DISPOSAL Burial, Cremation, if others, specify) Burial 25. NAME AND ADDRESS OF CEMETER Physician Medical Center Taguig, Levi II 26. CERTIFICATION OF INFORMANT I hereby certify that all informatio to my own knowledge and belief. Signature Cleman Dary Relationship to the Deceased 117 Dao St. Sto. Niñ	Authority	n, Taguig City ay 24, 2021 ON PERMIT 27. PREF Tect Signatur Name in Title or I	Druce Print Position -	crtained and I the date of comments of the date of the	further ce leath specification of the lead	Name of the RMTY	to pove. 2 4 2 2021	th Officer MAY 2021
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Physician Medical Center Taguig, Levi II and the second secon	Authority	n, Taguig City ay 24, 2021 ON PERMIT 27. PREF Trect Signatur Name in Title or I al Mindoro Date — 29. REGIS	DPJ-H PARED BY Print Position -	crtained and I the date of comments of the date of the	further ce leath specification of the control of th	Name of the RAY AND	of Heal 2 4 2 2021 f	have attended to the first that the
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature NICOLE SANGE Physician Medical Center Taguig, Levi II and the specific Physician Medical Center Taguig, Levi II and the spe	Authority	None (s near as same cares same care same c	Print Print	rtained and the date of comments of the date of the da	further ce leath specification of the least spec	Name of the RAMAY MAY MAY STATION OF TAGUE	of Heal 2 4 2 2021 f	have attended to the first that the
Physician Officer 22. CERTIFICATION OF DEATH I hereby certify that the foregoing have not attended the deceased a Signature Name in Print NICOLE SANG Physician Medical Center Taguig, Levi II and the second secon	Authority 4 I particulars are correct as not that death occurred at the control of the control	None (s near as same cate 5:49 AM and an	Print Print	rtained and the date of comments of the date of the da	further ce leath specification of the control of th	Name of the RAMAY MAY MAY STATION OF TAGUE	of Heal 2 4 2 2021 f	have attended to the first that the

CERTIFIED TRUE/MACHINE COPY !

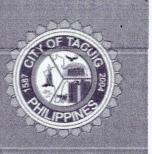
VIRGINIA E. D. LA TORRE

ASST. REGISTRATION OFFICER. CITY OF TAGUIG

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG ADMIN ASSISTANT II



Taguig City
Philippines

Taguig City Hall, Gen. Antonio Luna St. Tuktukan, Taguig City 1637 Philippines Tel. No. (632) 555 7800 Fax No. (632) 642 3588 www.taguig.gov.ph

	mile reconstruction
Ta	Quio

(Revised August 2016)	Republic of t	REGIS	GENERAL	eomphaned in quadrupi	icale using black inter	
CERTIFICATE OF DEATH						
Province Metro Manila City/Municipality Taguig	City			istry No. 121-209	7	
1. NAME (First)	(Middle)	(Last)		2. SEX (Male/F	emale)	
LOLINE	MONDRAGON		RLE			
3. DATE OF DEATH (Day, Month, Year)		(Year) 5		Fema E OF DEATH (Fill-in below B. IF UNDER 1 YEAR	accdg. to age category)	
24 May 2021	28 June 1960		60	[1] Months [0] Da	lys Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospita	al/Clinic/Institution/House No., St., Ba	rangay, City/M	funicipality, Province	7. CIVIL STATUS	(Single/Married/Widow/ d/Divorced)	
MEDICAL CENTER T	AGUIG Levi Mariano Brgy Usu	san, Taguig C	ity, Metro Manila Pl	1	Single	
8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RESIDE	ENCE (House No.,	St., Barangay, City/Municip	pality, Province, Country)	
Roman Catholic	Roman Catholic Filipino 117 Dao St. Sto. Niño Calapan City, Oriental Mindoro, Philippines					
11. OGCUPATION 12. NAME OF FATHER (First, Middle, Last) 13. MAIDEN NAME OF MOTHER (First, Middle, Last)					, Middle, Last)	
Budget Officer	Felimon M. Carl	e	Presc	ila M. Mondra	gon	
	MEDICAL C (For ages 0 to 7 days, accom			ack)		
19b. CAUSES OF DEATH (If the decea	Andrew Control of the	plisti iterris	14-13a at the b	Interval Between Ons	set and Death	
I. Immediate cause : a. —	Acute Coronary Sy					
Antecedent cause : b.						
Underlying cause : c.	Small Intestinal Metastat		and the second s	ss (small intestinal carcinoma)	2. Acute Tubular Necrosis	
Other significant conditions cond Section 19c. MATERNAL CONDITION (If the de	Inbuting to death: Hypoperfusion and I	nfection on Top	of CKD sec. to Diabeti	c Nephropathy, Electrolyte In	i balance sec. to Hypertransa ob. sec. to Hepatorenal Sync	
5 4. C.	pregnant, in c. less tha	,	fter d. 42			
not in labour 19d. DEATH BY EXTERNAL CAUSES	abour delivery		del	ivery	choices	
a. Manner of death (Homicide, Su	ricide, Accident, Legal intervention	on, etc.)			20. AUTOPSY (Yes / No)	
b. Place of Occurrence of Externa	Cause (e.g. home, farm, factory	, street, sea	, etc.)		146	
21a.ATTENDANT 2 Public				21b. If attended, state	duration (mm/dd/yy)	
X1 Private Health Physician Officer	3 Hospital —— 4 None		Others Specify)	From May 12, 20	⁰²¹ To May 24, 2021	
22. CERTIFICATION OF DEATH	ng particulars are correct as near	as same can	he ascertained an	nd I further certify that I	have attended	
have not attended the deceased	and that death occurred at5;4	9 AM an	n/pm on the date of	of death specified above	9.	
Signature sicrefu	refr		REVIEWED B	41- 10	1	
Physician	NCHEZ, M.D.		18 BENDER	SNIPATION (lealth Officer	
Title Of FOSICION	i Mariano Ave. Brgy. Ususan, Tagu		City Heal	over Printed Name of Health Office		
71441000	Date May 24,	2021	19daide. A.	Date 2	4 MAY 2021	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)	24a. BURIAL/CREMATION PE	RMIT		RANSFER PERMIT		
Burial	Number Date Issued	NA	Numb	O A MAY DI	121	
25. NAME AND ADDRESS OF CEMETE	RY OR CREMATORY		Amerikaan kan kan hara sa sa kan hara sa sa sa kan kan kan kan kan kan kan kan kan ka			
PIVINE MERCY	CEMETERY CAL	APAN	DIVERTE	LUINDON	20	
26. CERTIFICATION OF INFORMANT I hereby certify that all informat	tion supplied are true and correct	27. PREPA	ARED BY	X		
to my own knowledge and belief.	/		4	Morning		
Signature Glenn Dar	yl C. Ramirez	Signature		id C. Omaya		
Name in Print US	en	Name in	Print	al Records Staff		
Relationship to the Deceased 117 Dao St. Sto. Ni	iño Calapan City, Oriental Mine	Title or P	osition	4, 2021		
Address May 24, 2021		Date —		27		
Date28. RECEIVED BY		29. REGIST	TERED AT THE OFF	FICE OF THE CIVIL REG	19TRAR	
Signature Marchal		Signature	IMD	CINIA P DOISE MA		
Name in Print GERAIDINE T. FET		Name in F	Print ASS	GINIA E. DBLATO T. REGISTRATION OFF	ice#	
Title or Position		Title or Po		CITY OF TAGUIG		
Date 2 4 MAY 20	21	Date	2	4 MAY 2021		
REMARKS/ANNOTATIONS (For	r LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF	THE CIVIL REGISTRAR		myceracus an epity place contracts the file periodic and appear to the			
5 8 9	10	11	19a(a)/19b 19a(c)	
				Prince of the second		

CERTIFIED TRUE MACLINE COPY :

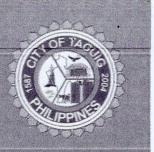
VIRGINIA E. DELA TORRE

ASST. REGISTRATION OFFICER. CITY OF TAGUN

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG ADMIN ASSISTANT II



Taguig City
Philippines

Taguig City Hall, Gen. Antonio Luna St. Tuktukan, Taguig City 1637 Philippines Tel. No. (632) 555 7800 Fax No. (632) 642 3588 www.taguig.gov.ph

4	
	768
STATE OF THE PARTY	
la	QUIQ

(Revised August 2016)	(Republic of OFFICE OF THE CIVIL CERTIFICAT	REGI		ATH		
Province Metro Manila			Delici Car		Regist	ry No.	PARTECULAR STATE OF THE STATE O
City/Municipality Tagu		у			202	1-209	7
1. NAME (First)		(Middle)	(Last)		2. SEX (Male/	Female)
LOLINE		MONDRAGON	<u> </u>	ARLE		Fema	ile
B. DATE OF DEATH (Day, Month, Yea	(r) 4. D	ATE OF BIRTH (Day) (Month) (Year)	5. AGE AT 8. IF 1 YEAR	DR ABOVE ed years	F DEATH(Fill-in belo 5. IF UNDER 1 YEA [1] Months [0] D	R c. IF UNDER 24 Hi
24 May 2021		28 June 1960		60		11	110000
6. PLACE OF DEATH (Name of Ho	spital/Cli	nic/Institution/House No., St., Ba	rangay, Cit	y/Municipality,	Province)	7. CIVIL STATUS	(Single/Married/Wido ed/Divorced)
MEDICAL CENTER	TAC	GUIG Levi Mariano Brgy Usu					Single
3. RELIGION/RELIGIOUS SECT	9. C	TIZENSHIP	10. RES	DENCE (H	ouse No., St.,	Barangay, City/Munic	pality, Province, Coun
Roman Catholi	c	Filipino	111	7 Dao St. Sto.	Niño Calapai	City, Oriental Mind	oro, Philippines
		OF FATHER (First, Middle, Last)		13.1	WAIDEN NAM	EOFMOTHER (Firs	I, Middle, Last)
Budget Officer		Felimon M. Carl	e	1	Prescila	a M. Mondra	gon
	/ F	MEDICALO				,	
9b. CAUSES OF DEATH (If the de		ages 0 to 7 days, accom	plish iten	18 14-19a			not and Dooth
		Acute Coronary Sy	ndrome		If	terval Between Or	set and Death
Antecedent cause : b.		Aspiration Pneumo	nia				
Underlying cause : c.	~~~	Small Intestinal Metasta					
II. Other significant conditions	contribu	ting to death:	At Infection on	lemia sec. to Ch lop of CKD sec	ronic Hiness (si 10 Diabetic Ne	nall intestinal carcinoma phropathy; Electrolyte to	i) 2. Acute Tubular Necro m balance sec. to Hy pertr
9c. MATERNAL CONDITION (If th	e decea	sed is female aged 15-49 year	ars old)			Hypoathuminemia p	rob. sec. to Hepatorenal
a. pregnant, not in labour	b. preg	nant, in c. less that urdelivery	an 42 days	after	d. 42 day deliver	ys to 1 year after—	choices
9d. DEATH BY EXTERNAL CAUSE a. Manner of death (Homicide)		Accident Legal intervention	on etc.)				20. AUTOPSY (Yes / No)
b. Place of Occurrence of Exte							NO
21a. ATTENDANT	illai Ga	use (- s	,,		2	1b. If attended, stat	e duration (mm/dd/
X1 Private 2 Public Health		3 Hospital	5	Others			
Physician Officer		Authority —— 4 None		(Specify)		rom May 12, 2	021 To May 24, 20
22. CERTIFICATION OF DEATH I hereby certify that the fore	going p	articulars are correct as near	as same o	an be ascer	tained and I	further certify that I	have attende
have not attended the decea		that death occurred at5;4	19 AM	-	ne date of de WED BY:	eath specified abov	re.
Signature NICOLE	ANIC	HEZ, M.D.	-	Ma	e a Dal	Lu Prings	1
Name in Print NICOLES Title or Position Physician		11.2, 141.1).		(Si	hature 8ve	Printed Name of I	lealth Officer
Address Medical Center Taguig,	Levi Ma	riano Ave. Brgy. Ususan, Tagu		fac	uig Ciry Hee		
		Date May 24	, 2021	103		Date 4	4 MAY 2021
23. CORPSE DISPOSAL Burial, Cremation, if others, specify)		24a. BURIAL/CREMATION PE	RMIT		24b. TRA	SFER PERMIT	
Burial		Number — Date Issued — Date Is	NA	A CONTROL OF THE PARTY OF THE P	- Date Issu	O A MANY 7	021
25. NAME AND ADDRESS OF CEME		OR CREMATORY				,	- 17
DIVINE MERCY	1 ce	FINETERY CAL	LAPAS	DRIE	NTAG	1111100	20
26. CERTIFICATION OF INFORMAN		supplied are true and correct	27. PRE	EPARED BY	X	1	
to my own knowledge and belief		rappinos are ade and correct			An	Tracero	
Signature	torul (E. Ramirez	Signati	ure /	Arnold	e dmaya	
lame in Print	Søn	C. Nammez	Name	in Print	/ 1	N	
Relationship to the Deceased		Calapan City, Oriental Min	Title or	Position —		Records Staff	
May 24, 2021	. MITO	Calapan City, Oriental Will	Date -	é	May 24,	2021	
Date			00 050	1075555 17			
28. RECEIVED BY	· ml			<	THE OFFICE	OF THE CIVIL REC	SISTRAR
Signature GERALDINE T.	FETALC	ORIN	Signatu		VIRGIN	NA E. DELA TO	DRRE
ADMIN.				n Print		REGISTRATION OF	FICEN
Title or Position 2 4 MAY	2021			Position —	2 4	MAY 2021	
		2PO/00PO 11- 0-1 1	Date_		<u> </u>	LILLI ENCI	
REMARKS/ANNOTATIONS (ror LC	CRU/OCRG Use Unly)					
TO BE FILLED-UP AT THE OFFICE	OF TH	E CIVIL REGISTRAR					
5 8 9		10	T	11	19a(a)/	19b 19a(c	c)
	1				1 1	1 1 1 1	

CERTIFIED TRUETMACHINE COPY :

VIRGINIA E. D.LA TORRE

ASST. REGISTRATION OFFICER. CITY OF TAGUM

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG ADMIN ASSISTANT II

	R CHILDREN	AGED 0 TO 7 DA	YS	
14. AGE OF MOTHER	15. METHOD OF DELIVERY (Invertex, if others, specify)	-		ICY:
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)	-	18. IF MULTIPI	LE BIRTH, CHILD WAS I, Third, etc)	
	MEDICAL	CERTIFICATE		
19a. CAUSES OF DEATH				
a. Main disease/condition	n of infant			
b. Other diseases/condition	ons of infant			
c. Main maternal disease	e/condition affecting infant			
	e/condition affecting infant			
e. Other relevant circums		O FILL UP ITEM 20		The first of the state of the s
I HEREBY CERTI	POSTMORTEM CE FY that I have performed an autop:			cause of death was
Signature		Title/Designati	on	<i>j</i> 25;
Name in Print		Address		
Date				
	CERTIFICATION IFY that I have embalmed	ON OF EMBALMER	O CARIF	
		Dellare &	1. 94.00	following
all the regulations prescribe	ed by the Department of Health.			
The state of the s			LIC. FMB	4
Signature	PECAMINIS	Title/Designati	on U.C. EMB	
Name in Print	MESA MILA.	License No.	9/18/18 18 100	anico
Address		Expiry Date	11/2/20	~
with residence and postal	address after being duly sworn	n in accordance wi	th law, do hereby depose an	d say:
1. That			and was	in huried/cremated in
Statute relativistativista in consistence				
	sed at the time of his/her death:		· · · · · · · · · · · · · · · · · · ·	
Lacronius and	was not attended.			
3. That the caus	e of death of the deceased was			
4. That the reason	for the delay in registering this deat	h was due to		
5. That I am execu	uting this affidavit to attest to the truth	nfulness of the foreg	going statements for all legal in	
In truth whereof, I	have affixed my signature below th	nisd	ay of	and the same of th
at	, Phi			
	. 8	(Si	gnature Over Printed Name o	
SUBSCRIBED A	ND SWORN to before me this		affiant who exhibited to me h	
iggil	ed on			
1850	VII management of the second o	at		
		_		and the second second second
Signature	of the Administering Officer	* :	Position / Title / Designation	er e e e e e e e e e e e e e e e e e e

	R CHILDREN A	AGED 0 TO 7 I	DAYS	
14. AGE OF MOTHER	15. METHOD OF DELIVERY (N vertex, if others, specify)	ormal spontaneou	16. LENGTH OF PREGN (in completed weeks)	ANCY:
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)			IPLE BIRTH, CHILD WAS cond, Third, etc)	
	MEDICALC	ERTIFICATE		79 - 1944 - 1945 - 1955
9a. CAUSES OF DEATH				
	of infant			
b. Other diseases/conditio	ns of infant			
	condition affecting infant			
d. Other maternal disease/ e. Other relevant circumsta	condition affecting infant			
e. Other relevant circumsta		O FILL UP ITEM	20	
I HEREBY CERTIF	POSTMORTEM CE 'Y that I have performed an autops			ne cause of death was
Signature		Title/Desigr	nation	
Date				
I HEREBY CERTII	CERTIFICATION CE	NOFEMBALM Delpart	ERY. CARLE	followin
Signature Signature	PECAMINIS	Title/Design	nation U.C. EMA	8-
Name in Print	PITESA MILA.	_ License No	09/15/15 pt 10	10 1210
Address	priese once.			3
		Expiry Date	93/-	
with residence and postal a	address after being duly sworn	in accordance	with law, do hereby depose	and say:
		-	on	
	ed at the time of his/her death:			
v	vas not attended.			· ·
That the cause	of death of the deceased was _			
4. That the reason t	for the delay in registering this death	was due to		
	ing this affidavit to attest to the truth			
In truth whereof, I hat	nave affixed my signature below thi		_day of	
4	Thi			
			(Signature Over Printed Nam	e of Affiant)
SUBSCRIBED AN	ID SWORN to before me this _		nes, affiant who exhibited to m	
igene	ed on			io niamei OTO/valid li
19500		at		
Signature of	of the Administering Officer		Position / Title / Designation	on
	Name in Print		Address	CK-

THE DEC

E DECISION OF NA 9048.

IS HEREBY GUILLERMO

M. GENETA

FROM LULINIE ON MAY 24, 20

LE TO 2002

CERTIFIED

CORRECT:



Civil Registry Form No. 1A (Birth-available)

> Republic of the Philippines OFFICE OF THE MUNICIPAL CIVIL REGISTRAR Victoria, Oriental Mindoro

CERTIFICATE OF BIRTH

02 September 2003

TO WHOM IT MAY CONCERN

We certify that among others, the following facts of birth appear in our Registry of Births on page 09 of book number 02

LCR registry number

: 3059

Date of registration

: 07 July 1960

Name of Child

: LULINIE CARLE

Nationality

FILIPINO

Sex

FEMALE

Date of birth

28 June 1960

Place of birth

Merit, Victoria, Oriental Mindoro

Name of Mother

PRECILA MONDRAGON

Citizenship

FILIPINO

Name of Father

FELIMON CARLE

Citizenship

FILIPINO

Date of marriage of parents : Not stated

Place of marriage of parents: Not stated

This certification is issued to OCRG - National Statistics Office upon their

request.

GUILLERMO M. GENETA Municipal Civil Registrar

09-23-03

Verified by:

NELIA M. MOONG ClerkIP

NOTE: ANNOTATED DOCUMENT

Child's First Name "LULINIE" is hereby corrected to "LOLINE" pursuant to Pet. No. CCE-0012-2002, APPROVED by MCR on 24 May 2002 and AFFIRMED by CRG on 21 June 2002 in accordance with R.A. NO. 9048

Amount Paid O. R. Number P 50.00

GUILLERMO M. GENETA

Date Paid

CH VERIBIED

Municipal Civil Registrar 92203

NOTE. This certification is not valid if it has mark of erasure or alteration of any entry...

\$28-72-827_CH-00264-8-00*

BReiv

THE DECI

DECISION 9048.

IS HEREBY GUILLERMO

M. GENERA

FROM LULINIE TO ON MAY 24, 2002

PURSUANT

CERTIFIED

CORRECT:



Civil Registry Form No. 1A (Birth-available)

Republic of the Philippines

OFFICE OF THE MUNICIPAL CIVIL REGISTRAR Victoria, Oriental Mindoro

CERTIFICATE OF BIRTH

02 September 2003

TO WHOM IT MAY CONCERN

CIVIL REGISTRY DIVISION We certify that among others, the following facts of birth appear in our Registry of Births on page 09 of book number 02

LCR registry number

: 3059

Date of registration

: 07 July 1960

Name of Child

: LULINIE CARLE

Nationality

FILIPINO

Sex

FEMALE

28 June 1960

Date of birth Place of birth

Merit, Victoria, Oriental Mindoro

Name of Mother

PRECILA MONDRAGON

Citizenship

FILIPINO

Name of Father

FELIMON CARLE

Citizenship

FILIPINO

Date of marriage of parents : Not stated

Place of marriage of parents: Not stated

This certification is issued to OCRG - National Statistics Office upon their

request.

GUILLERINO M. GENETA Municipal Civil Registrar

09-23-03

Verified by:

NELIA M. MOONG ClerkIP

NOTE: ANNOTATED DOCUMENT

Child's First Name "LULINIE" is hereby corrected to "LOLINE" pursuant to Pet. No. CCE-0012-2002, APPROVED by MCR on 24 May 2002 and AFFIRMED by CRG on 21 June 2002 in accordance with R.A. NO. 9048

Amount Paid O. R. Number

P 50.00

GUILLERMO M. GENETA Municipal Civil Registrar

Date Paid

92203 EM VERIFIED

MOTE. This certification is not valid if it has mark of erasure or attention of any entry.

BReN

438-71-727-07-53264-8-001

THE CHILD'S
TO THE DECIS
WITH RA 9048



Civil Registry Form No. 1A (Birth-available)

Republic of the Philippines

OFFICE OF THE MUNICIPAL CIVIL REGISTRAR Victoria, Oriental Mindoro

CERTIFICATE OF BIRTH

02 September 2003

TO WHOM IT MAY CONCERN

We certify that among others, the following facts of birth appear in our Registry of Births on page 09 of book number 02

LCR registry number

: 3059

Date of registration

: 07 July 1960

Name of Child

: LULINIE CARLE

Nationality

FILIPINO

Sex

FEMALE

Date of birth

28 June 1960

Place of birth

Merit, Victoria, Oriental Mindoro

Name of Mother

PRECILA MONDRAGON

Citizenship

FILIPINO

Name of Father

FELIMON CARLE

Citizenship

FILIPINO

Date of marriage of parents: Not stated

Place of marriage of parents: Not stated

This certification is issued to OCRG - National Statistics Office upon their

request.

GUILLERMO M. GENETA Municipal Civil Registrar

09-23-03 Ckrk III

Verified by:

NELIA M. MOONG Clerk

NOTE: ANNOTATED DOCUMENT

Child's First Name "LULINIE" is hereby corrected to "LOLINE" pursuant to Pet. No. CCE-0012-2002, APPROVED by MCR on 24 May 2002 and AFFIRMED by CRG on 21 June 2002 in accordance with R.A. NO. 9048

Amount Paid O. R. Number

P 50.00

GUILLERMO M. GENETA Municipal Civil Registrar

Date Paid

EM VERIBIED

92203

NOTE. This certification is not valid if it has mark of erasure or alteration of any entry.

T 638-72-127 C3-00284-81001

BRe*

DECISION OF M. GENERA FROM LULINIE TO ON MAY 24, 2002

CORRECT:

CERTIFIED

WAIVER OF RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

We, **GLENN DARYL C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro and **REGINE C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro, by these presents, hereby state and allege:

- 1. That we are among the beneficiaries of the late, Loline M. Carle who died on **May 24, 2021** at Medical Center, Taguig City;
- 2. That for and in consideration of the love and affection, I, GLENN DARYL C. RAMIREZ, hereby waive my right in all death benefits, funeral claims, terminal leaves, MOWEL fund and other claims from Department of Environment and National Resources (DENR) particularly to, REGINE C. RAMIREZ, thereby authorizing her to file and claim whatever benefits she will receive from Department of Environment and National Resources (DENR);
- 3. That we hereby release and discharge Department of Environment and National Resources (DENR) from any and all liability in connection with the aforementioned waiver and release of the provident benefit in favor of the above named person;
- 4. That we are executing this affidavit to attest to the truth of the forgoing facts and statements and as one of the requirements prescribed by Department of Environment and National Resources (DENR) and other concerned government agencies in order that we may claim funeral and death benefits that may be issued thereafter.

IN WITNESS WHEREOF, we have here	unto set our hands this day of
2022 at Calapan City, Oriental Mindoro.	,
GLENN DARYL C. RAMIREZ	NEW NIMINAL REGINE C. RAMIREZ
Transferon / Beneficiary	Beneficiary / Claimant
UMID Card No. CRIN-0117-9217519-8	DL No. D05-17-000143
Cianadia tha m	
Signed in the pre	esence of:
ACKNOWLED	OGMENT
Republic of the Philippines)	
CITY OF CALAPAN) S.S.	
Province of Oriental Mindoro)	
BEFORE ME, this day of, 20	022 at Calapan City, Oriental Mindoro
personally appeared the aforementioned person	1 ,
the same persons who executed the foregoing in	
the same is their free and voluntarily act and de	· ·
•	
IN TESTIMONY WHEREOF, I have here	anto set my hand and affixed my notaria

RON KIM D. BACULO

Notary Public Until December 31, 2022

Roll of Attorneys No. 65809
No. 014875 / Lifetime / Oriental Michael R No. 0842260 / 12-03-21 (for 2022) / Calapha MCLE Compiliance No. VI-0022615 / 04-02-19

seal at the place and on the date above-written

Doc No. 106 Page No.23

Book No.2V

Series of 2022

WAIVER OF RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

We, GLENN DARYL C. RAMIREZ, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro and REGINE C. RAMIREZ, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro, by these presents, hereby state and allege:

- That we are among the beneficiaries of the late, Loline M. Carle who died on May 24, 2021 at Medical Center, Taguig City;
- 2. That for and in consideration of the love and affection, I, GLENN DARYL C. RAMIREZ, hereby waive my right in all death benefits, funeral claims, terminal leaves, MOWEL fund and other claims from Department of Environment and National Resources (DENR) particularly to, REGINE C. RAMIREZ, thereby authorizing her to file and claim whatever benefits she will receive from Department of Environment and National Resources (DENR);
- That we hereby release and discharge Department of Environment and National Resources (DENR) from any and all liability in connection with the aforementioned waiver and release of the provident benefit in favor of the above named person;
- 4. That we are executing this affidavit to attest to the truth of the forgoing facts and statements and as one of the requirements prescribed by Department of Environment and National Resources (DENR) and other concerned government agencies in order that we may claim funeral and death benefits that may be issued thereafter.

IN WITNESS WHEREOF, we have hereunto see 2022 at Calapan City, Oriental Mindoro. GLENN DARYL C. RAMIREZ Transferor / Beneficiary UMID Card No. CRN-0117-9217519-8	REGINE C. RAMIREZ Beneficiary / Claimant DL No. D05-17-000143
Signed in the presence ACKNOWLEDGM	
Republic of the Philippines) CITY OF CALAPAN) S.S. Province of Oriental Mindoro)	
BEFORE ME, this day of, 2022 at personally appeared the aforementioned persons know the same persons who executed the foregoing instruments.	own to me and to me known to be

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial

the same is their free and voluntarily act and deed.

seal at the place and on the date above-written.

Doc No. 106 Page No.23 Book No.226 Series of 2022

WAIVER OF RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

We, GLENN DARYL C. RAMIREZ, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro and REGINE C. RAMIREZ, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro, by these presents, hereby state and allege:

- 1. That we are among the beneficiaries of the late, Loline M. Carle who died on May 24, 2021 at Medical Center, Taguig City;
- 2. That for and in consideration of the love and affection, I, GLENN DARYL C. RAMIREZ, hereby waive my right in all death benefits, funeral claims, terminal leaves, MOWEL fund and other claims from Department of Environment and National Resources (DENR) particularly to, REGINE C. RAMIREZ, thereby authorizing her to file and claim whatever benefits she will receive from Department of Environment and National Resources (DENR);
- 3. That we hereby release and discharge Department of Environment and National Resources (DENR) from any and all liability in connection with the aforementioned waiver and release of the provident benefit in favor of the above named person;
- 4. That we are executing this affidavit to attest to the truth of the forgoing facts and statements and as one of the requirements prescribed by Department of Environment and National Resources (DENR) and other concerned government agencies in order that we may claim funeral and death benefits that may be issued thereafter.

IN WITNESS WHEREOF, we have here 2022 at Calapan City, Oriental Mindoro. GLENN DARYL C. RAMIREZ Transferon / Beneficiary UMID Card No. CRN-0117-9217519-8	REGINE C. RAMIREZ Beneficiary / Claimant DL No. D05-17-000143
Signed in the pr	resence of:

ACKNOWLEDGM	IENT
Republic of the Philippines) CITY OF CALAPAN) S.S. Province of Oriental Mindoro)	
BEFORE ME, this day of, 2022 as personally appeared the aforementioned persons known the same persons who executed the foregoing instruction that is their free and voluntarily act and deed.	ment and acknowledged to me that
	1 _ 1 and affixed my notaria

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal at the place and on the date above-written.

Doc No. 106 Page No.23 Book No.22 Series of 2022

Sertipikasyon

Ito ay pagpapatunay na lahat ng dapat gawin at mga kailangang dokumento para sa appointment na ito ay ayon sa CSC MC No. 40, S. 1998 ay nasunod na, narebisa ko napatunayang nasa ayos

Ang posisyon ay nalathala sa

CSC Bulletin

noong

January 29, 2015

(The position was published at)

(on)

This is to certify that all requirements and supporting papers pursuant to MC # 40, S. 1998 have been complied with, reviewed and found to be in order.

VIRGINIA M. REGODON OIC Chief, Personnel Section

Sertipikasyon

Ito ay pagpapatunay na ang nahirang ay nagdaan sa pagsusulit ng Personnel Selection Board at kwalipikado.

This is to certify that the appointee has been screened and found qualified by the Promotion/Personnel Selection Board.

NELSON GOROSPE, CESE Chairperson

Regional Selection and Promotion Board

Mga Notasyon

ANUMANG BURA O PAGBABAGO SA AKSYONG GINAWA NG KOMISYON NG SERBISYO SIBIL AY MAGPAPÁWALANG BISA SA PAGHIRANG NA ITO MALIBAN KUNG ANG PAGBABAGO AY NASULAT NA KINUMPIRMA NG KOMISYON.

Petsa ng paglabas sa KSS/Komisyon

MAY 1 8 2016

Mga Pagbibigyan ng Kopya:

Orihinal

Kopya ng nahirang

Pangalawang Kopya

para sa Komisyon ng Serbisyo Sibil

Pangatlong Kopya

para sa Ahensiya

Sertipikasyon

Ito ay pagpapatunay na lahat ng dapat gawin at mga kailangang dokumento para sa appointment na ito ay ayon sa CSC MC No. 40, S. 1998 ay nasunod na, narebisa ko napatunayang nasa ayos

Ang posisyon ay nalathala sa _

CSC Bulletin

noong

January 29, 2015

(The position was published at)

(on)

This is to certify that all requirements and supporting papers pursuant to MC # 40, S. 1998 have been complied with, reviewed and found to be in order.

VIRGINIA M. REGODON OIC Chief, Personnel Section

Sertipikasyon

Ito ay pagpapatunay na ang nahirang ay nagdaan sa pagsusulit ng Personnel Selection Board at kwalipikado.

This is to certify that the appointee has been screened and found qualified by the Promotion/Personnel Selection Board.

NELSON V. GOROSPE, CESE Chairperson

Regional Selection and Promotion Board

Mga Notasyon

ANUMANG BURA O PAGBABAGO SA AKSYONG GINAWA NG KOMISYON NG SERBISYO SIBIL AY MAGPAPAWALANG BISA SA PAGHIRANG NA ITO MALIBAN KUNG ANG PAGBABAGO AY NASULAT NA KINUMPIRMA NG KOMISYON.

Petsa ng paglabas sa KSS/Komisyon

MAY 1 8 2016

Mga Pagbibigyan ng Kopya:

Orihinal

Kopya ng nahirang

Pangalawang Kopya

para sa Komisyon ng Serbisyo Sibil

Pangatlong Kopya

para sa Ahensiya

Sertipikasyon

Ito ay pagpapatunay na lahat ng dapat gawin at mga kailangang dokumento para sa appointment na ito ay ayon sa CSC MC No. 40, S. 1998 ay nasunod na, narebisa ko napatunayang nasa ayos

Ang posisyon ay nalathala sa

CSC Bulletin

noong

January 29, 2015

(The position was published at)

(on)

This is to certify that all requirements and supporting papers pursuant to MC # 40, S. 1998 have been complied with, reviewed and found to be in order.

VIRGINIA M. REGODON
OIC Chief, Personnel Section

Sertipikasyon

Ito ay pagpapatunay na ang nahirang ay nagdaan sa pagsusulit ng Personnel Selection Board at kwalipikado.

This is to certify that the appointee has been screened and found qualified by the Promotion/Personnel Selection Board.

NELSON V. GOROSPE, CESE Chairperson

Regional Selection and Promotion Board

Mga Notasyon

ANUMANG BURA O PAGBABAGO SA AKSYONG GINAWA NG KOMISYON NG SERBISYO SIBIL AY MAGPAPÁWALANG BISA SA PAGHIRANG NA ITO MALIBAN KUNG ANG PAGBABAGO AY NASULAT NA KINUMPIRMA NG KOMISYON.

Petsa ng paglabas sa KSS/Komisyon

MAY 1 8 2016

Mga Pagbibigyan ng Kopya:

Orihinal

Kopya ng nahirang

Pangalawang Kopya

para sa Komisyon ng Serbisyo Sibil

Pangatlong Kopya

para sa Ahensiya

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Multi Purpose Loan	GSIS	P 324,300.00	
CAR Loan	Security Bank	P 898,000.00	
CAR Loan	PS Bank	P 295,600.00	
House& Lot(Tanza Cavite)	DENR-Project Hope	P 44,779.00	

TOTAL LIABILITIES: P 1,562,679.00

NET WORTH: Total Assets less Total Liabilities = P 7,149,321.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

If We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

☐ I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Alberto Mondragon	Cousin	Legal Officer	DENR-Diliman Quezon City
Maritess Tordecilla	Niece	Master Teacher	COMEHI - Barcenaga, Naujan Or. Mindoro
Rhona Liwag	Niece	Forest Ranger	DENR-CENRO, Pasi Socorro Or. Mindoro

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: January 05,	2021		N/A
(Signa	iture of Declarant)	(Signature o	of Co-Declarant/Spouse)
Government Issued ID:	UMID Card	Government Issued ID:	N/A
ID No.:	CRN-006-0007-7183-8	ID No.:	N/A
Date Issued:	Oct. 2014	Date Issued:	N/A

NESTOR N. CUASAY
In-Charge, Management Services Division

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Multi Purpose Loan	GSIS	P 324,300.00	
CAR Loan	Security Bank	P 898,000.00	
CAR Loan	PS Bank	P 295,600.00	
House& Lot(Tanza Cavite)	DENR-Project Hope	P 44,779.00	

TOTAL LIABILITIES: P 1,562,679.00

NET WORTH: Total Assets less Total Liabilities = P 7,149,321.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

If We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS BUSINESS ADDRESS ENTERPRISE		NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

☐ I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Alberto Mondragon	Cousin	Legal Officer	DENR-Diliman Quezon City
Maritess Tordecilla	Niece	Master Teacher	COMEHI - Barcenaga, Naujan Or. Mindoro
Rhona Liwag	Niece	Forest Ranger	DENR-CENRO, Pasi Socorro Or. Mindoro

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: January 05,	2021		N/A
(Signo	ature of Declarant)	(Signature o	of Co-Declarant/Spouse)
Government Issued ID:	UMID Card	Government Issued ID:	N/A
ID No.:	CRN-006-0007-7183-8	ID No.:	N/A
Date Issued:	Oct. 2014	Date Issued:	N/A

SUBSCRIBED AND SWORN to before me this 4 day of January 2021, affant exhibiting to me the above-stated government issued identification card.

NESTOR N. CUASAY
In-Charge, Management Services Division

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Multi Purpose Loan	GSIS	P 324,300.00	
CAR Loan	Security Bank	P 898,000.00	
CAR Loan	PS Bank	P 295,600.00	
House& Lot(Tanza Cavite)	DENR-Project Hope	P 44,779.00	

TOTAL LIABILITIES: P 1,562,679.00

NET WORTH: Total Assets less Total Liabilities = P 7,149,321.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

If We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS BUSINESS ADDRESS ENTERPRISE		NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

☐ I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
Alberto Mondragon	Cousin	Legal Officer	DENR-Diliman Quezon City	
Maritess Tordecilla	Niece	Master Teacher	COMEHI - Barcenaga, Naujan Or. Mindoro	
Rhona Liwag	Niece	Forest Ranger	DENR-CENRO, Pasi Socorro Or. Mindoro	

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

\sim		N/A		
clarant)	(Signature o	of Co-Declarant/Spouse)		
ard	Government Issued ID:	N/A		
6-0007-7183-8	ID No.:	N/A		
14	Date Issued:	N/A		
	ard 6-0007-7183-8	ard Government Issued ID: 6-0007-7183-8 ID No.:		

SUBSCRIBED AND SWORN to before me this 4 day of January 2021, affant exhibiting to me the above-stated government issued identification card.

NESTOR W. CUASAY
In-Charge, Management Services Division