



Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE
PROVINCE OF PALAWAN

Bgy. Sta. Monica, Puerto Princesa City, Palawan

EMAIL : penropalawan@denr.gov.ph

TelFax No. (048) 433-5638/ 434-8791

August 18, 2022

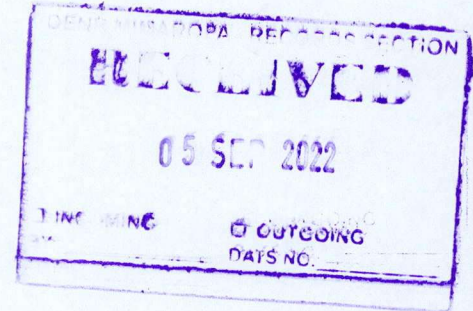
MEMORANDUM

FOR : The Director
ENRP, MOWEL Foundation
Diliman, Quezon City

THRU : The Regional Executive Director
MIMAROPA Region

FROM : The OIC-Provincial Environment and
Natural Resources Officer

SUBJECT : **REQUEST FOR DEATH BENEFIT OF FOREST
RANGER ARMAN G. QUITAIN**

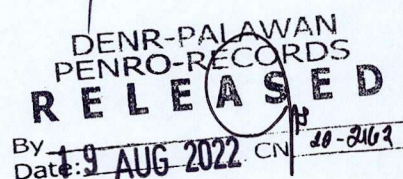


Forwarded are documents needed to support the application for death benefit of Ms.Arlyn Marrie A. Quitain due to death of her father Forest Ranger Arman G. Quitain last June 15, 2021 to wit:

1. Application for death claim
2. Certificate of remittance
3. Service record
4. PENRO/CENRO clearance
5. GSIS clearance
6. Special Power of Attorney
7. Death Certificate of father/mother
8. Certificate of marriage
9. Birth Certificate of children

For his information and record.

FELIZARDO B. CAYATOC





Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE
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DENR-PALAWAN
PENRO-RECORDS
RELEASED
By 14 AUG 2022
Date: 14 AUG 2022



Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT & NATURAL RESOURCES OFFICE
Sta. Monica, Puerto Princesa City, Palawan

ENRP MOWEL FOUNDATION INC
APPLICATION FOR DEATH BENEFIT

Name of Member: ARMAN G. QUITAIN
Name of Dependent: ARLYN MARRIE A. QUITAIN
Place of Assignment: DENR-CENRO Brooke's Point, Palawan
Relationship to Member: FATHER
Supporting Documents (to be attached to claim application)
Death Certificate
Certification of payments
Marriage Contract/Birth Certificate

By:


ARLYN MARRIE A. QUITAIN

ARMAN G. QUITAIN
Signature of Member/Claimant



Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT & NATURAL RESOURCES OFFICE
Sta. Monica, Puerto Princesa City, Palawan

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Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT & NATURAL RESOURCES OFFICE
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Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT & NATURAL RESOURCES OFFICE
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ARMAN G. QUITAIN
Signature of Member/Claimant



Republic of the Philippines
Department of Environment and Natural Resources
Region IV- MIMAROPA
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES

R-IV, Remittance
QUITAIN, ARMAN G.

August 18, 2022

CERTIFICATION

TO WHOM IT MAY CONCERN:


This is to CERTIFY that MOWEL Contribution payment of Mr.Arman G. Quitain has been deducted and remitted in that office as acknowledged by official receipt numbers indicated below:

| <u>MONTH</u> | <u>YEAR</u> | <u>AMOUNT</u> | <u>O.R. NOS</u> | <u>DATE</u> |
|--------------|-------------|---------------|-----------------|-------------|
| May | 2016 | 75.00 | 9825 | 06-10-16 |
| June | 2016 | 75.00 | JRS# 147887 | 8-11-16 |
| July | 2016 | 75.00 | JRS# 147970 | 08-18-16 |
| August | 2016 | 75.00 | 9399 | 09-20-16 |
| September | 2016 | 75.00 | 9438 | 10-06-16 |
| October | 2016 | 75.00 | 9613 | 11-17-16 |
| November | 2016 | 75.00 | 9739 | 12-20-16 |
| December | 2016 | 75.00 | 9825 | 01-17-17 |
| January | 2017 | 75.00 | 10039 | 02-28-17 |
| February | 2017 | 75.00 | 10089 | 03-06-17 |
| March | 2017 | 75.00 | 10306 | 04-05-17 |
| April | 2017 | 75.00 | JRS# 159929 | 05-10-17 |
| May | 2017 | 75.00 | JRS# 160987 | 06-17-17 |
| June | 2017 | 75.00 | JRS# 162321 | 07-18-17 |
| July | 2017 | 75.00 | 10945 | 08-08-17 |
| August | 2017 | 75.00 | 11134 | 10-03-17 |
| September | 2017 | 75.00 | 11222 | 10-18-17 |
| October | 2017 | 75.00 | 11344 | 11-16-17 |
| November | 2017 | 75.00 | 11557 | 01-16-18 |
| December | 2017 | 75.00 | 11635 | 01-30-18 |
| January | 2018 | 75.00 | 11802 | 03-05-18 |
| February | 2018 | 75.00 | 11918 | 03-21-18 |
| March | 2018 | 75.00 | 12026 | 04-17-18 |
| April | 2018 | 75.00 | 12126 | 05-10-18 |
| May | 2018 | 75.00 | 12293 | 06-25-18 |
| June | 2018 | 75.00 | 12399 | 07-18-18 |
| July | 2018 | 75.00 | 12502 | 08-08-18 |
| August | 2018 | 75.00 | 12698 | 09-12-18 |
| September | 2018 | 75.00 | 12778 | 09-21-18 |
| October | 2018 | 75.00 | 13042 | 11-16-18 |
| November | 2018 | 75.00 | 13097 | 12-03-18 |
| December | 2018 | 75.00 | 13181 | 01-08-19 |
| January | 2019 | 75.00 | 13325 | 02-07-19 |
| February | 2019 | 75.00 | 13448 | 03-11-19 |
| March | 2019 | 75.00 | 13643 | 04-24-19 |
| April | 2019 | 75.00 | 13760 | 05-21-19 |
| May | 2019 | 75.00 | 13868 | 06-07-19 |

R-IV, Remittance
QUITAIN, ARMAN G.

| | | | | |
|-----------|------|-------|-----------------|----------|
| June | 2019 | 75.00 | 13980 | 07-11-19 |
| July | 2019 | 75.00 | 14074 | 08-06-19 |
| August | 2019 | 75.00 | 14241 | 09-17-19 |
| September | 2019 | 75.00 | 14432 | 10-24-19 |
| October | 2019 | 75.00 | 14484 | 11-06-19 |
| November | 2019 | 75.00 | 14663 | 12-26-19 |
| December | 2019 | 75.00 | 14780 | 01-10-20 |
| January | 2020 | 75.00 | 14854 | 02-04-20 |
| February | 2020 | 75.00 | 14963 | 02-21-20 |
| March | 2020 | 75.00 | 15061 | 06-04-20 |
| April | 2020 | 75.00 | 15060 | 06-04-20 |
| May | 2020 | 75.00 | 15059 | 06-04-20 |
| June | 2020 | 75.00 | 15184 | 07-28-20 |
| July | 2020 | 75.00 | 15258 | 08-24-20 |
| August | 2020 | 75.00 | 15378 | 09-23-20 |
| September | 2020 | 75.00 | 15605 | 10-26-20 |
| October | 2020 | 75.00 | 15728 | 11-26-20 |
| November | 2020 | 75.00 | 15868 | 12-21-20 |
| December | 2020 | 75.00 | Awaiting for OR | |
| January | 2021 | 75.00 | JRS # 16193 | 01-15-21 |
| February | 2021 | 75.00 | 16211 | 03-15-21 |
| March | 2021 | 75.00 | 16380 | 04-19-21 |
| April | 2021 | 75.00 | 16545 | 06-17-21 |
| May | 2021 | 75.00 | 16546 | 06-17-21 |

This certification is issued upon request of Ms. Arlyn Marrie Quitain for whatever legal purpose it may serve her best.


CATHY R. FLORES
Accountant I / In-charge, Accounting Section

Republic of the Philippines
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
 REGION IV - MIMAROPA
 1515 Roxas Boulevard, Manila

SERVICE RECORD

NAME : ARMAN GONZALVO QUITAIN
 (Name) (MI) (Surname)

(If married woman also Full Maiden Name)

BIRTH : DECEMBER 14, 1978 BROOKE'S POINT, PALAWAN
 (Date) (Place)

(Date herein should be checked from birth or baptismal certificate or other reliable documents)

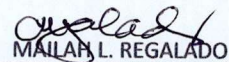
This is to certify that the employee named herein above actually rendered service as shown in the service records below each line of which is supported by appointment and other papers actually issued by this Office and approved by the authorities concerned.

| Inclusive Date | | RECORD OF APPOINTMENT | | | OFFICE | | | SEPARATION | |
|----------------|------------|--|-----------|-------------------|-----------------------------------|----------|--------------------|------------|-------|
| | | Position / Designation | | | Entity or Division | Branch | L/V ABS w/o pay | Date | Cause |
| From | To | Position / Designation | Status | Salary per Annum | | | | | |
| 10/01/2015 | 12/31/2015 | Forest Ranger | Permanent | 134,172 - Step 1 | DENR-CENRO Brookes Point, Pal. | National | | | |
| 01/01/2016 | 12/31/2016 | Forest Ranger | Permanent | 139,896 - NBC 562 | -do- | -do- | | | |
| 01/01/2017 | 12/31/2017 | -do- | -do- | 145,860 - NBC 568 | -do- | -do- | | | |
| 01/01/2018 | 09/30/2018 | -do- | -do- | 152,088 - NBC 572 | -do- | -do- | | | |
| 10/01/2018 | 12/31/2018 | -do- | -do- | 153,336 - Step 2 | -do- | -do- | | | |
| 01/01/2019 | 12/31/2019 | -do- | -do- | 159,792 - NBC-575 | -do- | -do- | | | |
| 01/01/2020 | 12/31/2020 | -do- | -do- | 166,968 -NBC-579 | -do- | -do- | | | |
| 01/01/2021 | 06/14/2021 | -do- | -do- | 174,132 - NBC-588 | -do- | -do- | | | |
| 06/15/2021 | Deceased | -do- | -do- | | -do- | -do- | | | |
| NOTE: | | This is issued upon request of Ms. Arlyn Marrie Quitain for whatever legal purpose it may serve. | | | | | | | |

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

Service Insurance System.

CERTIFIED CORRECT:


 MAILAN L. REGALADO

Administrative Officer IV (HRMO II)

August 17, 2022

Date

Republic of the Philippines
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Region IV-B, PENRO, Puerto Princesa City
Sta. Monica, Puerto Princesa city

CLEARANCE FORM

| I | PURPOSE DEATH CLAIM/TERMINAL LEAVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--------------------|--------------------------------|---------|----------------|-----------------------------------|-----------|--------------------------------|--|--|--|--|----------------------------|--|--|--|--------------------|--|--|--|---|--------------------|---|--|--|---|--------------------|------------|--|--|--|--------------------|------------------|--|--|--|--|-------------------------|-----|-----|-----|-----|---------------------|-----|-----|-----|-----|--|--|--|--|--|--------------------|--|--|---|--------------------|---|--|--|--|--|---|--|--|-----|-----|---|--|--|--|--|---------------------------------------|--|--|--|--|
| | | <u>22 FEB 2022</u> Date of Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO: DENR-PENRO-PALAWAN I hereby apply for clearance from money, property and work-related accountabilities for: Purpose : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement </div> <div> <input type="checkbox"/> Resignation <input type="checkbox"/> Leave </div> <div> <input checked="" type="checkbox"/> Other Mode of Separation : Please specify : DEATH CLAIM/TERMINAL LEAVE </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effectivity/ Inclusive Period: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office of Assignment: CENRO-BROOKE'S POINT, PALAWAN Position/SG/Step: FOREST RANGER/SG 4, STEP 2 | | | BY: ARLYN MARRIE A. QUITAIN <i>Arlyn Marrie A. Quitain</i> ARLYN G. QUITAIN Name and Signature of Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II | CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONRADO M. CORPUZ Immediate Supervisor | | | FELIZARDO B. CAYATOC Head of Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III | CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name of Unit/Office/Department</th> <th style="width:10%;">Cleared</th> <th style="width:10%;">Not Cleared</th> <th style="width:30%;">Name of Clearing Officer/Official</th> <th style="width:10%;">Signature</th> </tr> </thead> <tbody> <tr> <td colspan="5">1 Administration Sector</td> </tr> <tr> <td>a. Administrative Services</td> <td></td> <td></td> <td>FRANKLIN G. HERNANDEZ Chief Administrative Officer/MSD</td> <td><i>[Signature]</i></td> </tr> <tr> <td>b. Human Resource Welfare & Assistance</td> <td></td> <td></td> <td>MAELAH L. REGALADO Administrative Officer IV(HRMO II)</td> <td><i>[Signature]</i></td> </tr> <tr> <td>Supply and Property Procurement and c. Management Services</td> <td></td> <td></td> <td>DONNABEL J. OCAMPO Administrative Officer I (Supply Officer I)</td> <td><i>[Signature]</i></td> </tr> <tr> <td>d. Records</td> <td></td> <td></td> <td>RHEA D. JUAB Administrative Officer I (Records Officer)</td> <td><i>[Signature]</i></td> </tr> <tr> <td colspan="5">2 Library</td> </tr> <tr> <td>a. Legal Office Library</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>b. Library Services</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td colspan="5">3 Finance and Assets Management</td> </tr> <tr> <td>a. Accounting Unit</td> <td></td> <td></td> <td>CATHY R. FLORES Accountant I In-Charge Accounting Unit</td> <td><i>[Signature]</i></td> </tr> <tr> <td> <input type="checkbox"/> Land Bank loan <input type="checkbox"/> Cooperative Bank loan <input type="checkbox"/> Unliquidated travel </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. PALAWAN DENR EMPLOYEES MULTIPURPOSE COOPERATIVE (PADEMCO)</td> <td></td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td colspan="5">4 Professional and Institutional Development</td> </tr> <tr> <td>a. DENR Foreign and Local Scholarship</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name of Unit/Office/Department | Cleared | Not Cleared | Name of Clearing Officer/Official | Signature | 1 Administration Sector | | | | | a. Administrative Services | | | FRANKLIN G. HERNANDEZ Chief Administrative Officer/MSD | <i>[Signature]</i> | b. Human Resource Welfare & Assistance | | | MAELAH L. REGALADO Administrative Officer IV(HRMO II) | <i>[Signature]</i> | Supply and Property Procurement and c. Management Services | | | DONNABEL J. OCAMPO Administrative Officer I (Supply Officer I) | <i>[Signature]</i> | d. Records | | | RHEA D. JUAB Administrative Officer I (Records Officer) | <i>[Signature]</i> | 2 Library | | | | | a. Legal Office Library | N/A | N/A | N/A | N/A | b. Library Services | N/A | N/A | N/A | N/A | 3 Finance and Assets Management | | | | | a. Accounting Unit | | | CATHY R. FLORES Accountant I In-Charge Accounting Unit | <i>[Signature]</i> | <input type="checkbox"/> Land Bank loan <input type="checkbox"/> Cooperative Bank loan <input type="checkbox"/> Unliquidated travel | | | | | c. PALAWAN DENR EMPLOYEES MULTIPURPOSE COOPERATIVE (PADEMCO) | | | N/A | N/A | 4 Professional and Institutional Development | | | | | a. DENR Foreign and Local Scholarship | | | | |
| Name of Unit/Office/Department | Cleared | Not Cleared | Name of Clearing Officer/Official | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Administration Sector | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Administrative Services | | | FRANKLIN G. HERNANDEZ Chief Administrative Officer/MSD | <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Human Resource Welfare & Assistance | | | MAELAH L. REGALADO Administrative Officer IV(HRMO II) | <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supply and Property Procurement and c. Management Services | | | DONNABEL J. OCAMPO Administrative Officer I (Supply Officer I) | <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Records | | | RHEA D. JUAB Administrative Officer I (Records Officer) | <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Library | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Legal Office Library | N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Library Services | N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Finance and Assets Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Accounting Unit | | | CATHY R. FLORES Accountant I In-Charge Accounting Unit | <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Land Bank loan <input type="checkbox"/> Cooperative Bank loan <input type="checkbox"/> Unliquidated travel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. PALAWAN DENR EMPLOYEES MULTIPURPOSE COOPERATIVE (PADEMCO) | | | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Professional and Institutional Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DENR Foreign and Local Scholarship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV | CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Internal Affairs Office/Legal Affairs Office <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet) </div> <div> N/A N/A </div> <div> N/A </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V | CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>[Signature]</i> FELIZARDO B. CAYATOC OIC - PENRO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Republic of the Philippines
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Region IV-B, CENRO, Brooke's Point
Brooke's Point, Palawan

CLEARANCE FORM

| | | | | |
|--|---|--|---|-----------|
| I | PURPOSE DEATH CLAIM/TERMINAL LEAVE | | | |
| <div style="float: right; text-align: right;"> 27 JAN 2022 Date of Application </div> | | | | |
| TO: DENR-PENRO-PALAWAN I hereby apply for clearance from money, property and work-related accountabilities for: Purpose : <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement </div> <div> <input type="checkbox"/> Resignation <input type="checkbox"/> Leave </div> <div> <input checked="" type="checkbox"/> Other Mode of Separation : Please specify : DEATH CLAIM/TERMINAL LEAVE </div> </div> Effectivity/ Inclusive Period: <u>June 15, 2021</u> | | | | |
| Office of Assignment: CENRO-BROOKE'S POINT, PALAWAN Position/SG/Step: FOREST RANGER/SG 4, STEP 2 | | BY: ARLYN MARRIE A. QUITAIN <div style="text-align: center;"> ARMARIE A. QUITAIN Name and Signature of Employee </div> | | |
| II | CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES | | | |
| We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>FRANKLIN M. AQUINO</u> Immediate Supervisor </div> <div style="text-align: center;"> <u>CONRADO M. CORPUZ</u> Head of Office </div> </div> | | | | |
| III | CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES | | | |
| | Name of Unit/Office/Department | Cleared Not Cleared | Name of Clearing Officer/Official | Signature |
| 1 Administration Sector | | | | |
| | a. Administrative Services | ✓ | FRANKLIN M. AQUINO OIC-DMO IV | |
| | b. Human Resource Welfare & Assistance | ✓ | FRANKLIN M. AQUINO OIC-DMO IV | |
| | c. Supply and Property Procurement and Management Services | ✓ | MARILYN C. SALON Administrative Assistant II (Supply Officer I) | |
| | d. Records | ✓ | CYNTHIA A. EYALA Acting Records Officer | |
| 2 Library | | | | |
| | a. Legal Office Library | N/A | N/A | N/A |
| | b. Library Services | N/A | N/A | N/A |
| 3 Finance and Assets Management | | | | |
| | a. Accounting Unit <input type="checkbox"/> Land Bank loan <input type="checkbox"/> Cooperative Bank loan <input type="checkbox"/> Unliquidated travel | ✓ | MARIE KRIS A. MATIBAG Acting Credit Officer | |
| | c. PALAWAN DENR EMPLOYEES MULTIPURPOSE COOPERATIVE (PADEMCO) | | | |
| 4 Professional and Institutional Development | | | | |
| | a. DENR Foreign and Local Scholarship | | | |
| IV | CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE | | | |
| | a. Internal Affairs Office/Legal Affairs Office | N/A | N/A | N/A |
| <input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet) | | | | |
| V | CERTIFICATION | | | |
| <div style="margin-top: 20px;"> <u>CONRADO M. CORPUZ</u> CENRO </div> | | | | |

GOVERNMENT SERVICE INSURANCE SYSTEM
PALAWAN BRANCH OFFICE

GSIS BLDG. NAT'L HIGHWAY, BGY SAN MIGUEL, PUERTO PRINCESA CITY

07/27/2022

MR./MS. ARLYN MARRIE ADONIS QUITAIN
RAWLAND SUBD POBLACION DIST II
BROOKE'S POINT PALAWAN 5305 0

SURVIVORSHIP NO.: RA 8291Z05800061002301220727
CLAIM CODE : 2301
BP NUMBER : 2004809702

SIR/MADAM:

PLEASE BE INFORMED THAT YOUR APPLICATION FOR SURVIVORSHIP BENEFIT UNDER RA 8291,
IN BEHALF OF THE LATE MR./MS. ARMAN G. QUITAIN FORMERLY OF DENR PALAWAN, BGY STA
MONICA PUERTO PRINCESA CITY PALAWAN 5300, EFFECTIVE 06/15/2021 HAS BEEN APPROVED BY
THIS OFFICE. THIS APPROVAL WILL SERVE AS A CLEARANCE FROM THE GSIS FOR THE PAYMENT OF
THE TERMINAL LEAVE AND OTHER BENEFITS PAYABLE BY THE EMPLOYER.
THE BENEFIT/S TO WHICH YOU ARE ENTITLED IS/ARE :

CASH PAYMENT EQUIVALENT TO 100% OF THE MEMBER'S AVERAGE MONTHLY COMPENSATION FOR EACH
YEAR OF CREDITABLE SERVICE (RCS).

VERY TRULY YOURS,

MARINA TENACIO
MANAGER

COPY FURNISHED:

THE PENRO
DENR PALAWAN
BGY STA MONICA PUERTO PRINCESA CITY PALAWAN 5300

CERTIFIED PHOTO COPY

RHEA D. JUAN
AA VI (Stakeholder)
Acting Records Officer

GOVERNMENT SERVICE INSURANCE SYSTEM
PALAWAN BRANCH OFFICE
GSIS BLDG. NAT'L HIGHWAY, BGY SAN MIGUEL, PUERTO PRINCESA CITY
SURVIVORSHIP PROCEEDS DATA SHEET
RA 8291

07/27/2022

NAME : ARMAN G. QUITAIN
OFFICE : DENR PALAWAN

BGY STA MONICA PUERTO PRINCESA
CITY PALAWAN 5300

BP NUMBER : 2004809702
SURV. NO. : RA 8291Z0580006100230122072
POLICY NO. : LP 10000005014632
GSIS ID NO. : 02004809702
CLAIM CODE : 2301

I. PARTICULARS:

DATE OF RETMNT : 06/15/2021
DATE OF BIRTH : 12/14/1978
DATE OF DEATH : 06/14/2021

II. SERVICE (PPP)
LWOP : 5.63378414
: 0.00000000

AGE OF RETMNT : 42.00000000

III. COMPENSATION:

AMC : 13,462.68
90% AMC : 12,116.41
RAMC : 14,162.68

BMP : 1,994.74
BSP : 0.00
DP : 1 x 0.00

IV. COMPUTATION OF PROCEEDS:

CASH PAYMENT EQUIVALENT TO 100% OF THE MEMBER'S AVERAGE MONTHLY COMPENSATION FOR EACH YEAR OF SERVICE YEAR WITH CORRESPONDING PREMIUM CONTRIBUTIONS, OR PERIODS WITH PAID PREMIUMS (PPP) HE PAID CONTRIBUTION, BUT NOT LESS THAN TWELVE THOUSAND PESOS (P 12,000.00).

CASH PAYMENT (AMC X PPP): 13,462.68 X 5.63378414 = 75,845.83

GROSS BENEFITS : 75,845.83
TOTAL CREDITS : 0.00
TOTAL DEDUCTIONS : 0.00
NET BENEFIT : 75,845.83

CERTIFIED PHOTO COPY

RHEA D. ...
AA VI (Storekeeper)
Acting Records Officer

CERTIFIED CORRECT :

RECOMMENDING APPROVAL :

MARIBEL ANTOINETTE R. GONZALES
CLAIMS PROCESSOR

OLIVIA V. SOCRATES
OFFICER I/II

APPROVED :
FOR THE PRESIDENT
& GENERAL MANAGER :

POST-AUDITED : 638736
CHECK NO. : 07/27/2022
DATE :

MARINA IGNACIO
Branch Manager

GOVERNMENT SERVICE INSURANCE SYSTEM
PALAWAN BRANCH OFFICE
GSIS BLDG. NAT'L HIGHWAY, BGY SAN MIGUEL, PUERTO PRINCESA CITY
SURVIVORSHIP BENEFITS VOUCHER
RA 8291

07/27/2022

PAY TO : PRIMARY BENEFICIARIES OF THE LATE
ARMAN G. QUITAIN
RAWLAND SUBD POBLACION DIST II BROOKE'S
POINT PALAWAN 5305 0
LAST EMPLOYER : DENR PALAWAN
BGY STA MONICA PUERTO PRINCESA
CITY PALAWAN 5300
SERVICE (PPP) : 5.63378414 LWOP : 0.00000000
AGE : 42.00000000

BP NUMBER : 2004809702
SURVIVORSHIP NO. : RA 8291205800061002301220
CLAIM CODE : 2301
POLICY NO. : LP 100000005014632
GSIS ID NO. : 02004809702
DATE OF RETIREMENT : 06/15/2021
DATE OF DEATH : 06/14/2021
DATE OF BIRTH : 12/14/1978
DATE OF PROCESSING : 07/27/2022

FOR : CASH PAYMENT
FOR THE LATE ARMAN G. QUITAIN

CASH PAYMENT (AMC X PPP) : 13,462.68 X 5.63378414

75,845.8

GROSS BENEFIT
ADD:

75,845.8

LESS:

NET PROCEEDS TO BE PAID AS FOLLOWS:

NET PROCEEDS P 75,845.
CHECK NO. DATE

1 ARLYN MARRIE A QUITAIN

75,845.83

638786

07/27/2022

CERTIFIED PHOTO COPY

RHEA B. JUAN
AA VI (Stenokeeper)/
Acting Records Officer

CERTIFIED CORRECT

FE AMY G. ABONALES
STAFF OFFICER III

APPROVED FOR PAYMENT

OLIVIA V. SOCRATES
OFFICER I/II

POST AUDITED AND ALLOWED IN THE AMOUNT OF P

75,845.83

CHECK NO. :
DATE : 00000000

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

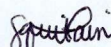
We, ANNA KATHLYN A. QUITAIN, of legal age, Filipino, single, and a resident of Bgy. Poblacion, District II, Brooke's Point, Palawan; ARMAN JR. A. QUITAIN, of legal age, Filipino, single, and a resident of Bgy. Poblacion, District II, Brooke's Point, Palawan; AILAH KRISTINE A. QUITAIN, of legal age, Filipino, single, and a resident of Bgy. Poblacion, District II, Brooke's Point, Palawan, by virtue of these presents, do hereby constitute, nominate and appoint ARLYN MARRIE A. QUITAIN, of legal age, Filipino, single, and a resident of Bgy. Poblacion, District II, Brooke's Point, Palawan, to be our true and lawful Attorney-in-Fact, and to perform the following acts, to wit:


To sign and process all the needed documents regarding the Terminal Leave Claim and any other benefits of our late father ARMAN GONZALVO QUITAIN who was employee of Department of Environment and Natural Resources (DENR) Region IV MIMAROPA located at Bgy. Sta. Monica, Puerto Princesa City, Palawan died on June 14, 2021;

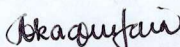
To collect and receive whatever sum in legal tender any proceeds, payment, interest, return of premium, or otherwise from the Terminal Leave Claim and any other benefits of our father ARMAN GONZALVO QUITAIN;

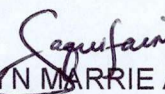
HEREBY GIVING AND GRANTING unto said attorney-in-fact full power and authority to do and perform every act and thing of whatever requisite and necessary to be done in and about the premises, and hereby ratifying and confirming all that my said Attorney-in-Fact shall do or cause to be done under and virtue of these presents.

IN WITNESS WHEREOF, We have hereunto affixed my signature this 30 JUN 2022 day of JUN 2022 at Brooke's Point, Palawan, Philippine

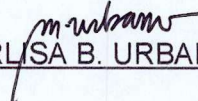

ANNA KATHLYN A. QUITAIN
PRINCIPAL
Bgy. ID No. 2021-301


ARMAN JR. A. QUITAIN
PRINCIPAL
Bgy. ID No. 2022-084


AILAH KRISTINE A. QUITAIN
PRINCIPAL
School ID No. LRN110866100184


ARLYN MARRIE A. QUITAIN
Attorney-in-fact

Signed in the Presence of:


MERLISA B. URBANO


RUTH PRESODA S. SOCRATES

ACKNOWLEDGMENT

Republic of the Philippines)
Province of Palawan)S.S
Municipality of Brooke's Point)

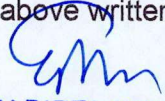
BEFORE ME, a Notary Public, for the Municipalities of Brooke's Point, Bataraza, Balabac, Sofronio Española, Jose Rizal, Quezon, and Kalayaan, Province of Palawan, this 30 JUN 2022 day of JUN 2022, at Brooke's Point, Palawan, personally appeared, the principal who exhibited to me her corresponding Competent Evidence of Identity above stated.

Known to me to be the same person who executed the foregoing Special Power of Attorney and acknowledged to me that the same is her free and voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and year first above written.

DOC. NO. 402
PAGE NO. 80
BOOK NO. 131
SERIES OF: 2022




ATTY. MARIETA BOLOS-BUENAVISTA
NOTARY PUBLIC Until December 31, 2022
Roll of Attorney No. 53322
IBP Lifetime member no. 010019
PTR No. 0891096 / Jan. 03, 2022 / PAL.
MCLE Compliance No. VII-0005375
Brooke's Point, Palawan

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 211027-130-28-MLO-00039
QUITAIN,
ARLYN MARRIE A.

AMOUNT

Tran No. 07970-130-00060-003
ARMAN G QUITAIN 06/14/2021
COPY ISSUANCE - DEATH CERTIFICATE
Unit Cost: 155.00 Qty: 1 155.00
TOTAL 155.00
AMOUNT TENDERED 155.00
CHANGE 0.00

CASH

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: Orpia, Mirasol L.
Terminal Code: 28
Date-Time: 10/27/2021 09:59:41AM



Municipal Form No. 103
(Revised January 2007)

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

(To be accomplished in quadruplicate using black ink)

Province **PALAWAN** Registry No. **2021-249**
City/Municipality **BROOKE'S POINT**

1. NAME (First) (Middle) (Last) **ARMAN GONZALVO QUITAIN** 2. SEX (Male/Female) **MALE**

3. DATE OF DEATH (Day, Month, Year) **14 JUNE 2021** 4. DATE OF BIRTH (Day) (Month) (Year) **14 DECEMBER 1978** 5. AGE AT THE TIME OF DEATH (Fill in below accord. to age category)
a. IF 1 YEAR OR ABOVE **42** b. IF UNDER 1 YEAR c. IF UNDER 24 HRS

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) **SAGRADO HOSPITAL INC. POBLACION DISTRICT II BROOKE'S POINT PALAWAN** 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) **MARRIED**

8. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 9. CITIZENSHIP **FILIPINO** 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **Poblacion District II, Brooke's Point, Palawan, Philippines**

11. OCCUPATION **Forest ranger** 12. NAME OF FATHER (First, Middle, Last) **PABLITO SR QUITAIN** 13. MAIDEN NAME OF MOTHER (First, Middle, Last) **LOURDES GONZALVO**

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)
I. Immediate cause a. **CARDIOGENIC SHOCK SECONDARY CARDIAC ARRHYTHMIA** (Natural Between Onset and Death)
Antecedent cause b. **SECONDARY TO MYOCARDIAL INFARCTION**
Underlying cause c. **Type 2 Diabetes Mellitus poorly controlled cannot totally rule out Viral Pneumonia**
II. Other significant conditions contributing to death:

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)
a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices

19d. DEATH BY EXTERNAL CAUSES
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY (Yes/No) **NO**

21a. ATTENDANT
X 1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)
21b. If attended, state duration (mm/dd/yy) From **6-13-2021** To **6-14-2021**

22. CERTIFICATION OF DEATH
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ have not attended the deceased and that death occurred at **10:00 PM** on the date of death specified above: **X**

Signature **DR. TONI MAR B. DOLORSO** REVIEWED BY: **LOVELYN R. SOTOZAL**
Name in Print **DIPLOMATE INTERNAL MEDICINE** Signature Over Printed Name of Health Officer
Title or Position **POBLACION DISTRICT II, BROOKE'S POINT, PALAWAN** **MUNICIPAL HEALTH OFFICER**
Address **Date JUNE 15, 2021** **JUNE 18, 2021**

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) **BURIAL** 24a. BURIAL/CREMATION PERMIT Number **141376** 24b. TRANSFER PERMIT Number
Date issued **JUNE 18, 2021** Date issued

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY **MUNICIPAL CEMETERY BROOKE'S POINT PALAWAN PHILIPPINES**

26. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **MARILYN A. QUITAIN** Signature **GERALDINE G. BLACER**
Name in Print **WIFE** Name in Print **Medical Records Officer**
Relationship to the Deceased **Poblacion District II, Brooke's Point, Palawan** Title or Position
Address **Date JUNE 15, 2021** **JUNE 15, 2021**

27. PREPARED BY
Signature **EDWINA G. BAGAYAP** Signature **SALVE CORAZON T. VILLARUEL**
Name in Print **REGISTRATION OFFICER I** Name in Print **MUNICIPAL CIVIL REGISTRAR**
Title or Position **Date JUNE 18, 2021** **JUNE 18, 2021**

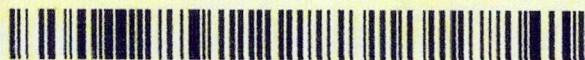
28. RECEIVED BY
Signature **EDWINA G. BAGAYAP** Signature **SALVE CORAZON T. VILLARUEL**
Name in Print **REGISTRATION OFFICER I** Name in Print **MUNICIPAL CIVIL REGISTRAR**
Title or Position **Date JUNE 18, 2021** **JUNE 18, 2021**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
5 242 8 06 9 10 11 19a(a)/19b 19a(c)

07970-CH-130DCA-00066-DI003

BEST POSSIBLE IMAGE



T130079701300006610272021003

EP900217274

Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 211027-130-28-MLO-00040
QUITAIN,
ARLYN MARRIE A.

| | AMOUNT |
|---|--------|
| Tran No. 07970-130-00066-004 MARILYN A QUITAIN 06/29/2021 COPY ISSUANCE - DEATH CERTIFICATE Unit Cost: 155.00 Qty: 1 | 155.00 |
| TOTAL | 155.00 |
| AMOUNT TENDERED | 155.00 |
| CHANGE | 0.00 |
| CASH | |

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: Orpia, Mirasol L.
Terminal Code: 28
Date-Time: 10/27/2021 09:59:46AM



Municipal Form No. 103
(Revised August 2016)

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

(To be accomplished in quadruplicate using black ink)

| | | |
|--|--|--|
| Province PALAWAN | | Registry No. 2021-266 |
| City/Municipality BROOKE'S POINT | | |
| 1. NAME (First) (Middle) (Last) MARILYN ADONIS QUITAIN | | 2. SEX (Male/Female) Female |
| 3. DATE OF DEATH (Day, Month, Year) 29 June 2021 | 4. DATE OF BIRTH (Day) (Month) (Year) 16 September 1966 | 5. AGE AT THE TIME OF DEATH (Fill in below accordingly to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 54 b. IF UNDER 1 YEAR (1) Months (2) Days (3) Hours (4) Min/Sec |
| 6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) Berachah General Hospital, Inc., National Highway, Poblacion II, Brooke's Point, Palawan | | 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) Widow |
| 8. RELIGION/RELIGIOUS SECT Roman Catholic | 9. CITIZENSHIP Filipino | 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) Poblacion District II, Brooke's Point, Palawan |
| 11. OCCUPATION Secondary Teacher | 12. NAME OF FATHER (First, Middle, Last) CORNELIO ADONIS | 13. MAIDEN NAME OF MOTHER (First, Middle, Last) AVELINA RAMOS |
| MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back) | | |
| 19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) | | |
| I. Immediate cause : a. Acute Respiratory Failure Interval Between Onset and Death | | |
| Antecedent cause : b. Community Acquired Pneumonia-High Risk on top of Covid | | |
| Underlying cause : c. Congestive Heart Failure Secondary to Cardiomyopathy | | |
| II. Other significant conditions contributing to death: | | |
| 19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) | | |
| a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices | | |
| 19d. DEATH BY EXTERNAL CAUSES | | |
| a. Manner of death (Homicide, Suicide, Accident, Legal Intervention, etc.) | | |
| b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) | | |
| 20. AUTOPSY (Yes / No) No | | |
| 21a. ATTENDANT | | |
| 1 Private Physician <input checked="" type="checkbox"/> 2 Public Health Officer <input type="checkbox"/> 3 Hospital Authority <input type="checkbox"/> 4 None <input type="checkbox"/> 5 Others (Specify) <input type="checkbox"/> | | |
| 21b. If attended, state duration (mm/dd/yy) From 06/28/2021 To 06/29/2021 | | |
| 22. CERTIFICATION OF DEATH | | |
| I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have not attended the deceased and that death occurred at 02:30am am/pm on the date of death specified above. | | |
| Signature TONI MAR E. DOLORSO, MD | | |
| Name in Print TONI MAR E. DOLORSO, MD | | |
| Title or Position Attending Physician | | |
| Address Poblacion II, Brooke's Point, Palawan | | |
| Date JUNE 30, 2021 | | |
| 23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) Burial | | |
| 24a. BURIAL/CREMATION PERMIT Number 541439 | | |
| 24b. TRANSFER PERMIT Number | | |
| Date Issued JUNE 30, 2021 | | |
| 25. NAME AND ADDRESS OF CEMETERY OR CREMATORY Brooke's Point Public Cemetery, Brooke's Point, Palawan | | |
| 26. CERTIFICATION OF INFORMANT | | |
| I hereby certify that all information supplied are true and correct to my own knowledge and belief. | | |
| Signature ARLYN MARIE A. QUITAIN | | |
| Name in Print ARLYN MARIE A. QUITAIN | | |
| Relationship to the Deceased Daughter | | |
| Address Poblacion District II, Brooke's Point, Palawan | | |
| Date JUNE 30, 2021 | | |
| 27. PREPARED BY | | |
| Signature JAMIE M. PENDON | | |
| Name in Print JAMIE M. PENDON | | |
| Title or Position Billing Officer | | |
| Date JUNE 30, 2021 | | |
| 28. RECEIVED BY | | |
| Signature ROHIYA A. CARNAIN | | |
| Name in Print ROHIYA A. CARNAIN | | |
| Title or Position ADMINISTRATIVE AIDE I | | |
| Date JUNE 30, 2021 | | |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) | | |

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5 2 5 0 8 9 0 1 10 6 0 8 0 5 3 0 6 11 2 3 3 19a(a)/19b 19a(c)

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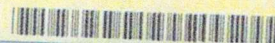
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CLARE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





(COPY FOR CCRG)

Municipal Form No. 97 (Form No. 13)
(Revised January 1992)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF MARRIAGE

| | | | | | |
|------------------------------------|---|---------------------------------|--------------|---------|--|
| Province | Palawan | | Registry No. | 2000-78 | |
| City/Municipality | Brooke's Point | | | | |
| Name of Contracting Parties | (first) (middle initial) (last) | (first) (middle initial) (last) | | | |
| | ARMAN C. QUEMAN | MARILYN R. ADONIS | | | |
| Date of Birth/Age | (day) (month) (year) (age) | (day) (month) (year) (age) | | | |
| | 14 December 1978 21 | 18 September 1966 33 | | | |
| Place of Birth | Brooke's Point, Palawan | | | | |
| Sex (Male or Female) | Male | Female | | | |
| Citizenship | Filipino | | | | |
| Residence | Poblacion, District II, Brooke's Point, Palawan | | | | |
| Religion | Roman Catholic | | | | |
| Civil Status | Single | | | | |
| Name of Father | (first) (middle initial) (last) | (first) (middle initial) (last) | | | |
| | FRANCISCO, JR. A. QUEMAN (deceased) | CONNELLY, JR. S. ADONIS | | | |
| Citizenship | Filipino | | | | |
| Name of Mother | (first) (middle initial) (last) | (first) (middle initial) (last) | | | |
| | LOURDES GONZALEZ | AVELINE C. RAMOS | | | |
| Citizenship | Filipino | | | | |
| Persons who gave consent or advice | (first) (middle initial) (last) | (first) (middle initial) (last) | | | |
| | LOURDES G. QUEMAN | N/A | | | |
| Relationship | Mother | | | | |
| Residence | Poblacion, District II, Brooke's Point, Palawan | | | | |

Place of Marriage

SAINT JOSEPH CHURCH

(Office of the/House of/Barangay of/Church of/Mosque of)
Brooke's Point, Palawan

Date: 05 June 2000 Address: 10:00 A.M.

THIS IS TO CERTIFY THAT I, ARMAN C. QUEMAN and MARILYN R. ADONIS, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we:

- ☒ have not entered into a marriage settlement.
☐ have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/signed with our finger print, this certificate in quadruplicate this 5th day of June, 2000.

ARMAN C. QUEMAN
(Signature of Husband)

MARILYN R. ADONIS
(Signature of Wife)

THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.

I CERTIFY FURTHER THAT

- ☒ Brooke's Point, Palawan issued on May 22, 2000 at Brooke's Point, Palawan in favor of said parties, was exhibited to me.
☐ no marriage license was necessary, the marriage being solemnized under Art. 26 of Executive Order No. 200.
☐ the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1043.

REV. FR. JOSEPH V. QUINONES
(Signature of Solemnizing Officer)
Parish Priest

Roman Catholic Reg. # 80-3822-02

(Religious Affiliation, Registry No. and Expiration Date, if applicable)

WITNESSES

(Print Name and Sign)

MR. VILSON LON
MR. ENRIQUE ANCHES

MR. QUENTIN SATHON, A.R.
MR. MOLLYN RAMOS

RECEIVED AT THE OFFICE
OF THE CIVIL REGISTRAR

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 18a.)

Province PALAWAN Registry No. 2000-1017
City/Municipality Brooke's Point

1. NAME (First) (Middle) (Last)
ARLEN MARIE ADONIS QUITO III
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
13 August 2000

For OCRG USE ONLY:
Population Reference No.5306-B00RD01-2

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Brooke's Point District Hospital, Pongobillon, Brk's. Point, Palawan

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

5a. TYPE OF BIRTH X 1 Single 2 Twin
3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second
3 Others, Specify

41
80001017

c. BIRTH ORDER (live births and fetal deaths
including this delivery)
First (first, second, third, etc.)
d. WEIGHT AT BIRTH
1843 grams

48
1

6. MAIDEN NAME (First) (Middle) (Last)
MARILYN RAMOS ADONIS

49 50
2 1308207

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

56
53066

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

51
1

10. OCCUPATION Private Employee (SWINE) 11. Age at the time of this birth: 33 years

52 54
011843

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Moreno Subdivision, Pongobillon Dist. II, Brooke's Point, Palawan

13. NAME (First) (Middle) (Last)
ARMAN GRIZILVO QUITO III

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

58 59
1 1

16. OCCUPATION Government Employee 17. Age at the time of this birth: 21 years

70 72 74
010100

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

June 03, 2000, Saint Joseph Parish Church, Brooke's Point, Palawan

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Hilof (Traditional Midwife) 5 Others (Specify)

76 79
X20 33

19b. CERTIFICATION OF BIRTH

(I hereby certify that I attended the birth of the child who was born alive at 3:05 o'clock
am/pm on the date stated above.)

81
53066

Signature Edmundo Sabal Pongobillon
Name in Print Mr. Edmundo Sabal Pongobillon, H.D. Dist. II, Brk's. Pt., Palawan
Title or Position Chief of Hospital Date August 17, 2000

87
1 1

20. INFORMANT
Signature Arman G. Quito III
Name in Print Arman G. Quito III
Relationship to the child Father
Address Moreno Subd., Pongobillon Dist. II, Brooke's Pt., Palawan
Date August 17, 2000

88 91
X20 21

21. PREPARED BY
Signature Louderes G. Vel
Name in Print Louderes G. Vel
Title or Position Clerk I
Date August 17, 2000

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR
Signature Salva Corazon T. Villanueva
Name in Print Salva Corazon T. Villanueva
Title or Position Mun. Civil Registrar
Date August 21, 2000

93
194
1

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



(Copy for OCRG)

| Municipal Form No. 102 (Revised January 1993) | | (To be accomplished in quadruplicate) | | REMARKS/ANNOTATION |
|--|--|--|--|--|
| <p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p align="center">(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 6a, 6b and 19a.)</p> | | | | |
| Province <u>PALAWAN</u> | | Registry No. <u>2006-1320</u> | | <p>For OCRG USE ONLY: Population Reference No.</p> <p>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>1 <u>30601320</u></p> <p>2 <u>1</u></p> <p>3 <u>10207200</u></p> <p>4 <u>57066</u></p> <p>5 <u>1</u></p> <p>6 <u>241700</u></p> <p>7 <u>1</u></p> <p>8 <u>1</u></p> <p>9 <u>53066</u></p> <p>10 <u>1</u></p> <p>11 <u>1</u></p> <p>12 <u>985</u></p> <p>13 <u>27</u></p> |
| City/Municipality <u>Brooke's Point</u> | | | | |
| 1. NAME (First) <u>ARMAN JR.</u> (Middle) <u>ADONIS</u> (Last) <u>QUITAIN</u> | | | | |
| 2. SEX <u>X</u> 1 Male <u> </u> 2 Female | | 3. DATE OF BIRTH (day) <u>2</u> (month) <u>July</u> (year) <u>2006</u> | | |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) <u>Sagrado Medical & Children's Clinic, Poblacion District II</u> (City/Municipality) <u>Brooke's Point</u> (Province) <u>PALAWAN</u> | | | | |
| 6a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc. | | b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify | | |
| c. BIRTH-ORDER (live births and fetal deaths including this delivery) <u>4th</u> (first, second, third, etc.) | | d. WEIGHT AT BIRTH <u>2900</u> grams | | |
| 6. MAIDEN NAME (First) <u>MARILEN</u> (Middle) <u>ADONIS</u> (Last) <u>QUITAIN</u> | | | | |
| 7. CITIZENSHIP <u>Filipino</u> | | 8. RELIGION <u>Roman Catholic</u> | | |
| 9a. Total number of children born alive <u>4</u> | | b. No. of children still living including this birth <u>4</u> | | |
| 10. OCCUPATION <u>Private Employee</u> | | 11. Age at the time of this birth <u>29</u> years | | |
| 12. RESIDENCE (House No., Street, Barangay) <u>Moreno Subdivision, Poblacion District II, Brooke's Point, Palawan</u> (City/Municipality) <u>Brooke's Point</u> (Province) <u>PALAWAN</u> | | | | |
| 13. NAME (First) <u>ARMAN</u> (Middle) <u>GONZALVO</u> (Last) <u>QUITAIN</u> | | | | |
| 14. CITIZENSHIP <u>Filipino</u> | | 15. RELIGION <u>Roman Catholic</u> | | |
| 16. OCCUPATION <u>Motor Vehicle Driver</u> | | 17. Age at the time of this birth <u>2</u> years | | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 3, 2000, Saint Joseph Parish Church, Brooke's Point, Palawan</u> | | | | |
| 19a. ATTENDANT (Physician) <u> </u> (Nurse) <u> </u> (Midwife) <u> </u> (Others) (Specify) <u> </u> | | | | |
| 19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>10:02</u> o'clock and on the date <u>July 2, 2006</u> at <u>Brooke's Point, Palawan</u>) | | | | |
| Signature <u>LEON D. CAMERONERO, M.D.</u> Address <u>Brooke's Point, Palawan</u> Title or Position <u>Chief of Obstetrics and Gynecology</u> Date <u>July 3, 2006</u> | | | | |
| 20. INFORMANT (Signature) <u>ARMAN G. QUITAIN</u> Address <u>Moreno Subdivision, Poblacion District II, Brooke's Point, Palawan</u> Name in Print <u>ARMAN G. QUITAIN</u> Date <u>July 2, 2006</u> Relationship to the child <u>Father</u> | | | | |
| 21. PREPARED BY (Signature) <u>ESTRELLA MARQUEZ</u> Address <u>Brooke's Point, Palawan</u> Name in Print <u>ESTRELLA MARQUEZ</u> Date <u>July 2, 2006</u> Title or Position <u>Nursing Attendant</u> | | | | |
| 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature) <u> </u> Address <u>Brooke's Point, Palawan</u> Name in Print <u> </u> Date <u>July 24, 2006</u> Title or Position <u>Civil Registrar</u> | | | | |

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

| | | | |
|---|--|---|--|
| Province <u>PALAWAN</u> | | Registry No. <u>2005-1203</u> | |
| City/Municipality <u>Brooke's Point</u> | | | |
| 1. NAME (First) (Middle) (Last) <u>AILAH KRISTINE</u> <u>ADONIS</u> <u>QUITAIN</u> | | | |
| 2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female | | 3. DATE OF BIRTH (day) (month) (year) <u>9</u> <u>July</u> <u>2005</u> | |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Sagrado Medical & Children's Clinic, Poblacion District II</u> <u>Brooke's Point</u> <u>Palawan</u> | | | |
| 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. | | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify | |
| c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>3rd</u> | | d. WEIGHT AT BIRTH <u>2495</u> grams | |
| 6. MAIDEN NAME (First) (Middle) (Last) <u>MARILYN</u> <u>RAMOS</u> <u>ADONIS</u> | | | |
| 7. CITIZENSHIP <u>Filipino</u> | | 8. RELIGION <u>Roman Catholic</u> | |
| 9a. Total number of children born alive: <u>3</u> | | b. No. of children still living including this birth: <u>3</u> | |
| | | c. No. of children born alive but are now dead: <u>0</u> | |
| 10. OCCUPATION <u>Secondary Education Teacher</u> | | 11. Age at the time of this birth: <u>38</u> years | |
| 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Moreno Subdivision, Poblacion District II, Brooke's Point, Palawan</u> | | | |
| 13. NAME (First) (Middle) (Last) <u>ARMAN</u> <u>GONZALVO</u> <u>QUITAIN</u> | | | |
| 14. CITIZENSHIP <u>Filipino</u> | | 15. RELIGION <u>Roman Catholic</u> | |
| 16. OCCUPATION <u>Self-Employed</u> | | 17. Age at the time of this birth: <u>26</u> years | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 3, 2000, Saint Joseph Parish, Brooke's Point, Palawan</u> | | | |
| 19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Healer) <input type="checkbox"/> Others (Specify) | | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:50</u> o'clock <u>am/pm</u> on the date stated above. | | | |
| Signature _____ Name in Print <u>ARMAN C. SAGALDO, M.D.</u> Title or Position <u>Private Physician</u> | | Address <u>Moreno Subdivision, Poblacion District II, Brooke's Point, Palawan</u> Date <u>July 22, 2005</u> | |
| 20. INFORMANT Signature _____ Name in Print <u>ARMAN C. QUITAIN</u> Relationship to the child <u>Father</u> | | Address <u>Moreno Subdivision, Poblacion District II, Brooke's Point, Palawan</u> Date <u>July 18, 2005</u> | |
| 21. PREPARED BY Signature _____ Name in Print <u>ANGELINA M. BRACER</u> Title or Position <u>Assistant Registrar</u> Date <u>July 18, 2005</u> | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ANGELINA M. BRACER</u> Title or Position <u>Assistant Registrar</u> Date <u>July 22, 2005</u> | |

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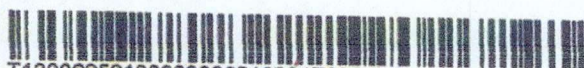
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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

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Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 210811-130-30-MLB-00025
VILLARUEL, SALVE CORAZON T

AMOUNT

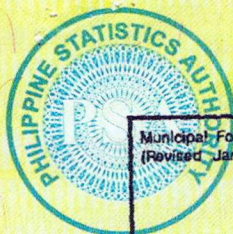
Tran No. 07893-130-00004-024
ANNA KATHLYN A QUITAIN 12/31/2002
COPY ISSUANCE - BIRTH CERTIFICATE
Unit Cost: 155.00 Qty: 1 155.00

| | |
|-----------------|--------|
| TOTAL | 155.00 |
| AMOUNT TENDERED | 155.00 |
| CHANGE | 0.00 |

CREDIT ADVICE
2108061330701101

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: Burabod, Madilyn L.
Terminal Code: 30
Date-Time: 08/11/2021 08:15:21AM



(Copy for OCRG)

| Municipal Form No. 102 (Revised January 1993) | | (To be accomplished in quadruplicate) | | REMARKS/ANNOTATION | | |
|--|--|---|--|------------------------------------|---|---------------------------------------|
| <p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p align="center">(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 6b and 19a.)</p> | | | | | | |
| Province <u>PALAWAN</u> | | Registry No. <u>2003-30</u> | | | | |
| City/Municipality <u>BROOKE'S POINT</u> | | | | | | |
| CHILD | 1. NAME (First) (Middle) (Last) <u>ANNA KATHLYN</u> <u>ADONIS</u> <u>QUITAIN</u> | | 2. SEX <u>1</u> Male <u>X</u> 2 Female | | 3. DATE OF BIRTH (day) (month) (year) <u>31</u> December <u>2002</u> | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Sagrada Medical & Children's Clinic, Poblacion District II</u> <u>Brooke's Point</u> <u>Palawan</u> | | | | | |
| | 5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. | | b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify | | | |
| | c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.) | | d. WEIGHT AT BIRTH <u>2177</u> grams | | | |
| | 6. MAIDEN NAME (First) (Middle) (Last) <u>MARILYN</u> <u>RAMOS</u> <u>ADONIS</u> | | | | | |
| | 7. CITIZENSHIP <u>Filipino</u> | | 8. RELIGION <u>Roman Catholic</u> | | | |
| | 9a. Total number of children born alive: <u>2</u> | | b. No. of children still living including this birth: <u>2</u> | | c. No. of children born alive but are now dead: <u>0</u> | |
| | 10. OCCUPATION <u>Private Employee (SEJES)</u> | | 11. Age at the time of this birth: <u>36</u> years | | | |
| | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Merene Subdivision, Poblacion District II</u> <u>Brooke's Point</u> <u>Palawan</u> | | | | | |
| | MOTHER | 13. NAME (First) (Middle) (Last) <u>ARMAN</u> <u>GONZALVO</u> <u>QUITAIN</u> | | 14. CITIZENSHIP <u>Filipino</u> | | 15. RELIGION <u>Roman Catholic</u> |
| 16. OCCUPATION <u>Government Employee</u> | | 17. Age at the time of this birth: <u>24</u> years | | | | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back). <u>June 3, 2000, Saint Joseph Parish Church, Brooke's Point, Palawan</u> | | | | | | |
| 19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify): | | | | | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:26</u> o'clock am/pm on the date stated above. | | | | | | |
| Signature <u>RAUL G. SAGRADO, M.D.</u> Name in Print <u>Private Physician</u> Title or Position <u>Private Physician</u> | | Address <u>Merene Subdivision, Poblacion District II, Brooke's Point, Palawan</u> Date <u>January 7, 2003</u> | | | | |
| 20. INFORMANT Signature <u>ARMAN G. QUITAIN</u> Name in Print <u>Father</u> Relationship to the child <u>Father</u> | | Address <u>Merene Subdivision, Poblacion District II, Brooke's Point, Palawan</u> Date <u>January 7, 2003</u> | | | | |
| 21. PREPARED BY Signature <u>CARMELITA S. CABARAO</u> Name in Print <u>Clerk I</u> Title or Position <u>Clerk I</u> Date <u>January 7, 2003</u> | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>SALVE CORAZON T. VILLARUEL</u> Name in Print <u>Mun. Civil Registrar</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>January 7, 2003</u> | | | | |

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05306-B02ZX01-1Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

