

4592 Aurelio Subdivision  
Pag-asa, San Jose  
Occidental Mindoro 5100  
March 31, 2023

**LORMELYN E. CLAUDIO, CESO IV**  
Regional Executive Director  
Department of Environment and Natural Resources  
MIMAROPA REGION  
DENR by the Bay Bldg., 1515 Roxas Blvd.  
Ermita, Manila 1000

Madam:

**ATTENTION: Chief, Legal Division**

Greetings!

This has reference to your Order to Submit Offer for Compromise Agreement for DENR Case No. M-13-22-L, ADR Case No. 2022-1700000-0326, Lot No. 1332, Pls-33, located at Sitio Gamot, Gapasan, Magsaysay, Occidental Mindoro with an area of 8.0627 hectares re: AGAPITO C. QUILIT and DIONISIA Q. GALAY, Protestants versus ADELAIDA G. QUILIT, rep. by Benito G. Quilit, Applicant/Respondent.

It is with deep sorrow that AGAPITO C. QUILIT could no longer submit his offer for compromise agreement because of his untimely demise in September of 2020. Instead, the undersigned, as elected from among his heirs, will represent in his behalf.

It is our desire to settle this dispute the soonest possible time and to come up with a win-win solution, as per your recommendation, that could be acceptable to both parties, to wit:

1. The four (4) hectares should be granted to DIONISIA Q. GALAY, for the reason that she is the actual occupant of the area, and has introduced improvements thereof, for many years already. This lot has an approved Subdivision Plan under Lot No. 1332-A, Pls - 33 and Lot No. 1332-D, Pls - 33 respectively, separating it from Lot No. 1332, Pls -33. This subdivision plan was approved prior to the land dispute. It has an approved tax declarations and taxes are being paid by Dionisia Q. Galay.
2. The remaining area from Lot No. 1332, Pls - 33 which is the lot in conflict, will be divided equally between AGAPITO C. QUILIT and ADELAIDA G. QUILIT. Hence, two (2) or half portion of it will be granted to the surviving heirs of AGAPITO C. QUILIT and the remaining will be awarded to ADELAIDA G. QUILIT. This lot in conflict has an approved Subdivision Plan under Lot No. 1332-B, Pls -33 and Lot No. 1332-E, respectively.

We respectfully request that the signing of Compromise Agreement be done in the DENR, San Jose, Occidental Mindoro.

Praying that this offer for compromise agreement will merit immediate action and favorable result.

Thank you very much. God bless and more power to your good office.

Very truly yours,

  
CORNELIA QUILIT VILLAR

**Attachment: Death Cert. of Agapito C. Quilit**

**Copy furnished:**

**Dionisia Quilit Galay**

**Gamot, Gapasan, Magsaysay, Occ. Mindoro**

**Adelaida Ganda Quilit, rep. by Benito G. Quilit**

**Gamot, Gapasan, Magsaysay, Occ. Mindoro**

**PENRO**

**Mamburao, Occ. Mindoro**

**CENRO, San Jose, Occ. Mindoro**

**Heirs of Agapito C. Quilit**

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

Province OCCIDENTAL MINDORO  
City/Municipality SABLAYAN

Registry No.

**2023-139**

1. NAME (First) (Middle) (Last)  
AGAPITO CAOILE QUILIT

2. SEX (Male/Female)

Male

3. DATE OF DEATH (Day, Month, Year)  
20 September 2020

4. DATE OF BIRTH (Day) (Month) (Year)  
24 March 1952

5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category)  
a. IF 1 YEAR OR ABOVE [2] Completed years 68  
b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec  
c. IF UNDER 24 HRS

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)  
San Sebastian District Hospital, Buenavista, Sablayan, Occidental Mindoro

7. CIVIL STATUS (Single/Married/Widow/  
Widower/Annulled/Divorced)  
Widower

8. RELIGION/RELIGIOUS SECT  
Christian Spiritist

9. CITIZENSHIP  
Filipino

10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)  
Gapasan, Magsaysay, Occidental Mindoro

11. OCCUPATION  
Tricycle Driver

12. NAME OF FATHER (First, Middle, Last)  
BENITO QUILIT

13. MAIDEN NAME OF MOTHER (First, Middle, Last)  
TIMOTEA CAOILE

**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)

Interval Between Onset and Death

- I. Immediate cause : a. ACUTE RESPIRATORY FAILURE TYPE I  
Antecedent cause : b. COMMUNITY ACQUIRED PNEUMONIA - HIGH RISK  
Underlying cause : c. COVID SUSPECT; CEREBROVASCULAR ACCIDENT INFARCT VS BLEED  
II. Other significant conditions contributing to death:

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)

- a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices

19d. DEATH BY EXTERNAL CAUSES

- a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)  
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY  
(Yes / No)

21a. ATTENDANT

- 1 Private Physician 2 Public Health Officer X 3 Hospital Authority 4 None 5 Others (Specify)

21b. If attended, state duration (mm/dd/yy)

09/17/2020 09/20/2020  
From To

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 1:20 PM am/pm on the date of death specified above.

Signature JAY-ARR V. PAULINO, M.D.  
Name in Print JAY-ARR V. PAULINO, M.D.  
Title or Position Medical Officer III  
Address San Sebastian District Hospital, Sablayan,  
Occidental Mindoro Date September 20, 2020

REVIEWED BY:

Signature Over Printed Name of Health Officer

Date

23. CORPSE DISPOSAL  
(Burial, Cremation, if others, specify)

Burial

24a. BURIAL/CREMATION PERMIT

Number

Date Issued

24b. TRANSFER PERMIT

Number

Date Issued

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY

Magsaysay Public Cemetery Magsaysay, Occidental Mindoro

26. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief

Signature CORNELIA C. VILLAR  
Name in Print CORNELIA C. VILLAR  
Relationship to the Deceased Sister  
Address Pag-asa, San Jose, Occidental Mindoro  
Date September 20, 2020

27. PREPARED BY

Signature PAMELA N. ARBITRARIO  
Name in Print PAMELA N. ARBITRARIO  
Title or Position Nurse  
Date September 20, 2020

28. RECEIVED BY

Signature SUSAN A. CABALLO  
Name in Print SUSAN A. CABALLO  
Title or Position Administrative Assistant I  
Date March 7, 2023

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature ATTY. MELVIN S. DACAYANAN  
Name in Print ATTY. MELVIN S. DACAYANAN  
Title or Position Municipal Civil Registrar  
Date March 20, 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

Late Registration

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

5

8

9

10

11

19a(a)/19b

19a(c)

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____	
<b>MEDICAL CERTIFICATE</b>		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant _____		
b. Other diseases/conditions of infant _____		
c. Main maternal disease/condition affecting infant _____		
d. Other maternal disease/condition affecting infant _____		
e. Other relevant circumstances _____		
<b>CONTINUE TO FILL UP ITEM 20</b>		

POSTMORTEM CERTIFICATE OF DEATH	
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____	
Signature _____ Title/Designation _____	
Name in Print _____ Address _____	
Date _____	

CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.	
Signature _____ Title/Designation _____	
Name in Print _____ License No. _____	
Address _____ Issued on _____ at _____	
Expiry Date _____	

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH	
I, <b>Cornelia Q. Villar</b> , of legal age, single/married/divorced/widow/widower, with residence and postal address <b>Pag-asa, San Jose, Occidental Mindoro</b> , after being duly sworn in accordance with law, do hereby depose and say:	
1. That <b>AGAPITO CAULE QUILIT</b> died on <b>September 20, 2020</b> in <b>San Sebastian District Hospital</b> and was buried/cremated in _____ on _____	
2. That the deceased at the time of his/her death: <input type="checkbox"/> was attended by <b>Jay-Arr V. Paulino</b> <input type="checkbox"/> was not attended.	
3. That the cause of death of the deceased was <b>COVID SUSPECT</b>	
4. That the reason for the delay in registering this death was due to _____	
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.	
In truth whereof, I have affixed my signature below this <b>7th</b> day of <b>March</b> <b>2023</b> at _____, Philippines.	
<b>CORNELIA Q. VILLAR</b> (Signature Over Printed Name of Affiant)	
SUBSCRIBED AND SWORN to before me this <b>20th</b> day of <b>March</b> <b>2023</b> at <b>Sablayan, Occidental Mindoro</b> , Philippines, affiant who exhibited to me his/her CTC/valid ID <b>00096748</b> issued on <b>March 16, 2023</b> at <b>Sablayan, Occidental Mindoro</b>	
<b>ATTY. MELVIE S. DACAYARAN</b> Signature of the Administering Officer Name in Print	
<b>Municipal Civil Registrar</b> Position / Title / Designation <b>Sablayan, Occidental Mindoro</b> Address	