Central, San Jose,
Occidental Mindoro
December 15, 2022

The Chief
Department of Environment and Natural Resources
MIMAROPA Region
1515 L&S Bldg., Roxas Blvd. Ermita Manila

Attention: Land Management Bureau

Sir/Madam,

I have the honor to request for a Certified True Copy of the Record of my late grandmother **BONIFACIA VILLALOBOS (D) – Sales Contract No. V1952** that was awarded highest bidder of **LOT # 2157** and **LOT 264** and was approved **March 08, 1971** to her.

Since I am the eldest daughter of her daughter **MA. FE VILLALOBOS SAUZA DURAN (D)** to access and locate the record as the legal heirs.

Hoping that the request merit your kind assistance and approval on this matter.

Respectfully yours,

EVANGELINE VILLALOBOS SAUZA DURAN GARCIA
Evangelinegarcia0731@ymail.com
09293317535

Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

Late reg.

PROVINCE Occ. Mindoro — LOCAL CIVIL REGISTRY NO. 86-01006

CITY / MUNICIPALITY San Jose

	(First)	(Middle)	(Last)
1. NAME	EVANGELINE	SAUSA	DURAN

2. SEX (Place 'X' on appropriate answer) — ___ 1 Male — X 2 Female

3. DATE OF BIRTH (Day) 31 (Month) July (Year) 1954

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street / barangay) Central — (City/Municipality) San Jose, Occ. Mindoro — (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) — X 1 Single ___ 2 Twin ___ 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS — ___ 1 First ___ 2 Second ___ 3 Third, 4th, etc.

	(First)	(Middle)	(Last)		
6. MAIDEN NAME (Mother)	Fe	Villalobos	Sausa	7. NATIONALITY: Filipino	8. RELIGION: Catholic
9. NAME (Father)	Miguel	S.	Duran	10. NATIONALITY: Filipino	11. RELIGION: Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
June 12, 1953 - San Jose, Occ. Mindoro

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at ___ o'clock a.m./p.m. on the date stated above.

Signature ___ — Address Central, San Jose, Occ. Mindoro
Name in print RICARDO P. SUAN(?), M.D., SR. — Date May 5, 1986
Title or position Physician

14. INFORMANT

Signature [illegible] — Address Central, San Jose, Occ. Mindoro
Name in print EVANGELINE S. GARCIA — Date May 5, 1986
Relationship to child

15a. PREPARED BY

Signature [illegible] — Name in print [illegible] — Title or position Clerk — Date May 5, 1986

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [illegible] — Name in print LYDIO R. CAPILI, SR. — Title or position MCR/CLR — Date May 15, 1986

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT — b. DATE WHEN INFORMATION WAS SUPPLIED

0676

(Important: Informant should also provide information for Items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 8601006 — Registration Status 2

PROVINCE Occ. Mindoro
CITY / MUNICIPALITY San Jose

Child

17. Weight at Birth (In grams) 7 lbs. — 3175

18. Birth Order of Child (Ex. first, second, etc.) 2nd — 2

19a. Total Number of Children Born Alive 2 — 02

b. How many children are now living including this birth? 2 — 2

c. How many children were born alive but are now dead? 0 — 00

Mother

20. Usual Occupation Midwife — 066

21. Age at the time of this Birth 27 — 27

22. Usual Residence (Barangay) Central — (City / Municipality) San Jose, Occ. Mindoro — (Province) — 1759

Father

23. Usual Occupation Merchandise — 846

24. Age at the time of this Birth 27 — 27

25. Attendant at Birth (Place 'X' on appropriate answer) — X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot ___ 5 Others — 1

RESERVED FOR (BINDING)

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
2	073154	1759	1	1

NAME OF CHILD

First	MI	Last
EVANGELINE	S	DURAN

07104-B5-003MMV-02429-BI002

BEST POSSIBLE IMAGE

T00307104003024290614201900 2
PN200293691

BReN
05110-A54PX01-1

Documentary
Stamp Tax Paid

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

Municipal Form No. 103—(Revised, July, 1956)

CERTIFICATE OF DEATH

(To be accomplished in Duplicate)

(Do not fill out) CODES

Province: _____

City or Municipality: MANILA

(a) Civil Registrar General No. _____

(b) Local Civil Registrar No. 345-58

1. 1600

1(d). 1

2. 1600

4. _____

5. _____

6. _____

7. _____

8. 07850 951

10(a). _____

10(b). _____

12. _____

17. 0157

19. _____

20(a). _____

20(b). _____

20(c). _____

20(e). _____

22(a). 1

RESERVE FOR BINDING AND CODES

1. PLACE OF DEATH
a. Province: Manila
b. City or Town: TONDO, MANILA
c. Length of Stay (In this place): 4 days
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location): MARY JOHNSTON HOSPITAL 1221 QUESADA, TONDO, MANILA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. Province:
b. City or Town: Tondo, Manila
c. Street Address:

3. NAME OF DECEASED (Type or print): a. (First) BONIFACIA b. (Middle) R. c. (Last) VILLALOBOS

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1958

5. SEX: F

6. RACE: Br

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: May 26, 1904

9. AGE (In years last birthday): 54 yrs.

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (Philippines or foreign country)
(a) City or Town: San Jose
(b) Province: Mindoro

12. CITIZEN OF WHAT COUNTRY: P.I.

13. FATHER'S NAME: Fausto Villalobos

14. MOTHER'S MAIDEN NAME: Manuela Ortañez

15. IF MARRIED, NAME AND ADDRESS OF SURVIVING SPOUSE: Miguel Malonzo

16. INFORMANT
a. Signature: [illegible]
b. Name in Print: S. C. BONGCO
c. Address: MARY JOHNSTON

17. CAUSE OF DEATH. Enter only one cause per line for (a), (b) and (c).

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATE

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Cerebral Hemorrhage
Antecedent Causes
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Metastatic Ca
Due to (c) of the pancreas

Interval between Onset and Death: 1 yr 1 mo

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION:

18b. MAJOR FINDINGS OF OPERATION:

19. AUTOPSY: Yes ☐ No ☐

20a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

20b. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office, building, etc.):

20c. (TOWN OR STREET) (City) (Province):

20d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

20e. INJURY OCCURED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20f. HOW DID INJURY OCCUR?

21. I HEREBY CERTIFY that I attended the deceased from _____ 19___ to _____ 19___ that I last saw the deceased alive on _____ 19___, and that death occured at 4:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE: Richard E. Evans
NAME IN PRINT: (Degree or title) MD

22b. ADDRESS: Mary Johnston Hosp

22c. DATE SIGNED: 6-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify):

23b. DATE: 6-19-58

23c. NAME OF CEMETERY OR CREMATORY: San Jose

23d. LOCATION (City, town) Tondo (Province) 3090

24. DATE RECEIVED BY LOCAL CIVIL REGISTRAR: 6-19-58

24a. REGISTRAR'S SIGNATURE (Name in print):

25. UNDERTAKER (Name in print): F. N. Campos — ADDRESS:

BURIAL OR TRANSIT PERMIT NO. 16763 ISSUED ON 6-19-58 BY: _____

64317 Printed in offset

08357-7D-991R3R-01637-DI001

BEST POSSIBLE IMAGE

T0800835799101637111820220O1

DQ500154804

Documentary Stamp Tax Paid

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

Municipal Form No. 103
Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF DEATH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 9, 13, 15, 16, 18, 19, 21 and 23.)

Province: Occ. Mdo
City/Municipality: San Jose
Registry No.: 2002-320

FOR OCRG USE ONLY:
Population Reference No.

NAME: (First) Ma. Fe (Middle) Sauza (Last) Duran

2. SEX: X 2 FEMALE (1 MALE)

3. RELIGION: Catholic

4. AGE: a. 1 YEAR OR ABOVE: Completed years: 75 | b. UNDER 1 YEAR: Months: 1, Days: 0 | c. UNDER 1 DAY: Hrs/Min/Sec:

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

5. PLACE OF DEATH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Central | (City/Municipality) San Jose | (Province) Occidental Mindoro

6. DATE OF DEATH: (day) 11 (month) September (year) 2002

7. CITIZENSHIP: Filipino

8. RESIDENCE: House No., Street, Barangay Central | (City/Municipality) San Jose | (Province) Occ. Mindoro

9. CIVIL STATUS: X 3 Widowed
1 Single
2 Married
4 Others
5 Unknown

10. OCCUPATION: Housekeeper

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 11-17 at the back)

11. CAUSES OF DEATH

		Interval Between Onset and Death
I. Immediate cause : a.	Cardio Respiratory Arrest	
Antecedent cause : b.	Cerebro Vascular Accident	
Underlying cause : c.	Hypertension	
II. Other significant conditions contributing to death:		

12. DEATH BY NON-NATURAL CAUSES
a. Manner of Death
___ 1 Homicide ___ 2 Suicide ___ 3 Accident ___ 4 Others (Specify) ___
b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.) ___

13. ATTENDANT
___ 1 Private Physician ___ 4 None
___ 2 Public Health Officer ___ 5 Others (Specify)
___ 3 Hospital Authority
If attended, state duration:
From ___, ___
To ___

14. 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*
☐ *have attended the deceased and that death occurred at ___ am/pm on the date indicated above.*

Signature: [signature]
Name in Print: NUELA C. MANZANIDA, M.D.
Title or Position: Mun. Health Officer
Address: San Jose, Occ. Mindoro
Date: Sept. 16, 2002

REVIEWED BY:
NUELA C. MANZANIDA, M.D.
Signature and printed name of Health Officer
Sept. 16, 2002
Date

15. CORPSE DISPOSAL: X 1 Burial, 2 Cremation, ___ 3 Others (Specify)

22. BURIAL/CREMATION PERMIT: Number 249022 Date Issued 9-17-02

23. AUTOPSY: ___ 1 Yes ___ 2 No