



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

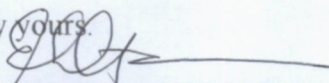
Sir/Madam,

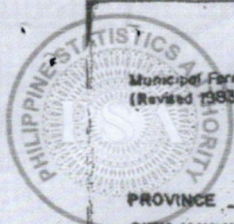
I have the honor to request for a Certified True Copy of the Record of my late grandmother **BONIFACIA VILLALOBOS (D)** – Sales Contract No. V1952 that was awarded highest bidder of **LOT # 2157** and **LOT 264** and was approved **March 08, 1971** to her.

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)

File no.
86-01006

PROVINCE Oroquieta LOCAL CIVIL REGISTRY NO. 86-01006

CITY/MUNICIPALITY San Jose

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

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

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

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)
Central San Jose, O. C. Mindoro

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

5b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last)
Fe Villalobos Sousa

7. NATIONALITY
Filipino

8. RELIGION
Catholic

9. NAME (First) (Middle) (Last)
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, 1951 - San Jose, O. C. Mindoro

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 5:00 o'clock a.m./p.m. on the date stated above.

Signature RICARDO P. SUASTA, M.D., SR. Address Central, San Jose, O. C. Mindoro
Name in print RICARDO P. SUASTA, M.D., SR.
Title or position Physician Date May 5, 1986

14. INFORMANT

Signature EVANGELINE D. GARCIA Address Central, San Jose, O. C. Mindoro
Name in print EVANGELINE D. GARCIA
Relationship to child Daughter Date May 5, 1986

15a. PREPARED BY

Signature CLARA E. RIVERA
Name in print CLARA E. RIVERA
Title or position Clerk
Date May 5, 1986

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature LEONARDO R. CAPILL, SR.
Name in print LEONARDO R. CAPILL, SR.
Title or position Director
Date May 15, 1986

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

16b. DATE WHEN INFORMATION WAS SUPPLIED

(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.

Registration Status

PROVINCE O. C. Mindoro
CITY/MUNICIPALITY San Jose

86-01006

1

17. Weight at Birth (in grams) 7 lbs. 3145

18. Birth Order of Child
Ex. First, second, etc. 2nd 102

19a. Total Number of Children Born Alive 2 22

19b. How many children are now living including this birth? 2 24

19c. How many children were born alive but are now dead? 0 28

20. Usual Occupation Midwife 060

21. Age at the time of this Birth 27 24

22. Usual Residence (barangay) (City/Municipality) (Province)
Central San Jose, O. C. Mindoro VI

23. Usual Occupation Midwife 060

24. Age at the time of this Birth 27 24

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

Sex 2 Date of Birth 31/07/54 Place of Birth VI Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD
First EVANGELINE Middle S Last DURAN

07104-B5-003MMV-02429-BI002

BEST POSSIBLE IMAGE



T003071040030242906142019002
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, 1958)

CERTIFICATE OF DEATH

(To be accomplished in Duplicate)

Province: _____
City or Municipality: MANILA(a) Civil Registrar General No. _____
(b) Local Civil Registrar No. 345-106

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. PROVINCE <u>Manila</u>	a. PROVINCE _____	
b. CITY OR TOWN <u>Tondo, Manila</u>	b. CITY OR TOWN <u>Tondo, Manila</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>	c. STREET ADDRESS _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>MARY JOHNSTON HOSPITAL 1221 QUEVEDA, TONDO, MANILA</u>	c. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or print)	a. (First)	b. (Middle)
<u>BONIFACIA R. VILLALOBOS</u>	<u>R.</u>	<u>VILLALOBOS</u>
4. DATE OF DEATH (Month) (Day) (Year)	<u>June 19, 1958</u>	
5. SEX <u>F</u>	6. RACE <u>Br</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH <u>May 26, 1904</u>	9. AGE (In years last birthday) <u>54 yrs.</u>	10. IF UNDER 1 YEAR Months _____ Days _____
11. BIRTHPLACE (Philippines or foreign country) (a) City or Town <u>San Jose, Pinar</u> (b) Province <u>Del Monte</u>	12. CITIZEN OF WHAT COUNTRY _____	
13. FATHER'S NAME <u>Laurel Villalobos</u>	MOTHER'S NAME <u>Marcelina Del Monte</u>	
14. IS MARRIED, NAME AND ADDRESS OF SURVIVING SPOUSE _____	15. INFORMANT (a) SIGNATURE <u>Sebastian Bonifacio</u> (b) NAME IN PRINT <u>S. C. BONIFACIO</u> (c) ADDRESS <u>Manila</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	MEDICAL CERTIFICATE	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocardial Infarction</u> (b) <u>Metastatic Ca</u> (c) <u>Of the pancreas</u>	
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)	INTERVAL BETWEEN ONSET AND DEATH _____	
17. DATE OF OPERATION _____	18. MAJOR FINDINGS OF OPERATION _____	
19. ACCIDENT (Specify) SUICIDE _____ HOMICIDE _____	20. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office, building, etc.) _____	
21. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	22. INJURY OCCURRED WHILE AT WORK _____ NOT WHILE WORK _____ AT WORK _____	
23. HOW DID INJURY OCCUR? _____		
24. I HEREBY CERTIFY that I attended the deceased from _____ 19____ to _____ 19____ that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.		
25. SIGNATURE (Name in print) <u>Wm. Johnston</u>	26. ADDRESS <u>Manila, Johnston Hosp</u>	27. DATE SIGNED <u>6-19-58</u>
28. BURIAL, CREMATION, REMOVAL (Specify) _____	29. DATE <u>6-19-58</u>	30. NAME OF CEMETERY OR CREMATORY <u>SAN JOSE</u>
31. LOCATION (City, town) <u>Manila</u>	32. PROVINCE <u>Del Monte</u>	
33. DATE RECEIVED BY LOCAL CIVIL REGISTRAR _____	34. REGISTRAR'S SIGNATURE (Name in print) <u>F. N. Oregan</u>	35. UNDERTAKER (Name in print) _____
36. ADDRESS _____	37. BURIAL OR TRANSIT PERMIT No. <u>216763</u>	
38. ISSUED ON _____ 19____	39. BY _____	

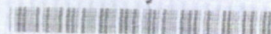
64317 Printed in offset.

08357-7D-991R3R-01637-DI001

BEST POSSIBLE IMAGE

T080083579910163711182022001
DQ500154804Documentary
Stamp Tax Paid

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



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 Registry No. 2002-320
City/Municipality San Jose

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

SEX 1 MALE X 2 FEMALE
3. RELIGION Catholic
4. AGE 75
a. 1 YEAR OR ABOVE 2 Completed years
b. UNDER 1 YEAR 1 Months 0 Days
c. UNDER 1 DAY 0 Hrs/Min/Sec

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

DATE OF DEATH (day) (month) (year) 11 September 2002
7. CITIZENSHIP Filipino

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

CIVIL STATUS X 1 Single 3 Widowed 5 Unknown
2 Married 4 Others
10. OCCUPATION Housekeeper

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

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: _____)

3. 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.) _____

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

5. 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
[Signature]
NUELA C. MANZANIDA, M.D.
Sept. 16, 2002

6. CORPSE DISPOSAL X 1 Burial 2 Cremation 3 Others (Specify) _____
22. BURIAL/CREMATION PERMIT Number 2490220 Date Issued 9-17-02
23. AUTOPSY 1 Yes 2 No