

## SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

I, **JULIETA T. SUAREZ**, of legal age, Filipino, and a resident of Poblacion, Roxas Oriental Mindoro, do hereby constitute and appoint my sister in law **MARIBETH MACAPAGAL TEJADA**, of legal age, Filipino, as my true and lawful attorney-in-fact, in my name and stead to do and perform the following acts, to wit:

- 1) To transact, to process, to follow up and to get all document of the finally applicant versus Heirs of LUCIO B. SUAREZ Sr. versus Nathaniel Silangan Et al case No. 15-J-306 DENR case No. 7623 in Region 4B DENR by the Bay 1515 LNS Bldg. Roxas Blvd. Ermita Manila office of RED LORMELYN E. CLAUDIO CESO IV
- 2) To sign and to do whatever legal necessary requisite in our behalf;

GIVING AND GRANTING unto attorney-in-fact full power and authority whatsoever requisite or necessary or proper to proper to be done in or about the premises as fully to all intents and purposes as I might or could lawfully do if personally present, and hereby ratifying and confirming all that said attorney shall do or cause to be done under and by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand on this JAN 11 2023 day 11 of, 2023 in Quezon City, Philippines;

*Julieta Suarez*  
**JULIETA T. SUAREZ**  
Principal

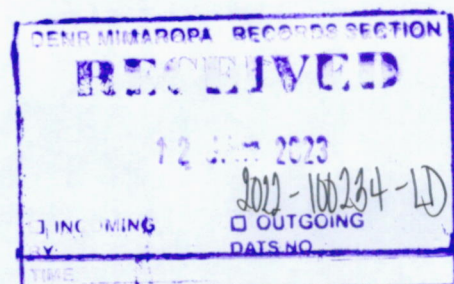
*Maribeth M. Tejada*  
**MARIBETH MACAPAGAL TEJADA**  
Atty-in Fact




REPUBLIC OF THE PHILIPPINES)  
QUEZON CITY )

SUBSCRIBES AND SWORN to before me this JAN 11 2023 day of 11, 2023 at Quezon City, Philippines.

Doc. No. 186  
Page No. 92  
Book No. 87c  
Series of 2023

*Rosalinda Adriano Montenegro*  
**ATTY. ROSALINDA ADRIANO-MONTENEGRO**  
NOTARY PUBLIC  
Valid Until Dec. 31, 2023  
P.R. No. 01/03/2023, Q.C.  
IBP No. 26352 - 01/03/2023, Q.C.  
Attorney's Roll No. 69465  
MCLE Compliance No. 01-021672-04/14/2025  
Unit 312 Bldg. 137 Malakas St. Brgy. Central Quezon City



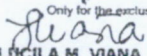
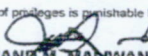
 Republic of the Philippines Office of the Senior Citizens Affair (OSCA) MUNICIPALITY OF MANSALAY		
Name : <u>Julietta T. Suarez</u>		
Address : <u>Poblacion, Roxas</u> <u>Or. Mindoro</u>		
<u>10-08-1948</u> Date of Birth/Age	<u>F</u> Sex	
<u>02-05-2020</u> Date Issued		
<u>Julietta T. Suarez</u> Signature/Thumbmark		<u>6119</u> I.D. NO.
This Card is non-transferable.		

#### BENEFITS AND PRIVILEGES UNDER REPUBLIC ACT NO. 9994

- \* Free Medical/Dental, diagnostic & laboratory services in all government facilities
- \* 20% discount for medicines.
- \* 20% discount in hotels, restaurants, recreation centers
- \* 20% discount in theaters, cinema houses and concert halls
- \* 20% discount in medical/dental services, diagnostic & laboratory fees in private facilities
- \* 20% discount in fare for domestic air, sea travel and public land transportation.
- \* 5% discount in basic necessities & prime commodities
- \* 12% VAT exemption on purchase of goods & services which are entitled to the 20% discount
- \* 5% discount for the monthly utilization of water & electricity, provided the water & electricity meter bases are under the name of the senior citizens.

Persons & Corporations violating RA 9994 shall be penalized.

Only for the exclusive use of Senior Citizens, abuse of privileges is punishable by law

 <b>LUCILA M. VIANA</b> OSCA Head	 <b>FERDINAND M. MALWANAG</b> Municipal Mayor
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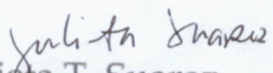
## AUTHORIZATION

January 09, 2023

I, JULIETA TEJADA SUAREZ, sister of late Romeo T. Tejada that I am only live in Case No. 7623 heirs of Lucio Suarez versus Nathaniel Silanga Et al Claro Francisco. I authorized my sister in law Maribeth Macapagal Tejada to follow up and get all documents that the Region 4B DENR by the Bay 1515 LNS Bldg. Roxas Blvd Ermita Manila.

Hoping for your kind consideration. Thank you.

Respectfully yours,

  
Julieta T. Suarez

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

01 February 2017

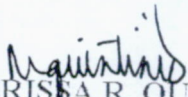
TO WHOM IT MAY CONCERN:

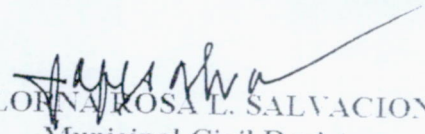
We certify that, among others, the following facts of Death appear in our Register of Death on Page 1 of Book number VIII

Registry number	: 2015-249
Date of registration	: 08 December 2015
Name of the deceased	: ROMEO TORREFIEL TEJADA
Sex	: Male
Age	: 62
Civil status	: Married
Citizenship	: Filipino
Date of death	: 25 November 2015
Place of death	: Roxas, Oriental Mindoro
Cause of death	: Unspecified Causes of Morbidity

This certification is issued to Maribeth Tejada upon his/her request for reference.

Verified by

  
NERISSA R. QUINTINIO  
Administrative Asst. IV

  
LORNA ROSA L. SALVACION  
Municipal Civil Registrar

Amount Paid : P 50.00  
O.R. Number : 8695386  
Date Paid : 01 February 2017

Note: This certification is not valid if it has mark of erasure or alterations of any entry.





Municipal Form No. 103 (Revised January 2007)		(To be completed in quadruplicate using black ink)	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF DEATH</b>			
Province <u>ORIENTAL MINDORO</u>		Registry No. <u>2015-249</u>	
City/Municipality <u>ROXAS</u>			
1. NAME (First, Middle, Last) <b>ROMEO TORREFIEL TEJADA</b>		2. SEX (Male/Female) <b>MALE</b>	
3. DATE OF DEATH (Day, Month, Year) <b>25 NOVEMBER 2015</b>	4. DATE OF BIRTH (Day, Month, Year) <b>25 MARCH 1953</b>	5. AGE AT THE TIME OF DEATH (Fill in below according to age category) a. IF 1 YEAR OR ABOVE: <b>62</b> b. IF UNDER 1 YEAR: (1) Months: <b>03</b> (2) Days: <b>05</b> c. IF UNDER 24 HRS: (1) Hours: <b>00</b> (2) Minutes: <b>00</b>	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>BAGUMBAYAN ROXAS ORIENTAL MINDORO</b>		7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <b>MARRIED</b>	
8. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	9. CITIZENSHIP <b>FILIPINO</b>	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>BAGUMBAYAN, ROXAS, ORIENTAL MINDORO, PHILIPPINES</b>	
11. OCCUPATION <b>FARMER</b>	12. NAME OF FATHER (First, Middle, Last) <b>JULIAN TANA TEJADA</b>	13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>JUANITA DEL CASTILLO TORREFIEL</b>	
<b>MEDICAL CERTIFICATE</b> (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: <b>Undetermined</b> Interval Between Onset and Death: _____ Antecedent cause: b. _____ Underlying cause: c. _____ 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 3. Hospital Authority 4. None 5. Others (Specify) _____		21b. If attended, state duration (mm/dd/yy) 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 _____ am/pm on the date of death specified above.			
Signature: <b>LEONOR M. NUNEZ-ORTE MD, MPH</b> Name in Print: <b>LEONOR M. NUNEZ-ORTE MD, MPH</b> Title or Position: <b>Municipal Health Officer</b> Address: <b>Bagumbayan Roxas Oriental Mindoro</b> Date: <b>27 November 2015</b>		REVIEWED BY: <b>LEONOR M. NUNEZ-ORTE MD, MPH</b> Signature Over Printed Name of Health Officer Date: <b>27 November 2015</b>	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <b>BURIAL</b>	24a. BURIAL/CREMATION PERMIT Number: <b>0033480</b> Date issued: <b>NOVEMBER 27, 2015</b>	24b. TRANSFER PERMIT Number: _____ Date issued: _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>ROXAS PUBLIC CEMETERY ROXAS, ORIENTAL MINDORO</b>			
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature: <b>Nicodemus G. Suarez</b> Name in Print: <b>NICODEMUS G. SUAREZ</b> Relationship to the Deceased: <b>BROTHER-IN-LAW</b> Address: <b>ODIONG, ROXAS, OR. MINDORO</b> Date: <b>NOVEMBER 27, 2015</b>		27. PREPARED BY Signature: <b>Myra V. Bernal</b> Name in Print: <b>MYRA V. BERNAL</b> Title or Position: <b>ADMINISTRATIVE AIDE VI</b> Date: <b>NOVEMBER 27, 2015</b>	
28. RECEIVED BY Signature: <b>Myra V. Bernal</b> Name in Print: <b>MYRA V. BERNAL</b> Title or Position: <b>Administrative Aide VI</b> Date: <b>08 December 2015</b>		29. REGISTERED BY THE CIVIL REGISTRAR Signature: <b>Irma Rosa L. Salvacion</b> Name in Print: <b>IRMA ROSA L. SALVACION</b> Title or Position: <b>Municipal Civil Registrar</b> Date: <b>08 December 2015</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5 6 7 8 9 10 11 19a(a)/19b 19a(c) 2 6 2 0 8 0 1 6 0 8 0 5 2 1 2 0 0 0 0 269X			

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*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority







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)
MEDICAL CERTIFICATE		
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		
CONTINUE TO FILL UP ITEM 20		

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 <u>Ronito T. Noyah</u> following all the regulations prescribed by the Department of Health.	
Signature <u>[Signature]</u>	Title/Designation <u>Senior Embalmer</u>
Name in Print <u>VICTOR Y. GARCIA</u>	License No. <u>2287</u>
Address <u>ROSS, R. MANORAN</u>	Issued on <u>08-20-2016</u> at <u>POSTAL</u>
Expiry Date <u>12-31-2016</u>	

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH	
I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:	
1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____	
2. That the deceased at the time of his/her death:	
<input type="checkbox"/> was attended by _____	
<input type="checkbox"/> was not attended.	
3. That the cause of death of the deceased was _____	
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 _____ day of _____ at _____, Philippines.	
(Signature Over Printed Name of Affiant)	
SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. issued on _____ at _____	
Signature of the Administering Officer _____	Position / Title / Designation _____
Name in Print _____	Address _____

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*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority





MUNICIPAL FORM NO. 97--(Form No. 13)

REGISTER NO. 77

## MARRIAGE CONTRACT

City or Municipality of ROXAS, Province of ORIENTAL MINDORO 64  
31

	HUSBAND	WIFE
Contracting Parties	<u>Romeo T. Tejada</u>	<u>Maribeth M. Macapagal</u>
(a) Age	<u>19 yrs. &amp; 5 days</u>	<u>14 yrs. &amp; 10 days</u>
(b) Nationality	<u>Filipino</u>	<u>Filipino</u>
(c) Residence	<u>Roxas, Or. Mindoro</u>	<u>Roxas, Or. Mindoro</u>
Single, widowed or divorced	<u>Single</u>	<u>Single</u>
Father	<u>Julian Tejada</u>	<u>Francisco Macapagal</u>
Nationality	<u>Filipino</u>	<u>Filipino</u>
Mother	<u>Justita Suarez</u>	<u>Placida Boulian</u>
Nationality	<u>Filipino</u>	<u>Filipino</u>
Witnesses	<u>Antonio Bernal</u>	<u>Lina Bernal</u>
Residence	<u>Roxas, Or. Mindoro</u>	<u>Roxas, Or. Mindoro</u>
Persons who gave consent or advice	<u>Julian Tejada</u>	<u>Francisco Macapagal</u>
(a) Residence	<u>Roxas, Or. Mindoro</u>	<u>Cabanatuan City</u>
(b) Relation to contracting party	<u>Father</u>	<u>Father</u>

Place of marriage Office of the Bishop of Roxas, Or. Mindoro Roman Catholic 1

Date of marriage April 9, 1972 4

Marriage solemnized by Rev. Father Mariano Alcaraz 9

(a) Roxas, Or. Mindoro (b) Roxas, Or. Mindoro 72

THIS IS TO CERTIFY: That I, Romeo T. Tejada and Maribeth M. Macapagal on the date and at the place above given, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the two witnesses named below, both of age, take each other as husband and wife.

And I, Rev. Father Mariano Alcaraz Parish Priest CERTIFY: That on the date and at the place above written the aforesaid Romeo T. Tejada and Maribeth M. Macapagal were with their mutual consent lawfully joined together in holy matrimony by me in the presence of said witnesses, both of age; and I further certify that the Marriage License No. 3450385, issued at Roxas, Or. Mindoro on April 8, 1972 in favor of said parties, was exhibited to me or no marriage license was exhibited to me, this marriage being of an exceptional character performed under Art. 1 of Rep. Act 388; and that consent or advice to such marriage was duly given, as required by law, by the person or persons above mentioned.

IN WITNESS WHEREOF, we signed, (or marked with our fingerprint) this certificate in triplicate this 9th day of April 1972.

Romeo T. Tejada

Maribeth M. Macapagal

Rev. Father Mariano Alcaraz

Antonio Bernal

Lina Bernal

(See back)

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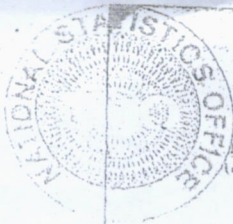
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Stamp Tax Paid

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Municipal Form No. 102  
(Revised 1983)REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

PROVINCE Oriental Mindoro  
CITY/MUNICIPALITY Mangalay LOCAL CIVIL REGISTRY NO. 92-00-70

1. NAME (First) MARTIN (Middle) MAULION (Last) MACAPAGAL  
2. SEX (Place 'X' on appropriate answer)  
☒ 1 Male ☐ 2 Female  
3. DATE OF BIRTH (Day) 28 (Month) MAY (Year) 1957  
4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give street/barangay) Poblacion, Mangalay, Oriental Mindoro (City/Municipality) Mangalay (Province) Oriental Mindoro  
5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more  
b. IF MULTIPLE BIRTH, CHILD WAS  
1 First ☐ 2 Second ☐ 3 Third, 4th, etc.  
6. MAIDEN NAME (First) Fluminada (Middle) C. (Last) Maulion  
7. NATIONALITY Filipino  
8. RELIGION Catholic  
9. NAME (First) Francisco (Middle) M. (Last) Macapagal  
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)  
1953 Roxas, Oriental Mindoro  
13. CERTIFICATE OF ATTENDANT AT BIRTH  
*I hereby certify that I attended the birth of the child who was born alive at 2:00 clock a.m. on the date stated above.*  
Signature (DECEASED)  
Name in print ISABEL FETALVER Address Poblacion, Mangalay, Ori  
Title or position Midwife Date Mindoro  
14. INFORMANT  
Signature Martín M. Macapagal Address Roxas, Oriental Mindoro  
Name in print MARTIN M. MACAPAGAL Date May 28, 1957  
Relationship to child  
15a. PREPARED BY  
Signature Amelia A. Aschan Date June 30, 1992  
Name in print AMELIA A. ASCHAN RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRY  
Title or position Civil Registry Clerk Signature Cecilia M. Penaverde  
Date June 30, 1992 Name in print CERDIO M. PENAVERDE  
Title or position Local Civil Registrar  
Date June 30, 1992  
15b. INFORMATION GIVEN IN SUPPLEMENTARY REPORT  
DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 28. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Oriental Mindoro Local Civil Registry No. 92-00-029 Registration Status 16  
CITY/MUNICIPALITY Mangalay

17. Weight at Birth (In grams) 2722 18. Birth Order of Child Ex. first second, etc. Second  
19a. Total Number of Children Born 04 b. How many children are now living including this birth 04 c. How many children were born alive but are now dead 00  
20. Usual Occupation Housekeeper 21. Age at the time of this birth 23  
22. Usual Residence (Barangay) Poblacion, Mangalay, Oriental Mindoro (City/Municipality) Mangalay (Province) Oriental Mindoro  
23. Usual Occupation Businessman 24. Age at the time of this birth 23  
25. Attendant of Birth (Place 'X' on appropriate answer)  
1 Physician ☐ 2 Nurse ☐ 3 Midwife ☒ 4 Midwife ☐ 5 Others ☐  
Sex 2 Date of Birth 28 05 57 Place of Birth 52076 Mother's Nationality 1 Father's Nationality 1  
NAME OF CHILD  
First MARTIN MI M. Last MACAPAGAL

RESERVE FOR BINDING

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BRN

05207-057K1101-5

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*Carmelita N. Eri*  
CARMELITA N. ERI  
Administrator and Civil Registrar General  
National Statistics Office