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Republic of the Philippines
**DEPARTMENT OF ENVIRONMENT AND NATURAL
RESOURCES**

OFFICE OF THE SECRETARY
Visayas Avenue, Diliman, Quezon City

ANDRES M. GAJARION, represented
By **WILDE M. GAJARION**,
Appellant,

DENR Case no. **10201**

- versus -

For:

CELIA CUSI-MANALO,
Represented by **RUDOLPH MANALO**,
Appellee. .

x ----- x

MANIFESTATION

COMES NOW, the Appellant, as represented by his son, **WILDE M. GAJARION**, through the undersigned counsel, and unto this Honorable Office most respectfully states that:

1. An Order dated 06 January 2023 issued by this Honorable Office directed the appellant to submit the names of the heirs of Andres M. Gajarion(+);
2. Andres M. Gajarion died last 05 April 2022. Attached as Annex "A" is his Certificate of Death;
3. Wilde M. Gajarion's health deteriorated and was not able to immediately secure the necessary documents being required;
4. Hence, this belated submission;
5. The appellant is one of the three (3) children of Andres M. Gajarion (+);
6. Wilde M. Gajarion's brothers are Apolinario Malacad Gajarion and Melkisedic Malacad Gajarion;
7. Apolinario Malacad Gajarion died in the year 2008 without an issue. He was never married. Attached as Annex "B" is his Certificate of Death;
8. His other brother, Melkisedic Malacad Gajarion also died in the year 2009. Attached as Annex "C" is his Certificate of Death;
9. Melkisedic Malacad Gajarion got married to Lolita Tangona and they had two children, Rich Art Tagnonan Gajarion and Richmond Tagnonan

Gajarion. Attached as Annexes "D", "E" and "F" are the Marriage Contract of Melkisedic Gajarion and Lolita Tangona and the Certificates of Live Birth of their children, respectively;

10. Further, the appellant attaches a copy of the Special Power of Attorney (Annex "G and "G-1") issued by his nephews Rich Art T. Gajarion and Richmond T. Gajarion in favor of Wilde M. Gajarion to act on their behalf;


Prayer

WHEREFORE, premises considered, it is most respectfully prayed of this Honorable Office that this **Manifestation** be duly considered and favorably acted upon.

RESPECTFULLY SUBMITTED.

Roxas, Oriental Mindoro. 28 April 2023.

Department of Justice
PUBLIC ATTORNEY'S OFFICE
(Counsel for the Appellant)
Roxas District Office
Sta. Fe, Bagumbayan, Roxas
Oriental Mindoro

By: 
Marie Grace R. Trinidad
Public Attorney III
Roll Number 69259

IBP Lifetime Member No. 016611
MCLE Compliance No. VII -BEP004284
Valid until: April 14, 2025

Copy Furnished:

Celia Cusi-Manalo

c/o Rudolph Manalo,
Bagumbayan, Roxas, Oriental Mindoro

Atty. Godofredo G. Hernandez, Jr.

Hernandez Legal & Notarial Services
Madrid Blvd, Zone 3, Pinamalayan,
Oriental Mindoro

The Regional Executive Director

DENR-MIMAROPA
Roxas Boulevar
Ermita, Manila

The Assistant Secretary

Legal Affairs
DENR

The Undersecretary

Legal, Administration, Human Resources
and Legislative Affairs

ANNEX 111

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Page 1



Municipal Form No. 103 (Revised August 2018)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH			
Province <u>ORIENTAL MINDORO</u> City/Municipality <u>MANSALAY</u>		Registry No. <u>2022-59</u>	
1. NAME (First) (Middle) (Last) <u>ANDRES MALLA GAJARION</u>		2. SEX (Male/Female) <u>MALE</u>	
3. DATE OF DEATH (Day, Month, Year) <u>05 APRIL 2022</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>25 DECEMBER 1925</u>	
5. AGE AT THE TIME OF DEATH (Fill in below according to age category) a. IF 1 YEAR OR ABOVE [2] Completed years <u>96</u> 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) <u>DON PEDRO MANSALAY ORIENTAL MINDORO</u>	
7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <u>WIDOWER</u>		8. RELIGION/RELIGIOUS SECT <u>PROTESTANT</u>	
9. CITIZENSHIP <u>FILIPINO</u>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <u>DON PEDRO, MANSALAY, ORIENTAL MINDORO, PHILIPPINES</u>	
11. OCCUPATION <u>NOT APPLICABLE</u>		12. NAME OF FATHER (First, Middle, Last) <u>SILVINO GALICIA GAJARION</u>	
13. MAIDEN NAME OF MOTHER (First, Middle, Last) <u>MAXIMA MELCHOR MALLA</u>		14. 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. _____ 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 the deceased on the date of death specified above. <input checked="" type="checkbox"/> I have not attended the deceased and the death occurred at _____ Signature <u>SER KRISTIAN U. CARINGAL, M.D.</u> Name in Print <u>MUNICIPAL HEALTH OFFICER</u> Title or Position <u>POBLACION, MANSALAY, ORIENTAL MINDORO</u> Address <u>POBLACION, MANSALAY, ORIENTAL MINDORO</u> Date <u>APRIL 6, 2022</u>		REVIEWED BY <u>SER KRISTIAN U. CARINGAL, M.D.</u> Signature Over Printed Name of Health Officer <u>APRIL 6, 2022</u> Date	
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <u>BURIAL</u>		24a. BURIAL/CREMATION PERMIT Number _____ Date issued _____	
24b. TRANSFER PERMIT Number _____ Date issued _____		25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>MANSALAY PUBLIC CEMETERY POBLACION MANSALAY, ORIENTAL MINDORO</u>	
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge. Signature <u>WILDE M. GAJARION</u> Name in Print <u>SON</u> Relationship to the Deceased <u>POBLACION, MANSALAY, ORIENTAL MINDORO</u> Address <u>POBLACION, MANSALAY, ORIENTAL MINDORO</u> Date <u>APRIL 6, 2022</u>		27. PREPARED BY Signature <u>MA. ZYRHENE F. HERRERA</u> Name in Print <u>MA. ZYRHENE F. HERRERA</u> Title or Position <u>MESSENGER</u> Date <u>APRIL 6, 2022</u>	
28. RECEIVED BY Signature <u>CORAZON M. FRONDA</u> Name in Print <u>CORAZON M. FRONDA</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>APR 07 2022</u>		29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>CORAZON M. FRONDA</u> Name in Print <u>CORAZON M. FRONDA</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>APR 07 2022</u>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 5 9 6 9 9 0 1 6 0 8 0 5 2 0 7 + 11 19a(a)/19b 19a(c)			

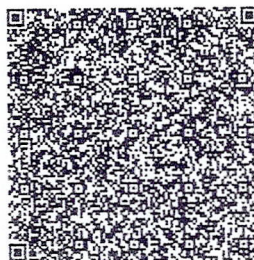
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CLAIRE DENNIS S. MAPA, Ph. D
National Statistician and Civil Registrar
Philippine Statistics Authority



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 Andrew M. Gaigarian following all the regulations prescribed by the Department of Health.

Signature _____ Title/Designation LIC. Embalmer

Name in Print Pecjay T. De Guzman License No. 09-09-4132

Address 232 Bagong Bayan 2 Issued on 05-22-2018 at DH- Manila

Bongabong Cr. Mdo. Expiry Date May 2024

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:

- ☐ was attended by _____;
- ☐ 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/her CTC/valid ID _____ issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

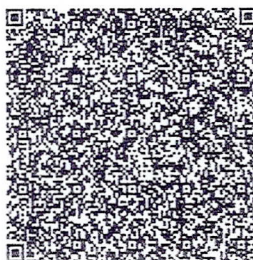
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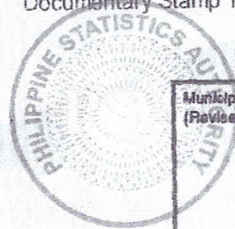
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CLAIRE DENNIS S. MAPA, Ph.
National Statistician and Civil Registrar
Philippine Statistics Authority



(COPY FOR OCRG)

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.)

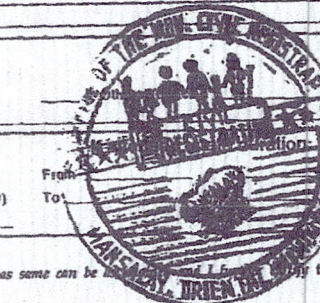
Province <u>ORIENTAL MINDORO</u>		Registry No. <u>2008 - 91</u>	
City/Municipality <u>POBLACION</u>			
1. NAME (First) (Middle) (Last) <u>APOLINARIO</u> <u>MALACAD</u> <u>GAJARON</u>			
2. SEX <input checked="" type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	3. RELIGION <u>POULSQUARE</u>	4. AGE a. 1 YEAR OR ABOVE Completed years <u>59</u> yrs. b. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	c. UNDER 1 DAY Hrs/Min/Sec
5. PLACE OF DEATH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>POBLACION</u>		(City/Municipality) <u>MANSALAY</u> (Province) <u>ORIENTAL MINDORO</u>	
6. DATE OF DEATH (day) <u>26</u> (month) <u>AUGUST</u> (year) <u>2008</u>		7. CITIZENSHIP <u>FILIPINO</u>	
8. RESIDENCE House No., Street, Barangay <u>POBLACION</u>		(City/Municipality) <u>MANSALAY</u> (Province) <u>ORIENTAL MINDORO</u>	
9. CIVIL STATUS <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Married <input type="checkbox"/> 4 Others		10. OCCUPATION <u>FISHERMAN</u>	

MEDICAL CERTIFICATE

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

17. CAUSES OF DEATH		Interval Between Onset and Death
I. Immediate cause: a. <u>Renal Failure</u>		
Antecedent cause: b. <u>Chronic Renal Insufficiency</u>		
Underlying cause: c. <u>Chronic Urinary Tract Infection</u>		
II. Other significant conditions contributing to death:		
18. DEATH BY NON-NATURAL CAUSES		
a. Manner of Death <input type="checkbox"/> 1 Homicide <input type="checkbox"/> 2 Suicide <input type="checkbox"/> 3 Accident		
b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.)		
19. ATTENDANT		
<input type="checkbox"/> 1 Private Physician <input checked="" type="checkbox"/> 4 None		
<input type="checkbox"/> 2 Public Health Officer <input type="checkbox"/> 5 Others (Specify)		
<input type="checkbox"/> 3 Hospital Authority		
20. CERTIFICATION OF DEATH		
I hereby certify that the foregoing particulars are correct as near as same can be ascertained by me.		
<input checked="" type="checkbox"/> I have not attended the deceased		
<input type="checkbox"/> I have attended the deceased and that death occurred at _____ on the date indicated above.		

Signature _____
Name in Print ELY G. GARRERA M.D.
Title or Position MUN. HEALTH OFFICER
Address POBLACION, MANSALAY,
ORIENTAL MINDORO
Date AUGUST 27, 2008



21. CORPSE DISPOSAL <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 2 Cremation <input type="checkbox"/> 3 Others (Specify)	22. BURIAL/CREMATION PERMIT Number _____ Date Issued _____	23. AUTOPSY <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
24. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>MANSALAY PUBLIC CEMETERY - MANSALAY, ORIENTAL MINDORO</u>		
25. INFORMANT		
Signature <u>Ruby Kingan</u>		Address <u>POBLACION, MANSALAY,</u>
Name in Print <u>RUBY F. GAJARON</u>		<u>ORIENTAL MINDORO</u>
Relationship to the deceased <u>COUSIN</u>		Date <u>AUGUST 27, 2008</u>
26. PREPARED BY		
Signature <u>Merita L. Lualaba</u>		Signature <u>Merita L. Lualaba</u>
Name in Print <u>AMELIA A. ASEHAN</u>		Name in Print <u>AMELIA A. ASEHAN</u>
Title or Position <u>MUN. CIVIL REGISTRAR</u>		Title or Position <u>MUN. CIVIL REGISTRAR</u>
Date <u>AUGUST 27, 2008</u>		Date <u>AUGUST 27, 2008</u>

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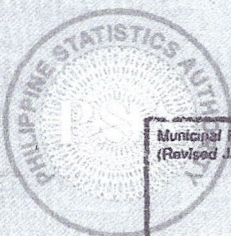


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CLAIRE DENNIS S. MAPA, P
National Statistician and Civil Regist
Philippine Statistics Author

ANNEX "C"



Municipal Form No. 103 (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 DEATH</p> <p align="center">(Fill out completely, accurately and legibly. Use ink or indelible.) Place X before the appropriate answer in items 2, 6, 13, 15, 16, 18, 19, 21 and 23.)</p>											
Province <u>Metro Manila</u>						Registry No. <u>2009-1169</u>					
City/Municipality <u>Makati City</u>											
1. NAME (First) (Middle) (Last) <u>MELKISEDIC MALACAD GAJARION</u>											
2. SEX <input checked="" type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE		3. RELIGION <u>Catholic</u>		4. AGE a. 1 YEAR OR ABOVE Completed years <u>57</u> Months <u>1</u> Days <u>0</u>		b. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		c. UNDER 1 DAY Mrs./Miss/Sec		FOR OCRG USE ONLY: Population Reference No.	
5. PLACE OF DEATH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Hospital ng Makati / Sampaguita St., Pembo, Makati City</u>											
6. DATE OF DEATH (day) (month) (year) <u>31 July 2009</u>											
7. CITIZENSHIP <u>Filipino</u>											
8. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1764 Dian St., Palanan, Makati City</u>											
9. CIVIL STATUS <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 5 Unknown <input checked="" type="checkbox"/> 2 Married <input type="checkbox"/> 4 Others						10. OCCUPATION <u>Tailoring</u>					
<p align="center">MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 11-17 at the back)</p>											
17. CAUSES OF DEATH (Interval Between Onset and Death)											
i. Immediate cause : a. <u>Cardiopulmonary Arrest</u>											
Antecedent cause : b. <u>Multisystem Dysfunction Syndrome</u>											
Underlying cause : c. _____											
ii. Other significant condition contributing to death: <u>Generalized Peritonitis secondary to Autolyzed Appendicitis</u>											
18. DEATH BY NON-NATURAL CAUSES											
a. Manner of Death <input type="checkbox"/> 1 Homicide <input type="checkbox"/> 2 Suicide <input type="checkbox"/> 3 Accident <input checked="" type="checkbox"/> 4 Others (Specify) <u>illness</u>											
b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.) <u>Hospital</u>											
19. ATTENDANT											
If attended, state duration: From <u>7/20/2009</u> To <u>7/31/2009</u>											
<input checked="" type="checkbox"/> 1 Private Physician <input type="checkbox"/> 4 None <input type="checkbox"/> 2 Public Health Officer <input type="checkbox"/> 5 Others (Specify) <input checked="" type="checkbox"/> 3 Hospital Authority											
20. 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											
<input type="checkbox"/> have not attended the deceased											
<input checked="" type="checkbox"/> have attended the deceased and that death occurred at <u>3:10 PM</u> on the date indicated above.											
<p>Signature _____</p> <p>Name in Print <u>FREDERICK AGTARAP, M.D.</u></p> <p>Title or Position <u>Medical Officer III</u></p> <p>Address <u>Hospital ng Makati, Pembo, Makati City</u></p> <p>Date <u>July 31, 2009</u></p>											
<p align="center">REVIEWED BY</p> <p align="center"><u>Juliana A. Dufrenoy, M.D.</u></p> <p align="center">Makati Health Department</p>											
21. CORPSE DISPOSAL <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 3 Others (Specify) <input type="checkbox"/> 2 Cremation				22. BURIAL/CREMATION PERMIT Number _____ Date Issued _____				23. AUTOPSY <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No			
24. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>Valde San Juan Cem.</u>											
25. INFORMANT											
Signature _____ Address <u>3546 Hilario St., Brgy. Palanan, Makati City</u>											
Name in Print <u>LOLITA T. GAJARION</u>											
Relationship to the deceased <u>Wife</u> Date <u>August 4, 2009</u>											
26. PREPARED BY:											
Signature _____											
Name in Print <u>ODESSA RAZON-MANCERA</u>											
Title or Position <u>Med. Rec. Clerk</u>											
Date <u>August 4, 2009</u>											
27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR											
Signature _____											
Name in Print <u>SHIRLEY P. BETA-CRUZ</u>											
Title or Position <u>OTC-REG. DIVISION</u>											
Date <u>AUG 06 2009</u>											

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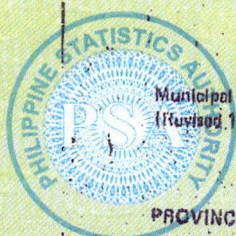
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



MNEY "D"

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 Nueva VizcayaCITY/MUNICIPALITY BambangLOCAL CIVIL REGISTRAR NO. 28-0827

1. NAME (first) RICH ART (Middle) TANGONAN (Last) GAJARIAN

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

3. DATE OF BIRTH (Day) 8 (Month) NOVEMBER (Year) 1988

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay)
Abian, Bambang, Nueva Vizcaya (City/Municipality) (Province)

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

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

6. MAIDEN (First) (Middle) (Last)
Lolita Gracia Tangonan

7. NATIONALITY Philippino

8. RELIGION Religion

9. NAME (First) (Middle) (Last)
Melkisedec Malaced Gajarian

10. NATIONALITY Philippino

11. RELIGION Religion

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
February 4, 1985, Oriental, Mindoro

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:10 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address Bambang, Nueva Vizcaya
Name in print OLIVERA B. GRACIANO
Title or position Rural Health Midwife
Date Nov. 24, 1988

14. INFORMANT
Signature [Signature] Address Abian, Bambang, Nueva Vizcaya
Name in print Melkisedec Gajarian
Relationship to child Father
Date Nov. 24, 1988

15a. PREPARED BY
Signature [Signature] Address Abian, Bambang, Nueva Vizcaya
Name in print OLIVERA B. GRACIANO
Title or position Rural Health Midwife
Date Nov. 24, 1988

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Address Abian, Bambang, Nueva Vizcaya
Name in print ANITA C. GONZALES
Title or position Asst. LCR
Date Nov. 24, 1988

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

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

PROVINCE Nueva Vizcaya
CITY/MUNICIPALITY Bambang

Local Civil Registry No. 280827 Registration Status 15

17. Weight at Birth (In grams) 6,815

18. Birth Order of Child Ex. first, second, etc. 2nd child

19a. Total Number of Children Born Alive 2

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

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

20. Usual Occupation Housekeeper

21. Age at the time of this Birth 27

22. Usual Residence (Barangay) Abian, Bambang, Nueva Vizcaya (City/Municipality) (Province)

23. Usual Occupation Farmer

24. Age at the time of this Birth 35

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

Sex 1 Date of Birth 08/11/88 Place of Birth SV Mother's Nationality SV Father's Nationality SV

NAME OF CHILD
First RICH M.I. ART Last GAJARIAN

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CLAIRE DENNIS S. MAPA, 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)

LOCAL CIVIL REGISTRAR NO. 86-0082

PROVINCE Nueva Vizcaya
CITY/MUNICIPALITY Bambang
1. NAME (First) RICHMOND (Middle) TANCONAN (Last) GAJARION
2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female
3. DATE OF BIRTH (Day) 24 (Month) July (Year) 1986
4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) Abian Bambang Nueva Vizcaya
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X1 Single 2 Twin 3 Three or more
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
6. MAIDEN (First) LOLITA (Middle) GROSPE (Last) TANCONAN
7. NATIONALITY Filipino
8. RELIGION Roman Catholic
9. NAME (First) MELKISEDEC (Middle) MALACAD (Last) GAJARION
10. NATIONALITY Filipino
11. RELIGION Roman Catholic
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
February 6, 1986 Mansalay, Oriental Mindoro
13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 3:30 o'clock a.m. on the date stated above.
Signature [Signature] Address Bambang, Nueva Vizcaya
Name in print ELVIRA B. GRACIANO Date July 24, 1986
Title or position Rural Health Midwife
14. INFORMANT
Signature [Signature] Address Abian, Bambang Nueva Vizcaya
Name in print MELKISEDEC GAJARION Date July 24, 1986
Relationship to child Father
15a. PREPARED BY
Signature [Signature] Address Abian, Bambang Nueva Vizcaya
Name in print ELVIRA B. GRACIANO Date July 24, 1986
Title or position Rural Health Midwife
15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Name in print LOCAL CIVIL REGISTRAR
Title or position Local Civil Registrar Date July 24, 1986
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 2560
16b. DATE WHEN INFORMATION WAS SUPPLIED 2560

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

PROVINCE Nueva Vizcaya
CITY/MUNICIPALITY Bambang
17. Weight at Birth (In grams) 3475
18. Birth Order of Child Ex. first, second, etc. 01
19a. Total Number of Children Born Alive 1
b. How many children are now living including this birth? 1
c. How many children were born alive but are now dead? None
20. Usual Occupation Housekeeper
21. Age at the time of this Birth 24
22. Usual Residence (Barangay) Abian (City/Municipality) Bambang (Province) Nueva Vizcaya
23. Usual Occupation Farmer
24. Age at the time of this Birth 34
25. Attendant at Birth (Place 'X' on appropriate answer)
1 Physician 2 Nurse X 3 Midwife 4 Healer 5 Others
Sex 1 Date of Birth 240786 Place of Birth VT099
Mother's Nationality 1 Father's Nationality 1
NAME OF CHILD
First RICHMOND M.I. T Last GAJARION

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BEST POSSIBLE IMAGE



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



ANNEX "F"



MUNICIPAL FORM No. 97—(Form 2-13)

REGISTER No. 22

MARRIAGE CONTRACT

City or Municipality of Mansalay, Province of Oriental Mindoro

	HUSBAND	WIFE
Contracting Parties	Melkisedic Gajarion	Lolita Tangonan
(a) Age	34yrs. 0mo. 0dys.	24yrs. 1mo. 19dys.
(b) Nationality	Filipino	Filipino
(c) Residence	Mansalay, Ormao.	Pambang, Nueva Visaya
Single: widowed or divorced	Single	Single
Father	Andres Gajarion	Victoriano Tangonan
Nationality	Filipino	Filipino
Mother	Doprina Malacad (dec'd)	Magdalena Grospa
Nationality	Filipino	Filipino
Witnesses	Felipe Inguirang	Noli Galos
Residence	Mansalay, Or. Mindoro	Mansalay, Or. Mindoro
Persons who gave consent or advice	Andres Gajarion	Noli Galos
(a) Residence	Mansalay, Or. Mindoro	Mansalay, Or. Mindoro
(b) Relation to contracting party	Father	Guardian

Place of marriage ^{Office of the House of Barrio of Church of} Municipal Circuit Trial CourtDate of marriage February 4, 1936Marriage solemnized by Adelita F. Torrefiel-Jacang(a) Municipal Circuit Trial Court Judge Mansalay, Oriental Mindoro

THIS IS TO CERTIFY: That I, MELKISEDIC GAJARION (Position) and LOLITA TANGONAN (Address) 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, ADELITA F. TORREFIEL-JACANG, Municipal Circuit Trial Court Judge (Position) CERTIFY: That on the date and at the place above written the aforesaid MELKISEDIC GAJARION and LOLITA TANGONAN 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. 7646300 issued at Mansalay, Or. Mindoro February 4, 1936 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. _____ of Rep. Act 336; 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 4th day of February 1936

Melkisedic Gajarion
MELKISEDIC GAJARION
(Contracting Party)

Lolita H. Tangonan
LOLITA TANGONAN
(Contracting Party)

Adelita F. Torrefiel-Jacang
Municipal Circuit Trial Court Judge
(Judge)

Felipe Inguirang
FELIPE INGUIRANG
(Witness)

WITNESSES

Noli Galos
NOLI GALOS
(Witness)

(See back)

08473-CG-009ZVA-00671-MI002

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




SPECIAL POWER OF ATTORNEY**KNOW ALL MEN BY THESE PRESENTS:**

We, **RICHMOND T. GAJARION** and **RICH ART T. GAJARION**, both of legal age, Filipino citizens, and are residents of 1766 Calatagan St., Brgy. Palanan, Makati City, do hereby NAME, CONSTITUTE and APPOINT **WILDE M. GAJARION**, of legal age, Filipino, and with residence address at 41 Drachma St., Phase 8, North Fairview, Quezon City, to be my true and lawful attorney-in-fact, for me and in my name and stead, to do and perform the following acts, to wit:


1. To represent, defend, appear, verify, declare, affirm, make, present, sign verification and/or filed substitution, submit and fill all necessary notices, petitions, written statements, affidavits, undertakings, declarations, Appeals, Revisions, Motions, application, statements, papers and documents in all proceedings and matters in connection to DENR Case No. 10201 in behalf of the undersigned principals as the surviving heirs of the late **MELKISEDIC M. GAJARION** who is the one of the heirs of the late Andres M. Gajarion;
2. To enter into amicable settlement on such reasonable terms and conditions, to submit to alternative modes of dispute resolution, and to enter into stipulation of facts and/or documents;
3. To enter into contracts with a lawyer/legal counsel who will undertake and handle case or legal proceedings;
4. To sign, verify and/or acknowledge all documents, papers, receipts and contracts/agreements in relation to the above-mentioned;
5. To do such other acts in which our Attorney-in-fact may necessarily do and conveniently carry into effect the above - mentioned powers and authorities.
6. To do and perform for my behalf acts which are related to the above powers.

HEREBY GIVING AND GRANTING unto our said attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present and acting in person; and **HEREBY RATIFYING AND CONFIRMING** all that my said attorney-in-fact shall lawfully do and cause to be done under by virtue of these presents.

IN WITNESS WHEREOF, we have hereunto set our hands and **APR 26 2023** day of _____ at **QUEZON CITY**.


RICHMOND T. GAJARION
 Principal


RICH ART T. GAJARION
 Principal

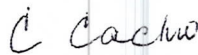


WILDE M. GAJARION
Attorney-in-Fact

SIGNED IN THE PRESENCE OF:



Witness



Witness

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
QUEZON CITY) S.S.

QUEZON CITY

BEFORE ME, a Notary Public for and in _____,
personally appeared the above-named persons with their respective competent
proof of identities, known to me to be the same persons who executed this
SPECIAL POWER OF ATTORNEY. They acknowledged to me that the same are
their own free and voluntary act and deed.

APR 26 2023

WITNESS MY HAND AND NOTARIAL SEAL this ____ of _____,

Doc. No. 199 _____;
Page No. 41 _____;
Book No. II _____;
Series of 2023.

NOTARY PUBLIC

ATTY. RUBEN M. AZAÑES JR.
NOTARY PUBLIC IN QUEZON CITY
AM Adm. Not. Com. No. NP-025 (2023-2024)
IBP O.R. No. 293181 Jan. 2023 / Roll No. 46427
PTR No. 4029325 D 01-05-2023 / TIN: 140-394-836-000
MCLE Compliance No. VII-0018605 valid until 04-15-2025
Address: Unit R03 Suntrust Condo, Matalino St. Central, Q.C.



PUBLIC ATTORNEY'S OFFICE
Sta. Fe, Roxas, 5212
Roxas, Oriental Mindoro

PAO MAIL FREE PRIVATE OR UNAUTHORIZED
TO AVOID PAYMENT OF POSTAGE PENALIZED BY
FINE OR IMPRISONMENT OR BOTH
(PURSUANT TO PAO LAW)

THE REGIONAL EXECUTIVE DIRECTOR
DENR - MIMAROPA
Roxas Boulevard, Ermita, Manila

PAO Reg. # _
Date Mailed _

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REGISTERED



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