

St. Peter Life Plan, Inc.

MOLO

GROUND FLOOR VIOSILS BLDG., M.H DEL PILAR STREET, MOLO, ILOILO CITY

April 05, 2023

Statement of Account

Contract No : N14462771C
Name : MARY GRACE RONCAL TAMAYO
Birth Date : October 14 1979
Address : BITO-ON JARO ILOILO CITY ILOILO

Sales Agent : APRIL ROSE S HERMAC
Sales Agent 2 :

Plan Type : ST FRANCIS
Plan Value : Php 34,200.00
Mode : MONTHLY
Term(Yrs) : 5
Inst. Amt. : Php 650.00
Plan TAP : Php 39,000.00
Inst. No. : 60

Insurability : INSURABLE
Effectivity Date : August 31, 2014
Due Date : August 31, 2019
Move Date : August 31, 2014
Account Status : FULLY PAID
Term. Status: NOT YET TERMINATED
COFP No.: CFPWWT219-005274

Pay Class	Plan Code	OR No	OR Date	Amount	Next Due	Pay Class	Plan Code	OR No	OR Date	Amount	Next Due
NS	RF5M4	091595	08/31/2014	650.00	09/30/2014	DC	RF5M4	0205688	03/05/2017	1,300.00	03/31/2017
DC	RF5M4	094347	09/30/2014	650.00	10/31/2014	DC	RF5M4	0216357	05/23/2017	650.00	04/30/2017
DC	RF5M4	100311	11/04/2014	650.00	11/30/2014	DC	RF5M4	0216391	06/01/2017	1,300.00	06/30/2017
DC	RF5M4	102580	12/02/2014	650.00	12/31/2014	DC	RF5M4	0223653	07/04/2017	650.00	07/31/2017
DC	RF5M4	104657	12/23/2014	650.00	01/31/2015	DC	RF5M4	0230323	08/04/2017	650.00	08/31/2017
DC	RF5M4	106941	01/27/2015	1,300.00	03/31/2015	DC	RF5M4	0235256	09/05/2017	650.00	09/30/2017
DC	RF5M4	110141	02/25/2015	1,950.00	06/30/2015	DC	RF5M4	0241323	10/05/2017	650.00	10/31/2017
DC	RF5M4	122795	06/05/2015	650.00	07/31/2015	DC	RF5M4	0245395	11/13/2017	650.00	11/30/2017
DC	RF5M4	130655	08/28/2015	2,600.00	11/30/2015	DC	RF5M4	0258435	01/22/2018	1,300.00	01/31/2018
DC	RF5M4	133729	09/17/2015	650.00	12/31/2015	DC	RF5M4	0269880	03/16/2018	1,300.00	03/31/2018
DC	RF5M4	145867	12/29/2015	650.00	01/31/2016	DC	RF5M4	0280286	05/21/2018	1,300.00	05/31/2018
DC	RF5M4	0156887	03/28/2016	1,300.00	03/31/2016	DC	RF5M4	0289569	07/03/2018	650.00	06/30/2018
DC	RF5M4	0160949	05/31/2016	650.00	04/30/2016	DC	RF5M4	0298321	08/23/2018	650.00	07/31/2018
DC	RF5M4	0170208	06/30/2016	650.00	05/31/2016	DC	RF5M4	0302522	09/07/2018	650.00	08/31/2018
DC	RF5M4	0172946	07/20/2016	1,300.00	07/31/2016	DC	RF5M4	0310411	10/25/2018	650.00	09/30/2018
DC	RF5M4	0177356	08/19/2016	650.00	08/31/2016	DC	RF5M4	0316107	11/23/2018	1,300.00	11/30/2018
DC	RF5M4	0180370	09/05/2016	650.00	09/30/2016	DC	RF5M4	0326917	01/28/2019	1,950.00	02/28/2019
DC	RF5M4	0189913	11/26/2016	1,300.00	11/30/2016	DC	RF5M4	0344083	04/28/2019	650.00	03/31/2019
DC	RF5M4	0198878	01/26/2017	1,300.00	01/31/2017	DC	RF5M4	0344095	05/03/2019	1,300.00	05/31/2019
						DC	RF5M4	0361830	07/29/2019	1,950.00	08/31/2019

--- Nothing Follows ---

Insurance : Php 0.00
Others : Php 0.00
Miscellaneous : Php 0.00
Loan : Php 0.00

Total Payments : **Php 39,000.00**
Balance : **Php 0.00**

Remarks :

Prepared By:
 DIANNE GRACE D. MIRASOL
 Cashier/Staff

Verified By:
 CLAIRE MAY P. PEREIRA
 Sales Team Leader


 WILLY JOY BASTISTIN
 Branch Manager

GIRLIE JANE S. DIEZ
 Regional Manager

Note : All records are based on the branch ledger. This statement of account will be used only at Head Office as a requirement for verification.



ST. PETER CHAPELS

Golden Gate Memorial Chapels Visayas, Inc.
Brgy. Onate, De Leon Marikina, Iloilo City

MEMORIAL SERVICE CONTRACT

Contract No.: **GG051267**
Contract Date: April 02, 2023

FOR SERVICES RENDERED TO THE LATE: LOURDES MAGANTO TAMAYO

CONTRACTING PARTY/AUTHORIZED FAMILY REPRESENTATIVE		LIFE PLAN	
Name:	MARELL TAMAYO JIMERA	Plan :	SPLPI
Address:	BRGY. BITO-ON JARO ILOILO CITY ILOILO 5000	Policy No :	N14462771C
Contact No:	09814953256	Planholder Name :	MARY GRACE RONCAL TAM
Relation to the Deceased:	MOTHER	Balance :	0.00
Casket:	ST DOROTHY	Branch :	MOLO
Viewing Place:	BRGY BITO-ON, JARO, ILOILO CITY, ILOILO	Plan Type :	ST. FRANCIS
Hearse/Van:	ONE FUNERAL HEARSE	Interment Schedule:	
No. of Viewing Days:	9 DAY/S VIEWING	Place:	
Remarks:	ALL PAYABLES MUST BE SETTLED ONE DAY BEFORE INTERMENT.		
Others:			

Supp No.	Service Description	Amount	Contract Price	
GG051267	MEMORIAL SERVICE PACKAGE	0.00	Senior Citizen VAT exemption	0.00
		0.00	Net of VAT	0.00
			Discount	0.00
			Net Contract Price	0.00
			SERVICE PROCESS FEE	500.00
			Total Due	500.00

CERTIFIED TRUE COPY

DATE: April 05, 2023

LORELYN NARES
LORELYN NARES

STIPULATIONS

The undersigned/family hereby agrees to all the terms and conditions herein stipulated and hereby promises to pay ST. PETER CHAPELS the full cost of SERVICES and other charges herein itemized UPON SIGNING OF THE CONTRACT. The undersigned/family also agrees to the NO PAYMENT - NO INTERMENT / NO CREMATION policy.

In case of complaint/s regarding the services rendered, the undersigned/family shall immediately inform the Company in order that appropriate and expeditious action may be taken to address the complaint. Failure to immediately notify the Company shall automatically discharge, release and bar any claims or causes of action arising from the services rendered and, in such a case, the Company shall be deemed to have performed its services. The undersigned/family also agrees that the Company shall not be liable for any damages, claims or causes of action attributable to the fault or negligence of the deceased's family / the undersigned or third parties. By signing, the undersigned/ family agrees to all the stipulations, and has read and understood, and conforms to the terms of the Release and Waiver set forth at the back page.

The undersigned/authorized family representative agrees that if the life plan to be used or assigned is not effective and/or cannot be availed of, the memorial services shall be on an At-Need basis/rate and this contract shall be superseded and replaced by a new At-Need memorial service contract.

 MARELL TAMAYO JIMERA Contracting Party/Authorized Family Representative	 LORELYN NARES Family Care Representative
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NOTE: Full payment upon signing of the contract. We only accept cash and credit card payments. Please refer to back page. By signing this CONTRACT, the contracting party/authorized family representative consents to the collection, processing, transmission, handling and storage by ST. PETER CHAPELS of the Personal Data of the customer or the deceased in any form whatsoever, which is necessary for the memorial service processing, and also consents and agrees to and accepts the Company's Data Privacy Policy in compliance with the Data Privacy Act. Please read the Company's Data Privacy Policy at www.stpeter.com.ph/privacy-policy.

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

(To be accomplished in quadruplicate using black ink)

Province **ILOILO** Registry No. **2023-1776**
City/Municipality **ILOILO CITY**

1. NAME (First) (Middle) (Last) **LOURDES RONCAL TAMAYO** 2. SEX (Male/Female) **FEMALE**

3. DATE OF DEATH (Day, Month, Year) **31 MARCH 2023** 4. DATE OF BIRTH (Day) (Month) (Year) **03 JUNE 1952** 5. AGE AT THE TIME OF DEATH (If in below age category)
a. IF 1 YEAR OR ABOVE (2) Completed years **70 Y.O.** b. IF UNDER 1 YEAR (1) Months (2) Days (3) Hours (4) Minutes

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) **WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER, E. LOPEZ STREET, JARO, ILOILO CITY, ILOILO** 7. CIVIL STATUS (Single/Married/Widow/Widowed/Annulled/Divorced) **WIDOW**

8. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 9. CITIZENSHIP **FILIPINO** 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **ZONE 4, BRGY. BITO-ON, JARO, ILOILO CITY, ILOILO, PHILIPPINES**

11. OCCUPATION **HOUSEKEEPER** 12. NAME OF FATHER (First, Middle, Last) **SILVERIO JUNTO RONCAL** 13. MAIDEN NAME OF MOTHER (First, Middle, Last) **JUANA MENDOZA MAGANTO**

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. **FATAL ARRHYTHMIA (REFRACTORY ATRIAL FIBRILLATION IN RAPID VENTRICULAR RESPONSE) INTERVAL = DAYS**
Antecedent cause : b. **ACUTE LEFT VENTRICULAR FAILURE INTERVAL = DAYS**
Underlying cause : c. **ACUTE CORONARY SYNDROME NON ST ELEVATION MYOCARDIAL INFARCTION IN CARDIOGENIC SHOCK INTERVAL = DAYS**
II. Other significant conditions contributing to death: **HOSPITAL ACQUIRED PNEUMONIA WITH ASPIRATION COMPONENT, DM TYPE 2 INSULIN REQUIRING, ACUTE KIDNEY INJURY PROB. SEC. TO RENAL HYPOPERFUSION ON TOP OF CHRONIC KIDNEY DISEASE**

19c. MATERNAL CONDITION (If the deceased is female aged 13-49 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.)
CITY HEALTH OFFICE
S. O. S. O. C. T. R.
REGISTRAR
April 04, 2023
20. AUTOPSY (Yes/No)

21a. ATTENDANT 1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others Specify
21b. If attendant, state duration (mm/dd/yy) From **03/26/23** To **03/31/23**

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 not attended the deceased and that death occurred at **01:26 AM** on the date of death specified above. I have attended/

Signature **ALYN JOY G. LEONIDAS** Title of Position **MEDICAL OFFICER III** Address **WVSU MEDICAL CENTER, E. LOPEZ STREET JARO, ILOILO CITY** Date **MARCH 31, 2023**
REVIEWED BY: **ROLAND JAY D. FORTUNA, MD.** Signature Over Printed Name of Health Officer **April 04, 2023** Date

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) **Burial** 24a. BURIAL/CREMATION PERMIT Number **8210693** Date Issued **April 04, 2023** 24b. TRANSFER PERMIT Number Date Issued

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY **Quintin Salas Cemetery, Jaro, Iloilo City**

26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **MARELIT JIMENA** Name in Print **MARELIT JIMENA** Relationship to the Deceased **DAUGHTER** Address **ZONE 4, BRGY. BITO-ON, JARO, ILOILO CITY, ILOILO** Date **APRIL 04, 2023**
27. PREPARED BY
Signature **PAMIA LAIZ C. ELPOS** Name in Print **PAMIA LAIZ C. ELPOS** Title or Position **ADMINISTRATIVE OFFICER III** Date **APRIL 04, 2023**

28. RECEIVED BY
Signature **GINALYN M. SUSTENTO** Name in Print **GINALYN M. SUSTENTO** Title or Position **CR PERSONNEL** Date **APR 04 2023**
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature **JOHN LESTER I. PALLADA** Name in Print **JOHN LESTER I. PALLADA** Title or Position **REGISTRATION OFFICER IV** Date **APR 04 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (normal, spontaneous, vertex, forceps, 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

19. CAUSES OF DEATH

a. Main disease/condition of infant _____

b. Other disease/condition 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 Laurel Tanayo following all the regulations prescribed by the Department of Health

Signature _____ Title/Designation LIC-EMB

Name in Print JOSE GERVANI LAUREL License No. 31681

Address JPMC Issued on 09-09 at DDA-MNL

Expiry Date DEC 22, 2023

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 his death was due to _____

5. That I am executing this affidavit in 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 CTE/valid ID issued on _____ at _____

Signature of the Administering Officer _____ Position / Title / Designation _____

Name in Print _____ Address _____

POLICE

PHILIPPINE NATIONAL POLICE



MARELL TAMAYO JIMENA


Police Corporal
249218

DATE ISSUED : **September 20, 2021**

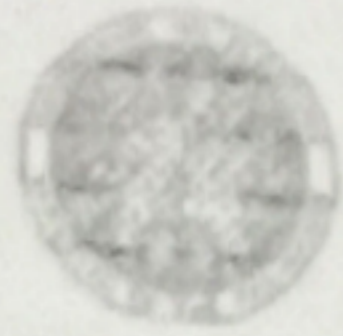
EXPIRATION DATE : **January 16, 2024**

ID CARD NUMBER : **21I2000396**

MTJ


ROLANDO J HINANAY
Police Major General
The Director for Personnel
and Records Management





Republic of The Philippines
COMMISSION ON ELECTIONS
Office of the Election Officer
ILOILO CITY, ILOILO

VOTER CERTIFICATION

Voter's Identification Number : 3022-0345A-F0352LRT20000-0

Province : ILOILO
Municipality : ILOILO CITY
Barangay : BITO-ON
Precinct No. : 0345 A
VRR No. : 30220800001548
Illiterate/
Disabled :

Name: TAMAYO , LOURDES RONCAL

BIOMETRICS :

Sex: Female

Civil Status: Married

Residence: BRGY. BITO-ON JARO ILOILO CITY
BITO-ON
ILOILO CITY
ILOILO



PERIOD OF RESIDENCE IN:

Philippines : 61 Year(s)

Municipality : 61 Year(s) and 6 Month(s)

Date of Birth: 06/03/1952

Sector:

Place of Birth: ILOILO
ILOILO CITY

Date of Registration: 9/2/2003 1

VOTING RECORD

Current: Yes

Previous: Yes

Issued and signed on this 19th day of June, 2013 at Iloilo City, Iloilo.

CERTIFIED CORRECT :

ATTY. REINIER B. LAYSON

Election Officer