



Republic of the Philippines  
**Tourism Infrastructure & Enterprise Zone Authority**



**February 08, 2021**

(Date)

**C L E A R A N C E**

**TO WHOM IT MAY CONCERN:**

This is to certify that **#3057 EZRA NICOLE C. BASTO** stationed at the **Corporate Planning Department** has been cleared of all property/money accountabilities and of all special assignments, special reports, etc. required by existing office orders or instructions and that he/she has no pending administrative or any other case whatever according to the records of this Office. Clearance has been issued due to **DEATH** effective **January 21, 2021**.

- |   |   |
|---|---|
| 1. <br><b>ANNA LEAH R. BAYOT</b><br>Immediate Supervisor | 2. <br><b>FRANCIS RANDY J. HORTELANO</b><br>Department Manager |
| 3. <b>ROSANNA M. OLGADO</b><br>Manager, Administrative Services Dept.   | 4. <b>NIÑO RUPERTO F. AQUINO</b><br>OIC, Legal Department   |
| 5. <b>RODOLFO E. ANCHETA</b><br>Manager, Financial Services Dept.   | 6. <b>ANA RUTH L. MATEO</b><br>Manager, General Services Division   |
| a. <b>MYRNA A. SUAREZ</b><br>Manager, Treasury Division   | b. <b>CRISTETO G. OCAMPO</b><br>Chairperson, ECOPT  |
| c. <b>NENITA R. MEDINA</b><br>President, TEA  | d. <b>JOY M. BULAITAN</b><br>Chairperson, Welfare Fund  |

Recommending Approval:

 Sector Head	<b>JOY M. BULAITAN</b> ACOO for Administration & Finance Sector
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Approved:

**MARK T. LAPID**  
Chief Operating Officer

Note: This form must be accomplished in four (4) copies by the outgoing/leaving employees who shall retain the ORIGINAL and leave the other copies with the Human Resource Services Division.

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

Province <u>BULACAN</u>			Registry No.		
City/Municipality <u>CITY OF MAILOLOS</u>					
1. NAME (First) (Middle) (Last) <u>EEZA NICOLE CUDAL BASTO</u>			2. SEX (Male/Female) <u>FEMALE</u>		
3. DATE OF DEATH (Day, Month, Year) <u>21, January 2021</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>22, January 1993</u>		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age cate.) a. IF 1 YEAR OR ABOVE [2] Completed years <u>27</u> b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <u>Mary Immaculate Maternity &amp; Gen. Hosp. / Sto. Rosario, City of Mailolos Bul.</u>				7. CIVIL STATUS (Single/Married/Widower/Annulled/Divorced) <u>SINGLE</u>	
8. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>		9. CITIZENSHIP <u>Filipino</u>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <u>84 L17 Heritage Homes, Longos, City of Mailolos, Bul. PH</u>	
11. OCCUPATION <u>Gov't Employee</u>		12. NAME OF FATHER (First, Middle, Last) <u>ARIEL CASIS BASTO</u>		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <u>IMELDA GANSUBIN CUDAL</u>	

**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. <u>Cardio pulmonary arrest</u>				
Antecedent cause		b. <u>Extrapulmonary tuberculosis</u>				
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						20. AUTOPSY (Yes / No)
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.) _____						
21a. ATTENDANT					21b. If attended, state duration (mm/dd/yy)	
1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____					From <u>Jan. 21, 2021</u> To <u>Jan. 21, 2021</u>	
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 <input checked="" type="checkbox"/> have attended the deceased and that death occurred at <u>11:10 pm</u> am/pm on the date of death specified above.						
Signature _____			REVIEWED BY:			
Name in Print <u>Grace P. Retuerma MD / Apple S. Guezon MD</u>			Signature Over Printed Name of Health Officer _____			
Title or Position <u>Internist / Physician (RMD)</u>			Date _____			
Address <u>Unit 1, Sto. Rosario City of Mailolos Bulacan</u>			Date <u>Jan. 21, 2021</u>			

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) _____		24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____		24b. TRANSFER PERMIT Number _____ Date Issued _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY _____					
26. CERTIFICATION OF INFORMANT			27. PREPARED BY		
I hereby certify that all information supplied are true and correct to my own knowledge and belief.			Signature _____		
Signature <u>[Signature]</u>			Name in Print <u>Arlyne M. Santos</u>		
Name in Print <u>EMMA C. BASTO</u>			Title or Position <u>Reg. Midwife</u>		
Relationship to the Deceased <u>SISTER</u>			Date <u>Jan. 21, 2021</u>		
Address <u>84 L17 Heritage Homes Longos City of Mail. Bul.</u>					
Date <u>Jan. 21, 2021</u>					
28. RECEIVED BY			29. REGISTERED BY THE CIVIL REGISTRAR		
Signature _____			Signature _____		
Name in Print _____			Name in Print _____		
Title or Position _____			Title or Position _____		