



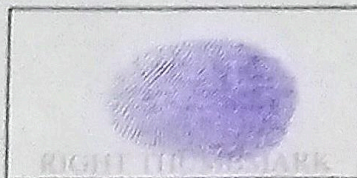
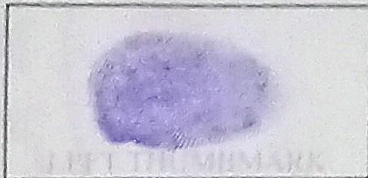
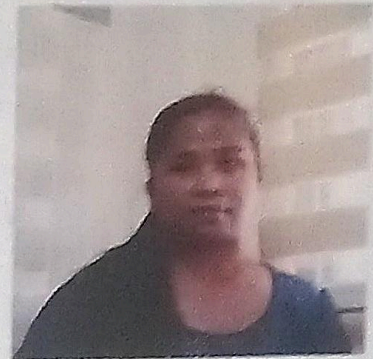
OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that, based on the records of this Barangay that the person whose name, picture, thumbmarks, and signature below has not been accused nor has a pending case with the Lupong Tagapamayapa of neither crime involving moral turpitude nor act contrary to our existing law:

Name: DE-ANNE AGAO BUTLAY
Address: SITIO STO. NINO VILL.
Gender: FEMALE
Date of Birth: 5/14/1982
Civil Status: MARRIED
Place of Birth: MANILA
Purpose: FOR APPLY WORK



[Signature]
Signature

This certification is issued upon the request of the above-named person to support for whatever legal purposes serve best.

Given this 18th day of MARCH, 2024 at Barangay Basak, Lapu-lapu City, Cebu, Philippines.

[Signature]
HON. JASMINE MARIE K. CHAN
Barangay Chairman

O.R. No.: _____
AMOUNT PAID: 45.00
DOC STAMP: 30.00

not valid
without seal

REPUBLIC OF INDONESIA
 DEPARTMENT OF LAND AND CONSTRUCTION
CERTIFICATE OF LAND RIGHT
 No. 1111/1111/2021

1. Name: [Redacted]
 2. Address: [Redacted]
 3. Type of Right: [Redacted]
 4. Location: [Redacted]
 5. Area: [Redacted]
 6. Date of Issuance: [Redacted]

7. Name of Applicant: [Redacted]
 8. Name of Beneficiary: [Redacted]
 9. Name of Issuing Authority: [Redacted]

10. Name of Notary: [Redacted]
 11. Name of Witness: [Redacted]

12. Name of Registrar: [Redacted]

13. Name of Head of Office: [Redacted]

14. Name of Head of District: [Redacted]

15. Name of Head of Province: [Redacted]

16. Name of Head of Country: [Redacted]

17. Name of Head of Region: [Redacted]

18. Name of Head of Sub-Region: [Redacted]

19. Name of Head of District: [Redacted]

20. Name of Head of Sub-District: [Redacted]

21. Name of Head of Village: [Redacted]

22. Name of Head of Hamlet: [Redacted]

23. Name of Head of RT: [Redacted]

24. Name of Head of RW: [Redacted]

25. Name of Head of Kelurahan: [Redacted]

26. Name of Head of Kecamatan: [Redacted]

27. Name of Head of Kabupaten/Kota: [Redacted]

28. Name of Head of Provinsi: [Redacted]

29. Name of Head of Negara: [Redacted]

30. Name of Head of World: [Redacted]

This is given to [Redacted]
 in accordance with the provisions of the law.

COMMUNITY TAX CERTIFICATE
 No. 1111/1111/2021

1. Name: [Redacted]
 2. Address: [Redacted]
 3. Type of Right: [Redacted]
 4. Location: [Redacted]
 5. Area: [Redacted]

6. Name of Applicant: [Redacted]
 7. Name of Beneficiary: [Redacted]

8. Name of Issuing Authority: [Redacted]

9. Name of Notary: [Redacted]

10. Name of Witness: [Redacted]

11. Name of Registrar: [Redacted]

12. Name of Head of Office: [Redacted]

13. Name of Head of District: [Redacted]

14. Name of Head of Province: [Redacted]

15. Name of Head of Country: [Redacted]

16. Name of Head of Region: [Redacted]

17. Name of Head of Sub-Region: [Redacted]

18. Name of Head of District: [Redacted]

19. Name of Head of Sub-District: [Redacted]

20. Name of Head of Village: [Redacted]

21. Name of Head of Hamlet: [Redacted]

22. Name of Head of RT: [Redacted]

23. Name of Head of RW: [Redacted]

24. Name of Head of Kelurahan: [Redacted]

25. Name of Head of Kecamatan: [Redacted]

26. Name of Head of Kabupaten/Kota: [Redacted]

27. Name of Head of Provinsi: [Redacted]

28. Name of Head of Negara: [Redacted]

29. Name of Head of World: [Redacted]

BENJASURYA
 No. 1111/1111/2021

1. Name: [Redacted]
 2. Address: [Redacted]
 3. Type of Right: [Redacted]
 4. Location: [Redacted]
 5. Area: [Redacted]

6. Name of Applicant: [Redacted]
 7. Name of Beneficiary: [Redacted]

8. Name of Issuing Authority: [Redacted]

9. Name of Notary: [Redacted]

10. Name of Witness: [Redacted]

11. Name of Registrar: [Redacted]

12. Name of Head of Office: [Redacted]

13. Name of Head of District: [Redacted]

14. Name of Head of Province: [Redacted]

15. Name of Head of Country: [Redacted]

16. Name of Head of Region: [Redacted]

17. Name of Head of Sub-Region: [Redacted]

18. Name of Head of District: [Redacted]

19. Name of Head of Sub-District: [Redacted]

20. Name of Head of Village: [Redacted]

21. Name of Head of Hamlet: [Redacted]

22. Name of Head of RT: [Redacted]

23. Name of Head of RW: [Redacted]

24. Name of Head of Kelurahan: [Redacted]

25. Name of Head of Kecamatan: [Redacted]

26. Name of Head of Kabupaten/Kota: [Redacted]

27. Name of Head of Provinsi: [Redacted]

28. Name of Head of Negara: [Redacted]

29. Name of Head of World: [Redacted]

[Redacted]
 No. 1111/1111/2021

1. Name: [Redacted]
 2. Address: [Redacted]
 3. Type of Right: [Redacted]
 4. Location: [Redacted]
 5. Area: [Redacted]

6. Name of Applicant: [Redacted]
 7. Name of Beneficiary: [Redacted]

8. Name of Issuing Authority: [Redacted]

9. Name of Notary: [Redacted]

10. Name of Witness: [Redacted]

11. Name of Registrar: [Redacted]

12. Name of Head of Office: [Redacted]

13. Name of Head of District: [Redacted]

14. Name of Head of Province: [Redacted]

15. Name of Head of Country: [Redacted]

16. Name of Head of Region: [Redacted]

17. Name of Head of Sub-Region: [Redacted]

18. Name of Head of District: [Redacted]

19. Name of Head of Sub-District: [Redacted]

20. Name of Head of Village: [Redacted]

21. Name of Head of Hamlet: [Redacted]

22. Name of Head of RT: [Redacted]

23. Name of Head of RW: [Redacted]

24. Name of Head of Kelurahan: [Redacted]

25. Name of Head of Kecamatan: [Redacted]

26. Name of Head of Kabupaten/Kota: [Redacted]

27. Name of Head of Provinsi: [Redacted]

28. Name of Head of Negara: [Redacted]

29. Name of Head of World: [Redacted]



OFFICE OF THE REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

1. NAME
 a. First: Rayan
 b. Second: James
 c. Surname: Bohley

2. SEX
 a. Male b. Female

3. DATE OF BIRTH
 day: 20 month: February year: 2012

4. PLACE OF BIRTH
 a. Name of Hospital/Clinic/Institution: Changi General Hospital
 b. Address: Changi Road, Singapore

5. TIME OF BIRTH
 a. Hour: 11 b. Minute: 30 c. AM PM

6. BIRTH INFORMATION
 a. Method of Birth: Normal
 b. Instrumental: c. Cesarean:

7. CHILDBIRTH
 a. Order of Birth: 1
 b. Sex of Mother: Female
 c. Age of Mother at Birth: 30

8. OCCUPATION
 a. Occupation: Production Operator
 b. Industry: Manufacturing

9. RESIDENCE
 a. Name: 1000
 b. Address: 1000
 c. City: Singapore

10. CHILDBIRTH
 a. Name: Rayan
 b. Address: 1000
 c. City: Singapore

11. OCCUPATION
 a. Occupation: General Practitioner
 b. Industry: Health Services

12. SIGNATURE OF REGISTRAR
 Name: [Signature]
 Title: Registrar General

REG-2012-001-01779-01028

Lian Guan & Associates

NOTE: Write the number and date on back of check or receipt before commencing.

HON.

GR. No. _____
 AMOUNT PAID 45.00
 DOC STAMP 30.00

COMMUNITY TAX CERTIFICATE

2014 1000 1000 1000

A. BASIC COMMUNITY TAX

B. ADDITIONAL COMMUNITY TAX

1. 1000

2. 1000

3. 1000

Right To Buy
 Print _____