

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of July 2017  
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

Joint Filing Separate Filing Not Applicable

DECLARANT: BERRAME MILDRED A.  
(Family Name) (First Name) (M. I.)

POSITION: NURSING ATTENDANT

AGENCY/OFFICE: VSU HOSPITAL

OFFICE ADDRESS: VISCA BAYBAY LEYTE 6521-A

ADDRESS: ZONE 15, BAYBAY CITY, LEYTE 6521

SPOUSE: BERRAME EDEN S.  
(Family Name) (First Name) (M. I.)

POSITION: DECEASED

AGENCY/OFFICE: N/A

OFFICE ADDRESS: N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
DIANELLE A. BERRAME	DEC. 16, 1998	

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties\*

DESCRIPTION <small>(e.g. lot, house and lot condominium and improvements)</small>	KIND <small>(e.g.residential, commercial, industrial, agricultural and mixed</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
NONE	NONE	NONE	NONE	NONE			NONE

Subtotal: P -

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
GADGETS (LAPTOPS, CELLPHONE, AND TABLETS)	2015-2017	P 99590
APPLIANCES	2006-2016	P 50000
JEWELRIES	2006-2016	P 80000

Subtotal: P P229590

TOTAL ASSETS (a + b): P229590

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
POLICY LOAN, CONSOLIDATED LOAN, HELP	GSIS	P200000
VSU CDC LOAN	VSU CDC	P5000

TOTAL LIABILITIES: P205000

NETWORTH : Total Assets Less Total Liabilities = P24590

\*Additional sheet/s may be used, if necessary.



**BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

☒ I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

**RELATIVES IN THE GOVERNMENT SERVICE**

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

☒ I/ We do not know of any relative/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of relatives in the government within fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date : 7/27/17

M. Benam

(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: PRC  
ID No. : 116422  
Date Issued: AUG. 27, 1996

Government Issued ID: N/A  
ID No. : N/A  
Date Issued: N/A

SUBSCRIBED AND SWORN to before me this JUL 27 2017 day of 2017 affiant exhibiting to me the above-stated government issued identification card.

DUG. NO. 1945  
PAGE NO. 47  
BOOK NO. 11  
SERIES OF 2017

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Myra Belle L. Aure  
**ATTY. MYRA BELLE L. AURE**  
**PUBLIC ATTORNEY**  
**PURSUANT TO R.A. 9406**