SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2024</u> (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: UNAJAN MAGDALENE POSITION: C Department Head (Family Name) (First Name) (M.I.) AGENCY/OFFICE: DCST, Visayas State University ADDRESS: #94 Warners Apartment, Visayas State University, Visca, Baybay City, Leyte OFFICE ADDRESS: Visca, Baybay City, Leyte SPOUSE: UNAJAN RODERICK POSITION: M. Office Clerk (Family Name) (First Name) (M.I.) AGENCY/OFFICE: IHK, Visayas State University OFFICE ADDRESS: Visca, Baybay City, Leyte

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

NAME	DATE OF BIRTH	AGE
NA	NA	NA

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 (e.g. lot, house and lot, condominium	KIND (e.g. residential, commercial, industrial,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
and improvements) agricultural a	agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
house and lot	residential	Sitio Riverside, Kilim. Baybay City, Leyte	500,000.00	3,000,000.00	2015	installmen t	800,000.00

Subtotal: 800,000.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Jewelry	2015	10,000.00
Appliances	2012	10,000.00

Subtotal: 20,000.00

TOTAL ASSETS (a+b): 820,000.00

^{*} Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
SP LOAN and OTHERS LOAN	VSU CDC	118,000.00	
REG LOAN and EMERGENCY LOAN	VSU CDC	48,000.00	
GFAL	GSIS	80,000.00	
SPECIAL LOAN	VSUCC	101,100.00	

TOTAL LIABILITIES: 347,100.00

NET WORTH: Total Assets less Total Liabilities = 472,900.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS2

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

If 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	
NA	NA	NA	NA	

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 AGENCY/OFFICE AND ADDRESS		
Sister	LGU Finance Officer	Municipality of Carmen, Carmen, Bohol		
Sister	Registrar	CTU, R.Palma St., Cebu City		
Sister	Principal	Tayong ES - Loay, Bohol		
The state of the s	Sister	Sister Officer Sister Registrar		

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 my relatives in the government within the 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:	an. 23, 2025			
(Signa	ture of Declarant)	_	(Signature	e of Co-Declarant/Spouse)
Government Issued ID:	Driver's License		Government Issued ID	Driver's License
ID No.:	H09-07-000034		ID No.:	J09-06-019694
Date Issued:	May 20, 2024		Date Issued:	October 24, 2023
SUBSCRIBED AND SWORN to before me this government issued identification card.		2 ⁴ day	ATTY KARENARDIAL	S. MONTERS : and Services
			(Person Adminis	tering Oath)
	지 어림에서 살고 가장하다면 그리고 하네지 않아 있다면 하다.			

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^{*} Additional sheet/s may be used, if necessary.