

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of \_\_\_\_\_  
(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:** ABANERA TEAN C  
(Family Name) (First Name) (M. I.)

**POSITION:** Adm in Aide III  
**AGENCY/OFFICE:** Dep of Meteorology  
**OFFICE ADDRESS:** VISCA, BAYBAY CITY, LEYTE

**ADDRESS** Brgy. PATAG, BAYBAY CITY, LEYTE

**SPOUSE:** ABANERA MARINA B  
(Family Name) (First Name) (M. I.)

**POSITION:** \_\_\_\_\_  
**AGENCY/OFFICE:** \_\_\_\_\_  
**OFFICE ADDRESS:** \_\_\_\_\_

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

NAME	DATE OF BIRTH	AGE
<u>N.A</u>		

### 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 improvement)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE <small>(As found in the Tax Declaration of Real Property)</small>	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
LOT	Residential	Brgy. Patag Baybay city Leyte		75,000.00	1975	Purchased	75,000.00
HOUSE	Residential	Brgy. Patag Baybay City		190,000.00	1956	Purchased	190,000.00

Subtotal: P 265,000.00

##### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST / AMOUNT
Dining Table and Furniture	2008 - 2010	84,000.00
Laptop computer - Samsung, Mini van car	2011 - 2012	140,000.00
Refrigerator - copadora	2019	24,000.00
Motorcycle Honda	2020	18,000.00

Subtotal: P 366,000.00

**TOTAL ASSETS (a + b):** \_\_\_\_\_

#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
HELP	GSIS	50,000.00
CONSOL	GSIS	70,000.00
GPAL	GSIS	12,000.00

**TOTAL LIABILITIES:** 210,000.00

**NETWORTH : Total Assets Less Total Liabilities =** \_\_\_\_\_

\*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
none			
N/A.			

**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
N/A			

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 : April 4 2021

[Signature]  
(Signature of Declarant)

\_\_\_\_\_  
(Signature of Co-Declarant/Spouse)

Government Issued VSU 17  
ID No. : Y00003  
Date Issued: \_\_\_\_\_

Government Issued \_\_\_\_\_  
ID No. : \_\_\_\_\_  
Date Issued: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 2013, affiant exhibiting to me the above-stated government issued identification card.

\_\_\_\_\_  
(Person Administering Oath)