

*GOVERNMENT OF GUAM
RETIREMENT FUND*

*MEMBERS' AND BENEFITS
COMMITTEE REPORT*

JULY, 2015



July 31, 2015

MEMORANDUM

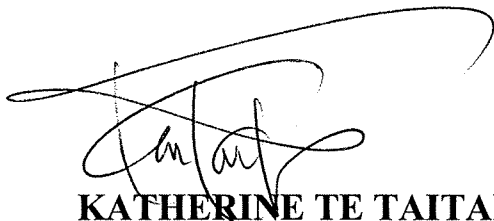
TO: Chairman, Board of Trustees
Government of Guam Retirement Fund

FROM: Chairperson, Members' & Benefits Committee,
Government of Guam Retirement Fund

SUBJECT: July, 2015- Report

Please find attached the Members' and Benefits Committee's July, 2015 Report. This report accurately highlights the significant activities and action items reviewed and administered to during the July period.

Should you require further information concerning this report, feel free to contact me at your earliest convenience.



KATHERINE TE TAITANO

I. TOTAL MEMBERS SERVED:

A. No. of Active Members

1.	Defined Benefits	2,482
2.	Defined Contributions	<u>8,017</u>

10,499

B. No. of Retirees

1.	Defined Benefits	7,057
2.	Defined Contributions	<u>706</u>

7,763
18,262

II. TOTAL STAFFING:

A. Benefit Services Division

1.	Budget 2015	12	
	Actual		7

B. Members' Services Division

1.	Budget 2015	8	
	Actual		5

IV. REVIEW AND FINDINGS

Based on our review and findings during our meeting of July 15, 2015 the following applications are recommended for **APPROVAL** to the Board of Trustees:

A. RETIREMENT ANNUITY APPLICATIONS

1(a) Optional/**Age** Retirement Application (§8119 pre 10/01/81)

There are no Optional/**Age** Retirement Applications for review

1(b) **Optional**/**Age** Retirement Application (§8120. post 10/01/81)

a.	Name:	Rose Marie DL Oamil (List #2753)*
	Date of Birth:	
	Department:	Guam Memorial Hospital Authority
	Length of Service:	28 Years 07 Months 15 Days
	Service Factor:	28.625
	Average Annual Salary:	\$68,637.15
	Annual Annuity:	\$44,544.48
	Percentage Earned:	64.898498
	Effective Date:	August 01, 2013

*Adjustment to finalized annuity to include adjusted CY12 gross salary due to retro payment.

1 (c) **Optional**/**Age** Retirement Application (§8120.1 post 08/22/84)

a.	Name:	Vivian C. Unsay (List #3080)
	Date of Birth:	
	Department:	Guam Memorial Hospital Authority
	Length of Service:	26 Years 06 Months 00 Days
	Service Factor:	26.500
	Average Annual Salary:	\$111,129.26
	Annual Annuity:	\$ 55,304.16
	Percentage Earned:	49.765615
	Effective Date:	September 21, 2014

1(d) Optional/Age Retirement Applications (§8120.1 Post 08/22/84)

a. Name: Johnny B. Esteves (List #3093)
Date of Birth:
Department: Guam International Airport Authority
Length of Service: 21 Years 04 Months 00 Days
Service Factor: 21.333
Average Annual Salary: \$49,405.12
Annual Annuity: \$23,878.80
Percentage Earned: 48.332642
Effective Date: September 27, 2014

2(a) Service Retirement Applications (§8119. Prior to 10/01/81)

a. Name: Sheree C. Blas (List # 3042)
Date of Birth:
Department: Public Health & Social Services
Length of Service: 35 Years 09 Months 00 Days
Service Factor: 35.750
Average Annual Salary: \$50,509.91
Annual Annuity: \$42,617.76
Percentage Earned: 84.375046
Effective Date: August 23, 2014

b. Name: Maria Sophia T. Santos (List # 3103)
Date of Birth:
Department: Public Health & Social Services
Length of Service: 32 Years 08 Months 15 Days
Service Factor: 32.708
Average Annual Salary: \$45,533.39
Annual Annuity: \$34,956.00
Percentage Earned: 76.770036
Effective Date: September 27, 2014

2(b) Service Retirement Applications (§8120. post 10/01/81)

- a. Name: Ignacio C. Mesngon, Jr. (List #3098)
Date of Birth:
Department: Guam Water Works Authority
Length of Service: 35 years 03 Months 15 Days
Service Factor: 35.291
Average Annual Salary: \$72,559.89
Annual Annuity: \$60,389.76
Percentage Earned: 83.227469
Effective Date: September 27, 2014
- b. Name: Evangeline Q. San Nicolas (List # 3041)
Date of Birth:
Department: Department of Education
Length of Service: 30 Years 02 Months 00 Days
Service Factor: 30.166
Average Annual Salary: \$106,943.37
Annual Annuity: \$ 75,304.08
Percentage Earned: 70.414912
Effective Date: August 16, 2014
- c. Name: Janice T. Santiago (List # 3031)
Date of Birth:
Department: Department of Education
Length of Service: 30 Years 08 Months 15 Days
Service Factor: 30.708
Average Annual Salary: \$59,692.36
Annual Annuity: \$42,841.20
Percentage Earned: 71.769988
Effective Date: August 15, 2014

2(c) Service Retirement Application (§8120.1 post 08/22/84)

- a. Name: Jimmy K. Borja (List # 2972)
Date of Birth:
Department: Guam Fire Department
Length of Service: 32 Years 04 Months 15 Days
Service Factor: 32.375
Average Annual Salary: \$117,275.07
Annual Annuity: \$ 89,055.84
Percentage Earned: 75.937571
Effective Date: May 31, 2014
- b. Name: Catherine C. San Nicolas (List # 3074)
Date of Birth:
Department: Guam Memorial Hospital Authority
Length of Service: 30 Years 02 Months 00 Days
Service Factor: 30.166
Average Annual Salary: \$95,568.38
Annual Annuity: \$67,294.56
Percentage Earned: 70.415089
Effective Date: September 20, 2014
- c. Name: George M. Superales (List # 3076)
Date of Birth:
Department: Department of Public Works
Length of Service: 30 Years 04 Months 15 Days
Service Factor: 30.375
Average Annual Salary: \$48,406.75
Annual Annuity: \$34,338.48
Percentage Earned: 70.937379
Effective Date: September 20, 2014

3(a) Service Retirement Application (Early Retirement Incentive Program) ERIP
(pursuant to PL 25-72 as amended by PL 25-74 as amended by PL 25-90 as amended by PL 25-92)

There are no Service Retirement Applications for review

B. DISABILITY RETIREMENT APPLICATION – Section 8123

There are no Disability Retirement Applications for review

C. DISABILITY RETIREMENT ANNUITY FINALIZATION – Section 8125

There are no Disability Retirement Annuity Finalizations for review

D. DEFERRED AGE RETIREMENT APPLICATION – Section 8130

There are no Deferred Age Retirement Applications for review

E. SURVIVOR ANNUITY BENEFIT APPLICATIONS – Section 8134

1. Surviving Spouse Annuity

- a. Name: Marilyn M. Berger
Date of Death: February 08, 2015
Annuity due Decease: \$11,120.40
Surviving Spouse: David L. Berger (List #3270)
Survivor's Annuity: \$ 6,672.24
Percentage Earned: 60%
Effective Date: February 08, 2015
- b. Name: Patricia J. Hoff
Date of Death: May 20, 2015
Annuity due Decease: \$53,323.92
Surviving Spouse: Clayton H. Carlson (List #3275)
Survivor's Annuity: \$31,994.40
Percentage Earned: 60%
Effective Date: May 20, 2015
- c. Name: Cecilia H. Lelis
Date of Death: May 27, 2015
Annuity due Decease: \$26,671.68
Surviving Spouse: Loren E. Lelis (List #3278)
Survivor's Annuity: \$16,002.96
Percentage Earned: 60%
Effective Date: May 27, 2015

- d. Name: Jose C. Meno
Date of Death: June 08, 2015
Annuity due Decease: \$11,704.32
Surviving Spouse: Carmen R. Meno (List #3286)
Survivor's Annuity: \$ 7,022.64
Percentage Earned: 60%
Effective Date: June 08, 2015
- e. Name: Jose L. Quenga
Date of Death: May 05, 2015
Annuity due Decease: \$18,019.92
Surviving Spouse: Mary Taitano Quenga (List #3272)
Survivor's Annuity: \$10,812.00
Percentage Earned: 60%
Effective Date: May 05, 2015
- f. Name: Juan G. Roberto
Date of Death: May 21, 2015
Annuity due Decease: \$21,600.00
Surviving Spouse: Joaquina M. Roberto (List #3276)
Survivor's Annuity: \$12,960.00
Percentage Earned: 60%
Effective Date: May 21, 2015
- g. Name: Ruth N. Roque
Date of Death: June 05, 2015
Annuity due Decease: \$14,846.16
Surviving Spouse: Odilon M. Roque (List #3283)
Survivor's Annuity: \$ 8,907.60
Percentage Earned: 60%
Effective Date: June 05, 2015
- h. Name: Joseph F. Salas
Date of Death: June 10, 2015
Annuity due Decease: \$41,520.72
Surviving Spouse: Gabriele L. Salas (List #3287)
Survivor's Annuity: \$24,912.48
Percentage Earned: 60%
Effective Date: June 10, 2015

- i. Name: Jesus F. Santos
Date of Death: June 06, 2015
Annuity due Decease: \$37,666.08
Surviving Spouse: Maria S. Santos (List #3285)
Survivor's Annuity: \$22,599.60
Percentage Earned: 60%
Effective Date: June 06, 2015
- j. Name: Jack S. Shimizu
Date of Death: June 05, 2015
Annuity due Decease: \$23,919.60
Surviving Spouse: Teresita Q. Shimizu (List #3284)
Survivor's Annuity: \$14,351.76
Percentage Earned: 60%
Effective Date: June 05, 2015
- k. Name: Ernesto S. Viva
Date of Death: May 28, 2015
Annuity due Decease: \$9,014.64
Surviving Spouse: Violeta J. Viva (List #3280)
Survivor's Annuity: \$5,408.88
Percentage Earned: 60%
Effective Date: May 28, 2015

F. SUPPLEMENTAL LISTING OF NEW RETIREES AND FINALIZED RETIREMENT ANNUITIES

- 3270 Name David L. Berger
Surviving Spouse of Marilyn M. Berger
Agency Department of Education
Effective Date February 08, 2015
- 3271 Name Garuel R. Gagarin
Date of Birth
Agency Department of Education
Effective Date May 02, 2015

3272	Name Surviving Spouse of Agency Effective Date	Mary Taitano Quenga Jose L. Quenga Port Authority of Guam May 05, 2015
3273	Name Date of Birth Agency Effective Date	William N. Castro Department of Youth Affairs May 12, 2015
3274	Name Date of Birth Agency Effective Date	Antonio T. Pablo Office of the Attorney General May 16, 2015
3275	Name Surviving Spouse of Agency Effective Date	Clayton H. Carlson Patricia J. Hoff University of Guam May 20, 2015
3276	Name Surviving Spouse of Agency Effective Date	Joaquina M. Roberto Juan G. Roberto Guam Police Department May 21, 2015
3277	Name Surviving Spouse of Agency Effective Date	Lourdes T. Castro Kenneth G. Castro (DWIS) Department of Youth Authority May 23, 2015
3278	Name Surviving Spouse of Agency Effective Date	Loren E. Lelis Cecilia H. Lelis Department of Education May 27, 2015

3279	Name Date of Birth Agency Effective Date	Mildred J. Lape . Department of Education May 28, 2015
3280	Name Surviving Spouse of Agency Effective Date	Violeta J. Viva Ernesto S. Viva Guam Memorial Hospital Authority May 28, 2015
3281	Name Date of Birth Agency Effective Date	Merlida C. Cabral Guam Memorial Hospital Authority May 30, 2015
3282	Name Date of Birth Agency Effective Date	Edward J. Cruz Parks & Recreation May 30, 2015
3283	Name Surviving Spouse of Agency Effective Date	Odilon M. Roque Ruth N. Roque Guam Memorial Hospital Authority June 05, 2015
3284	Name Surviving Spouse of Agency Effective Date	Teresita Q. Shimizu Jack S. Shimizu Guam Visitor's Bureau June 05, 2015
3285	Name Surviving Spouse of Agency Effective Date	Maria S. Santos Jesus F. Santos Guam Telephone Authority June 06, 2015
3286	Name Surviving Spouse of Agency Effective Date	Carmen R. Meno Jose C. Meno Department of Education June 08, 2015

3287	Name Surviving Spouse of Agency Effective Date	Gabriele L. Salas Joseph F. Salas Department of Education June 10, 2015
3288	Name Date of Birth Agency Effective Date	Manuel A. Babauta Guam Police Department June 13, 2015
3289	Name Date of Birth Agency Effective Date	Mary A. Kroll Department of Education June 13, 2015
3290	Name Date of Birth Agency Effective Date	Oliva J. Lujan Agency for Human Resource Development June 13, 2015
3291	Name Date of Birth Agency Effective Date	Salome SN Reyes Department of Education June 27, 2015
3292	Name Date of Birth Agency Effective Date	Linda M. Taitano Department of Education August 14, 2015

V. REVIEW AND FINDINGS

Based on our review and findings during our meeting of July 15, 2015 the following application is recommended for APPROVAL to the Board of Trustees:

**Application for Minor Child/Children Survivor Benefits
4 GCA Chapter 8, § 8134 (a).(3)**

Child's Name	Eugene David Ramsey
Date of Birth	
Age	Sixteen (16) Years Old

Name of Deceased Retiree	Rosita D. Laguana
Employing Department	Department of Education
Years of Service	14 Years 04 Months 00 Days
Position Title	Cafeteria Manager
Marital Status	Married
Date of Birth	
Date of Death	March 11, 2013
Date of Application	July 01, 2015

Ms. Anyea Delores Garrido is applying for minor child stipend benefits on behalf of Eugene David Ramsey. Ms. Leon Guerrero is the legal guardian of the minor child. The minor child is the adopted child of deceased retiree Rosita D. Laguana and her husband Jose Sablan Laguana. Mrs. Laguana passed away on March 11, 2013. Her widower has passed on March 05, 2015.

In support of her application, Ms. Garrido has provided a copy of the minor child's birth certificate, a copy of the Order Appointing and Oath of Legal Guardianship document appointing herself as guardian of the minor and his estate. She has also provided copies of Mrs. Rosita D. Laguana and Mr. Jose S. Laguana's death certificates.

Pro Se
ANYEA DELORES GARRIDO
3136 TEA PARTY LANE
SAN DIEGO, CALIFORNIA 92124
Tel: (808) 428-0703

FILED
SUPERIOR COURT
OF GUAM

2015 JUN 19 PM 1:17

CLERK OF COURT

BY: _____

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP

OF

EUGENE DAVID RAMSEY,

(DOB 02/16/1999)

A Minor,

By

ANYEA DELORES GARRIDO

(DOB 01/14/1981),

Petitioner.

) JUVENILE SPECIAL PROCEEDINGS
) CASE NO. JP0290-15

) AMENDED ORDER APPOINTING
) GUARDIAN FOR MINOR

) **GOVERNMENT OF GUAM**
) **RETIREMENT FUND**

) JUL 01 2015

) RECEIVED
) **BENEFIT SERVICES DIVISION**

15: This matter came before the Court on Petition of ANYEA DELORES GARRIDO,
16: praying for an Order by this Court that the minor child, EUGENE DAVID RAMSEY, whose
17: date of birth is February 16, 1999 be made a ward of the Petitioner, and Petitioner having
18: appeared, and the minor's adoptive parents being deceased, and the last wishes of the
19: minor's last surviving adoptive parent being that the petitioner be given guardianship over
20: the minor child, and good cause having been shown, this Court finds as follows:

21: 1. That the Petitioner resides at #3136 Tea Party Lane, San Diego, California
22: 92124.

23: 2. That the minor child, EUGENE DAVID RAMSEY, has no legal guardian, and
24: the minor needs the care of some fit and proper person also to provide for his care and
25: welfare;

26: 3. That the Petitioner is a fit and proper person to be appointed guardian of
27: said minor child;

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

LAW OFFICE OF ANITA A. SUKOLA, P.C.

Suite 211, Union Bank Building
194 Hernan Cortes Avenue
Hagåtña, Guam 96910
Telephone: (671) 477-9579
Facsimile: (671) 477-6069
email: asukola@guamcell.net

FILED
SUPERIOR COURT
OF GUAM

GOVERNMENT OF GUAM
RETIREMENT FUND
CERTIFIED
TRUE AND CORRECT
[Signature]
SIGNATURE
23 MAR 2015
DATE

2001 JUL 31 PM 3:27

ALFREDO M. BORLAS
CLERK OF COURT

MAR 23 2015

RECEIVED
BENEFIT SERVICES DIVISION

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE ADOPTION OF

E.D.R.,

Minor,

BY

JOSE S. and ROSITA D. LAGUANA,

Petitioner.

ADOPTION CASE NO. 2015-0040-01

ORDERS OF TERMINATION OF
PARENTAL RIGHTS AND
ADOPTION

The petition of Jose S. and Rosita D. Laguana filed herein on JUL 31 2001, praying for an order for termination of parental rights and for an order that the above-named child to be adopted; that Eugene David Ramsey, be declared by this court adopted by said petitioners and that they be adjudged on such adoption as having the status of natural parents of said child; that said child be known by the name **EUGENE DAVID RAMSEY**; that he be regarded and treated in all respect as the child of the petitioner: Coming before me for a hearing on JUL 31 2001, said petitioners and the said minor child and the persons whose consents are necessary having appeared and having been examined separately and the necessary consents having been duly signed and filed and an agreement having been executed by the petitioners to the effect that said minor child shall be treated in all respects as their own, this court finds:

1. That petitioner is residing at 1160 Gaginero Road, Yigo, Guam.

1 **ORDERS OF TERMINATION OF PARENTAL RIGHTS AND ADOPTION/E.J.L.**

2
3 2. That the minor child is presently under the custody and care of the petitioner.

4 3. That Anyea Delores Currie and Eugene Justin Ramsey are the natural parents
5 of EUGENE DAVID RAMSEY, born on February 16, 1999, U.S. Naval Hospital, Agana
6 Heights, Guam and have consented to the termination of their parental rights and as well
7 as to the adoption.

8 4. That the petitioners are fit and proper to be the parents of said minor child
9 and is financially able to provide for the support, care, maintenance and education of said
10 minor child.

11 5. The petitioners are more than eighteen (18) years older than the said minor
12 child.

13 6. That the granting of said petition for adoption will best serve and promote
14 the interest and welfare of said minor child and safeguard his welfare and is approved by
15 the Department of Public Health and Social Services.

16 **NOW, THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED**
17 that said minor child, are hereby declared adopted by petitioners and it is hereby adjudged
18 that petitioners shall have the status of natural parents of said child and said child shall
19 henceforth be known by the name **EUGENE DAVID RAMSEY**, that **ANYEA DELORES**
20 **CURRIE and EUGENE DAVID RAMSEY** shall be relieved of any parental duty towards
21 and responsibility for said child and have no rights or control whatever over said minor
22 child and the said petitioners.

JUL 31 2001

23 SO ORDERED: _____

24
25
26 **HONORABLE JUDGE, SUPERIOR COURT OF GUAM**

This document is a full-text electronic copy of the original on file in the office of the Clerk of the Superior Court of Guam. It is not a certified copy.

27
28
JUL 31 2001


GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES

TRUE AND CORRECT

[Signature]
SIGNATURE

23 MAR 2010
DATE

COPY

GOVERNMENT OF GUAM

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER 160-99-0571

PRINT IN PERMANENT INK FOR DUPLICATIONS SEE BBDDX CHILD CERTIFIER/TENDANT UNDER YEAR OF MOTHER FATHER INFORMANT

1. CHILD'S NAME (First, Middle, Last) EUGENE DAVID RAMSEY		2. DATE OF BIRTH (Month, Day, Year) February 16, 1999	3. TIME OF BIRTH 10:46 A M
4. SEX M	5. CITY, TOWN, OR LOCATION OF BIRTH Agana Heights		6. COUNTY OF BIRTH Guam
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		8. FACILITY NAME (If not institution, give street and number) U.S. Naval Hospital Guam FPO AP 96538-1600	
9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year) Feb. 19, 1999	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)
12. CERTIFIER'S NAME AND TITLE (Type/Print) Name K. J. Tool, M.D. <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAYHOSP Guam FPO AP 96538-1600	
14. REGISTRAR'S SIGNATURE /s/Carolyn R. Garrido		15. DATE FILED BY REGISTRAR (Month, Day, Year) March 10, 1999	
16a. MOTHER'S NAME (First, Middle, Last) Rosita Dolores Laguana		16b. MAIDEN NAME Rosita Dolores Cruz	17. DATE OF BIRTH (Month, Day, Year) March 23, 1939
18. BIRTHPLACE (State or Foreign Country) Guam	19a. RESIDENCE-STATE Guam	19b. COUNTY	19c. CITY, TOWN, OR LOCATION Yigo
19d. STREET AND NUMBER 1260B E. Gayinero Drive		19e. INSIDE CITY LIMITS? (Yes or no)	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) P.O. Box 21823 GMF, Guam 96921
21. FATHER'S NAME (First, Middle, Last) Jose Sablan Laguana		22. DATE OF BIRTH (Month, Day, Year) October 17, 1934	23. BIRTHPLACE (State or Foreign Country) Guam
24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant <i>[Signature]</i>			RELATION TO CHILD FATHER

GOVERNMENT OF GUAM
REGISTERED BOARD

MAR 23 2015

BENEFIT SERVICES DIVISION

267567

CERTIFIED COPY OF VITAL RECORDS
GOVERNMENT OF GUAM

This is a true and exact reproduction of the document officially registered and placed on file in the office of Vital Statistics, DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES.

DATE ISSUED **APR 06 2007**

Carolyn R. Garrido
CAROLYN R. GARRIDO
REGISTRAR



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDS

CITY AND COUNTY OF
SAN FRANCISCO

3052013051952

CERTIFICATE OF DEATH

3201938001215

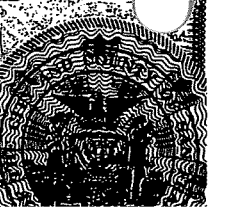
STATE FILE NUMBER 3052013051952		CITY AND COUNTY OF SAN FRANCISCO		LOCAL REGISTRATION NUMBER 3201938001215	
1. NAME OF DECEDENT - FIRST (Given) ROSITA DOLORES		2. MIDDLE CRUZ		3. LAST (Family) LAGUANA	
4. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ROSITA DOLORES SANTOS CRUZ LAGUANA		4. DATE OF BIRTH mm/dd/yyyy 03/23/1939		5. IF UNDER ONE YEAR: Months - Days - Hours - Minutes - Seconds	
6. BIRTH STATE/FOREIGN COUNTRY GUAM		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
7. EDUCATION - Highest Level/degree (See worksheet on back) GED		14/15. WAS DECEDENT HISPANIC/LATINO/AS/PANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SIDP* (At Time of Death) MARRIED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED RESTAURANT MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESTAURANT		13. DATE OF DEATH mm/dd/yyyy 03/11/2013	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1260 B EAST GAYINERO DRIVE		22. COUNTY/PROVINCE OTHER		24. YEARS IN COUNTY	
23. CITY YIGO		25. ZIP CODE		26. STATE/FOREIGN COUNTRY GUAM	
28. INFORMANT'S NAME, RELATIONSHIP JOSE LAGUANA, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1260 B EAST GAYINERO DRIVE, YIGO, GUAM 96929			
29. NAME OF SURVIVING SPOUSE/SPOUR - FIRST JOSE		30. LAST (BIRTH NAME) LAGUANA		34. BIRTH STATE GUAM	
31. NAME OF FATHER/PARENT - FIRST VICENTE		32. MIDDLE GAMACHO		33. LAST CRUZ	
35. NAME OF MOTHER/PARENT - FIRST BEATRICE		36. MIDDLE SANTOS		37. LAST (BIRTH NAME) TANAKA	
38. BIRTH STATE GUAM		39. BIRTH STATE GUAM		40. BIRTH STATE GUAM	
39. DISPOSITION DATE mm/dd/yyyy 03/22/2013		40. PLACE OF FINAL DISPOSITION GUAM VETERANS CEMETERY, 172 SOUTH MARINE CORPS DRIVE, ASAN, GUAM 96910			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER CHRISTIAN ALAMEDA		43. LICENSE NUMBER EMB 592	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE HIGHLANDS		45. LICENSE NUMBER FD-915		46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.	
47. DATE mm/dd/yyyy 03/13/2013					
101. PLACE OF DEATH UCSF MEDICAL CENTER AT MOUNT ZION		102. HOSPITAL ABBREVIATION UCSF		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. CITY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 DIVISADERO STREET		106. CITY SAN FRANCISCO	
107. CAUSE OF DEATH RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) OVARIAN BIOPSY, 07/07/2011		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Abandoned Since		115. SIGNATURE AND TITLE OF CERTIFIER REBECCA ANN BROOKS M.D.	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		117. LICENSE NUMBER A113741		118. DATE mm/dd/yyyy 03/13/2013	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REBECCA ANN BROOKS M.D. 1600 DIVISADERO STREET, SAN FRANCISCO, CA 94115		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER Tomas Aragon			
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER Tomas Aragon, M.D., Dr.P.H. Health Officer and Local Registrar			
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT	

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of
the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC
HEALTH as of the date issued.

DATE ISSUED: MAR 18 2013



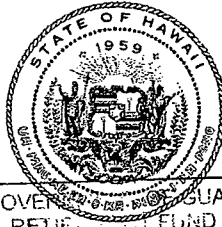
Tomas Aragon, M.D., Dr.P.H.
Health Officer and Local Registrar



CERTIFICATE OF DEATH

STATE OF HAWAII
DEPARTMENT OF HEALTH

CERTIFICATE NO. 151 2015 - 002032



GOVERNMENT OF GUAM
RETIREMENT FUND
CERTIFIED
TRUE AND CORRECT
[Signature]
SIGNATURE
23 MAR 2015
DATE

Name of Decedent
JOSE SABLAN LAGUANA

City, Town or Location of Death
HONOLULU

County of Death
HONOLULU

Island of Death
OAHU

Actual or Presumed Date of Death Actual or Presumed Time of Death
March 05, 2015 7:50 PM

Date of Birth
October 17, 1934

Age at Death
80 YEAR(s)

Sex
MALE Race
Chamorro

Citizenship
USA

Ever in Armed Forces?
YES

Social Security Number
Marital Status
WIDOW(ER)

Father's Name
Jose Ignacio Laguana

Mother's Name (Prior to First Marriage)
Emma Sablan

Disposition

REMOVAL

Cemetery/Crematory: Ada's Mortuary

Date: March 13, 2015

Location: Sinajana, Guam 96921

Permit #: 108895

Funeral Home: NUUANU MEMORIAL PARK & MORTUARY LLC

Certifier: Craig China, M.D. PRIVATE PHYSICIAN

Date Certified: March 9, 2015

Original Date Certified: March 9, 2015

Cause of Death:

a. Metastatic Non Small Cell Lung Cancer

Part II: Coronary Artery Disease, Hypertension, Diabetes Mellitus, Chronic Kidney Disease, Hyperlipidemia, Congestive Heart Failure

Manner of Death: NATURAL CAUSES

MAR 23 2015
[Signature]

Date Filed by State Registrar: March 10, 2015

OHSM 1.2 (Rev.1/2013)

This copy serves as prima facie evidence of the fact of death in any court proceeding. [HRS 338-13(b), 338-19]

1208145

ANY ALTERATIONS INVALIDATE THIS CERTIFICATE

VI. REVIEW AND FINDINGS

Based on our review and findings during our meeting of July 15, 2015 the following application is recommended for **APPROVAL** to the Board of Trustees:

**Application for Disabled Adult Survivor Benefits,
4GCA Chapter 8, Subsection 8134 *1289**

Disabled Adult	Vince T. Cruz
Date of Birth	
Age	Seventeen (17) Years Old

Name of Deceased Retiree	Edward Justo Cruz, MD
Employing Department	Guam Memorial Hospital Authority
Years of service	27 Years 07 Months 15 Days
Position Title	Medical Doctor
Marital Status	Married
Date of Birth	
Date of Death	March 20, 2009
Date of Application	June 24, 2015

Mrs. Elisabeth T. Cruz is applying for Disabled Adult survivor benefits on behalf of her son, Vince T. Cruz. Vince T. Cruz is the biological child of deceased retiree Dr. Edward J. Cruz who passed away on March 20, 2009.

In support of her application, Mrs. Cruz has provided copies of Vince's Birth Certificate, two (2) Reports of Medical Examination of Minor Child forms; a copy of the Order Approving Guardianship Over Person and Estate of Vince T. Cruz as well as a copy of Dr. Edward J. Cruz's Death Certificate.