

Camón 89-07

IDENTIFICACION Y DATOS DE LOCALIZACION

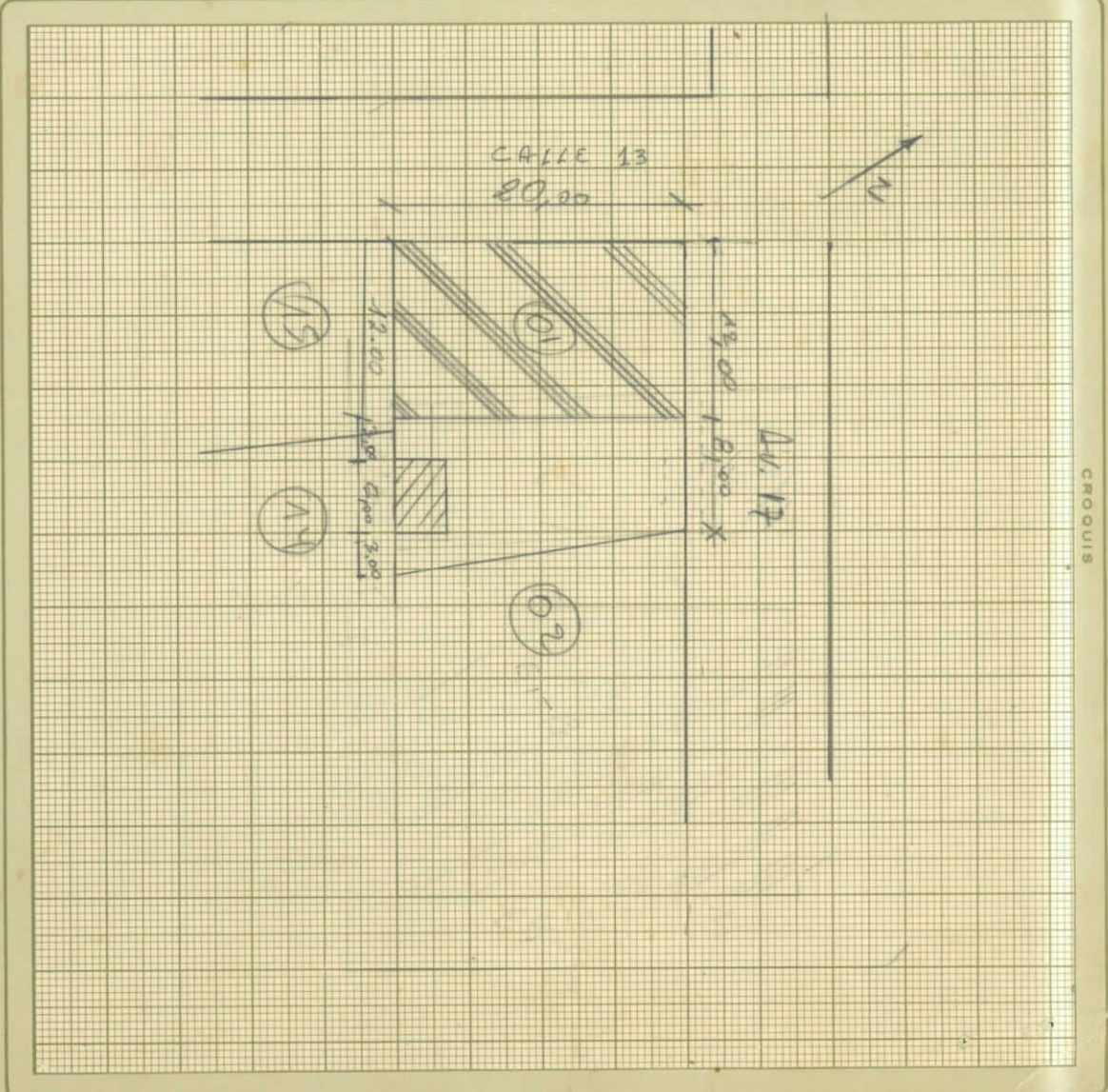
|                                                           |                                                                                                                                                                                                                                                     |                                    |                                                       |   |                                         |   |                                                      |                                                   |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------|---|-----------------------------------------|---|------------------------------------------------------|---------------------------------------------------|
| ESTA BAJO REGIMEN DE PROPIEDAD HORIZONTAL                 | <input checked="" type="radio"/> NO <input type="radio"/> SI                                                                                                                                                                                        | REFERENCIA AL SISTEMA CARTOGRAFICO |                                                       |   |                                         |   |                                                      |                                                   |
| CLAVE CATASTRAL                                           | 01031201000                                                                                                                                                                                                                                         | HOJA N° 16-18                      |                                                       |   |                                         |   |                                                      |                                                   |
| DATOS GENERALES                                           | <table><tr><td>7</td><td><input type="checkbox"/> ZONA SEGUN CALIDAD DEL SUELO</td></tr><tr><td>8</td><td><input type="checkbox"/> ZONA HOMOGENEA</td></tr><tr><td>9</td><td><input checked="" type="checkbox"/> ZONA SEGUN VALOR</td></tr></table> | 7                                  | <input type="checkbox"/> ZONA SEGUN CALIDAD DEL SUELO | 8 | <input type="checkbox"/> ZONA HOMOGENEA | 9 | <input checked="" type="checkbox"/> ZONA SEGUN VALOR | DIRECCION: barrio 000000<br>calle 13 y Avenida 17 |
| 7                                                         | <input type="checkbox"/> ZONA SEGUN CALIDAD DEL SUELO                                                                                                                                                                                               |                                    |                                                       |   |                                         |   |                                                      |                                                   |
| 8                                                         | <input type="checkbox"/> ZONA HOMOGENEA                                                                                                                                                                                                             |                                    |                                                       |   |                                         |   |                                                      |                                                   |
| 9                                                         | <input checked="" type="checkbox"/> ZONA SEGUN VALOR                                                                                                                                                                                                |                                    |                                                       |   |                                         |   |                                                      |                                                   |
|                                                           | 10 C A L L E 1 3 A V E 1 7 # 1 2 - 9 3                                                                                                                                                                                                              | N° 1293                            |                                                       |   |                                         |   |                                                      |                                                   |
| CODIFICAR LA DIRECCION (PRIMERO LA CALLE LUEGO EL NUMERO) |                                                                                                                                                                                                                                                     |                                    |                                                       |   |                                         |   |                                                      |                                                   |

DATOS DEL LOTE

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|---------------|---|-------------------------------------|-----------------------------|---|-------------------------------------|---------------------------|---|-------------------------------------|-----------|---|-------------------------------------|-------------------|---|--------------------------|----------------|---|--------------------------|--------------|--------------------------------------------------------|
| FRENTEROS                           | 11 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NUMERO DE CALLES A LAS CUALES EL LOTE TIENE FRENTE |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 12 ACCESO AL LOTE                   | <table><tr><td>1</td><td><input type="checkbox"/></td><td>LOTE INTERIOR</td></tr><tr><td>2</td><td><input type="checkbox"/></td><td>POR PASAJE PEATONAL</td></tr><tr><td>3</td><td><input type="checkbox"/></td><td>POR PASAJE VEHICULAR</td></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td>POR CALLE</td></tr><tr><td>5</td><td><input type="checkbox"/></td><td>POR AVENIDA</td></tr><tr><td>6</td><td><input type="checkbox"/></td><td>POR EL MALECON</td></tr><tr><td>7</td><td><input type="checkbox"/></td><td>POR LA PLAYA</td></tr></table> | 1                                                  | <input type="checkbox"/> | LOTE INTERIOR | 2 | <input type="checkbox"/>            | POR PASAJE PEATONAL         | 3 | <input type="checkbox"/>            | POR PASAJE VEHICULAR      | 4 | <input checked="" type="checkbox"/> | POR CALLE | 5 | <input type="checkbox"/>            | POR AVENIDA       | 6 | <input type="checkbox"/> | POR EL MALECON | 7 | <input type="checkbox"/> | POR LA PLAYA | DESNIVEL CON RELACION A LA RASANTE DE LA VIA DE ACCESO |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOTE INTERIOR                                      |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POR PASAJE PEATONAL                                |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 3                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POR PASAJE VEHICULAR                               |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 4                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POR CALLE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 5                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POR AVENIDA                                        |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 6                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POR EL MALECON                                     |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 7                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POR LA PLAYA                                       |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 19                                  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BAJO LA RASANTE                                    | 0 0 METROS               |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| SERVICIOS DEL LOTE                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 20 AGUA POTABLE                     | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE                   |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 21 DESAGÜES                         | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE                   |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 22 ELECTRICIDAD                     | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE                   |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| CARACTERISTICAS FORMALES DEL LOTE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 23 AREA                             | SIN DECIMALES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 00430                                              |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 24 PERIMETRO                        | 0083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 25 LONGITUD DEL FRENTE              | 0040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 26 NUMERO DE ESQUINAS               | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| CARACTERISTICAS DE LA VIA PRINCIPAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 13 MATERIAL DE LA CALZADA           | <table><tr><td>1</td><td><input type="checkbox"/></td><td>TIERRA</td></tr><tr><td>2</td><td><input type="checkbox"/></td><td>LASTRE</td></tr><tr><td>3</td><td><input type="checkbox"/></td><td>PIEDRA DE RIO</td></tr><tr><td>4</td><td><input type="checkbox"/></td><td>ADOQUIN</td></tr><tr><td>5</td><td><input checked="" type="checkbox"/></td><td>ASFALTO O CEMENTO</td></tr></table>                                                                                                                                                                            | 1                                                  | <input type="checkbox"/> | TIERRA        | 2 | <input type="checkbox"/>            | LASTRE                      | 3 | <input type="checkbox"/>            | PIEDRA DE RIO             | 4 | <input type="checkbox"/>            | ADOQUIN   | 5 | <input checked="" type="checkbox"/> | ASFALTO O CEMENTO |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TIERRA                                             |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LASTRE                                             |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 3                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PIEDRA DE RIO                                      |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 4                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADOQUIN                                            |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 5                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ASFALTO O CEMENTO                                  |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 14 ACERA                            | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO TIENE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>ENCEMENTADO O PIEDRA DE RIO</td></tr><tr><td>3</td><td><input type="checkbox"/></td><td>DE ADOQUIN O BALDOSA</td></tr></table>                                                                                                                                                                                                                                                                                                | 1                                                  | <input type="checkbox"/> | NO TIENE      | 2 | <input checked="" type="checkbox"/> | ENCEMENTADO O PIEDRA DE RIO | 3 | <input type="checkbox"/>            | DE ADOQUIN O BALDOSA      |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO TIENE                                           |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ENCEMENTADO O PIEDRA DE RIO                        |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 3                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DE ADOQUIN O BALDOSA                               |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| REDES PUBLICAS EN LA VIA            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 15 AGUA POTABLE                     | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE                   |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 16 ALCANTARILLADO                   | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE                   |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 17 ENERGIA ELECTRICA                | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td>SI EXISTE RED AEREA</td></tr><tr><td>3</td><td><input type="checkbox"/></td><td>SI EXISTE RED SUBTERRANEA</td></tr></table>                                                                                                                                                                                                                                                                                                  | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input checked="" type="checkbox"/> | SI EXISTE RED AEREA         | 3 | <input type="checkbox"/>            | SI EXISTE RED SUBTERRANEA |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI EXISTE RED AEREA                                |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 3                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SI EXISTE RED SUBTERRANEA                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 18 ALUMBRADO PUBLICO                | <table><tr><td>1</td><td><input type="checkbox"/></td><td>NO EXISTE</td></tr><tr><td>2</td><td><input type="checkbox"/></td><td>INCANDESCENTE</td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td>DE SODIO O MERCURIO</td></tr></table>                                                                                                                                                                                                                                                                                                              | 1                                                  | <input type="checkbox"/> | NO EXISTE     | 2 | <input type="checkbox"/>            | INCANDESCENTE               | 3 | <input checked="" type="checkbox"/> | DE SODIO O MERCURIO       |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 1                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO EXISTE                                          |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 2                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INCANDESCENTE                                      |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| 3                                   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DE SODIO O MERCURIO                                |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |
| AVANUE DEL LOTE (sin centavos)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                          |               |   |                                     |                             |   |                                     |                           |   |                                     |           |   |                                     |                   |   |                          |                |   |                          |              |                                                        |

FORMA DE OCUPACION DEL LOTE

|                                    |                                                                                                                                    |                                      |                          |    |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|----|-------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|---|-------------------------------------|---------------------|----|
| 27 sin edificación con edificación | <table><tr><td>1</td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td></tr></table> | 1                                    | <input type="checkbox"/> | 2  | <input checked="" type="checkbox"/> | 28 sin uso | <table><tr><td>1</td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td></tr></table> | 1 | <input type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | 29 TOTAL DE BLOQUES | 02 |
| 1                                  | <input type="checkbox"/>                                                                                                           |                                      |                          |    |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| 2                                  | <input checked="" type="checkbox"/>                                                                                                |                                      |                          |    |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| 1                                  | <input type="checkbox"/>                                                                                                           |                                      |                          |    |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| 2                                  | <input checked="" type="checkbox"/>                                                                                                |                                      |                          |    |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| USO DEL AREA SIN EDIFICACION       |                                                                                                                                    | 30 NUMERO DE BLOQUES EN CONSTRUCCION |                          | 00 |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| 31 numero que la construcción      |                                                                                                                                    | 32                                   |                          | 03 |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| otro uso                           |                                                                                                                                    | 33                                   |                          | 04 |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |
| nombre                             |                                                                                                                                    | código                               |                          | 05 |                                     |            |                                                                                                                                    |   |                          |   |                                     |                     |    |



Observaciones

28-XI-03  
AGREGAR EL NOMBRE DE LA  
HORA, SEGUN ESCRITO DE PARTE  
LES CORRESP. EL 50% PARA  
DA Y EL OTRO 50% PARA YAHIA  
AHFAEO-24-XI-04

### DATOS DEL PROPIETARIO

[illegible]

|   |                                     |                           |
|---|-------------------------------------|---------------------------|
| 1 | <input type="checkbox"/>            | OCUPA SOLO EL PROPIETARIO |
| 2 | <input checked="" type="checkbox"/> | EN ARRIENDO PARCIAL       |
| 3 | <input type="checkbox"/>            | EN ARRIENDO TOTAL         |
| 4 | <input type="checkbox"/>            | OTRO (ESPECIFIQUE)        |

|   |   |                     |
|---|---|---------------------|
| 1 |   | UN SOLO PROPIETARIO |
| 2 | X | HERENCIA INDIVISA   |
| 3 |   | VARIOS PROPIETARIOS |

## DATOS DE LA CONSTRUCCION

[illegible]

|                                                                                      |                                    |                                                     |                                                                                         |                                                                               |                                |
|--------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|
| AVALUO TOTAL DE LA CONSTRUCCION (SIN CENTAVOS)<br>4 8 6 7 8 0 0                      | levantamiento<br>06-08-81<br>FECHA | Gloria Quintana<br>NOMBRE DEL EMPADRONADOR<br>FECHA | 12-11-85<br>FECHA<br>Jose Matute<br>NOMBRE DEL REVISOR DE CAMPO<br>FIRMAS<br>[Firma]    | observaciones:<br>No se conocen nombres ni de cédula y<br>Titulo de Propiedad | Hoque M. I. Indivisa por loteo |
| AVALUO DE LA PROPIEDAD (SIN CENTAVOS)<br>VALOR DEL LOTE MAS VALOR DE LA CONSTRUCCION | 06-08-85<br>FECHA                  | FOO Irujo<br>NOMBRE DEL SUPERVISOR<br>FECHA         | 15-08-85<br>FECHA<br>MARIANA VERA<br>NOMBRE DEL REVISOR DE OFICINA<br>FIRMAS<br>[Firma] |                                                                               |                                |