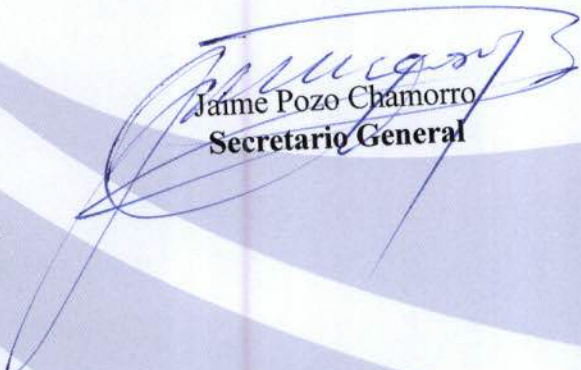




CASO Nro. 1529-16-EP

RAZÓN.- Siento por tal que, en la ciudad de Quito, a los catorce días del mes de febrero de dos mil dieciocho, se notificó con copia certificada de la providencia de 14 de febrero del 2018, a los señores: ~~XX~~
~~XX~~

correo electrónico:
angeldemeciomolina@hotmail.com; fabricio.pata@natura.com
jorgeluis_25@hotmail.com; jorgeluis_25@live.com
correo electrónico:
abrahamduquerebolledo@hotmail.com; karen_duquej@hotmail.com; al Hospital General Provincial Delfina Torres de Concha mediante correo electrónico:
natividad.guadamud@hdtc.gob.ec; a la Cruz Roja Ecuatoriana, mediante correo electrónico:
jpesmeraldas.org.ec; mchavez@cruzroja.org.ec; al Procurador General del Estado, en la casilla constitucional **018**; a la Sala Única Multicompetente de la Corte Provincial de Justicia de Esmeraldas, en la casilla constitucional **680** conforme constan de los documentos adjuntos.- Lo certifico.-



Jaime Pozo Chamorro
Secretario General

JPCh/CLCh

Zimbra:

carina.lopez@cce.gob.ec

NOTIFICACION CASO Nro. 1529-16-EP

De : Carina Lopez <carina.lopez@cce.gob.ec>

mié, 14 de feb de 2018 15:33

Asunto : NOTIFICACION CASO Nro. 1529-16-EP

📎 1 ficheros adjuntos

Para : fabricio pata <fabricio.pata@hotmail.com>,
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1529-16-EP-prov.pdf

213 KB

CONFIDENTIAL CASUALTY REPORT

On 10/10/54, the following information was received from the family of [Name] regarding the death of [Name] on 10/10/54. The deceased was a member of the [Organization] and was killed in action during the [Conflict]. The family is requesting that the [Organization] provide the necessary documentation for the [Benefit].

The family is requesting that the [Organization] provide the necessary documentation for the [Benefit]. The deceased was a member of the [Organization] and was killed in action during the [Conflict]. The family is requesting that the [Organization] provide the necessary documentation for the [Benefit].

The family is requesting that the [Organization] provide the necessary documentation for the [Benefit]. The deceased was a member of the [Organization] and was killed in action during the [Conflict]. The family is requesting that the [Organization] provide the necessary documentation for the [Benefit].

10/10/54