

Prepared by  
Cargogate Munich Airport GmbH

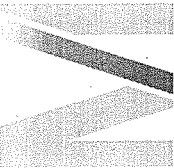


**MANIFEST**  
ICAO ANNEX 9 APPENDIX 3

FLIGHT NO. : PC 1024 8APR2025 19:20 PAGE : 1/1  
AIRCRAFT REG. NO. :  
POINT OF LADING : MUC POINT OF UNLADING: SAW  
CARRIER : Pegasus security checked

| AWB               | PCS/TTL  | NATURE OF GOODS | WGT/KG       | ORIG | DEST | CI | SPLs | REMARKS  |
|-------------------|----------|-----------------|--------------|------|------|----|------|----------|
| <b>BULK</b>       |          |                 |              |      |      |    |      |          |
| 624 52184683      | 1/1      | HUMAN REMAINS   | 116,0        | MUC  | TZX  | X  |      | HUM, SPX |
| 624 52184731      | 1/1      | HUMAN REMAINS   | 128,0        | MUC  | EZS  | X  |      | HUM, SPX |
| <b>TOTAL BULK</b> | <b>2</b> |                 | <b>244,0</b> |      |      |    |      |          |
| <hr/>             |          |                 |              |      |      |    |      |          |
| <b>TOTAL</b>      | <b>2</b> |                 | <b>244,0</b> |      |      |    |      |          |

ULD/Bulk Load Weight Statement



|         |            |            |              |             |
|---------|------------|------------|--------------|-------------|
| Airline | Flight No. | Date       | Registration | Destination |
| PC      | PC 1024    | 08-04-2025 |              | SAW         |

| T | ULD | Contour No | Height | Gross Weight | ULD Info Type / Side | cm | cm | cm | for ULD | SHC | ULD Dest | Remarks | LC |
|---|-----|------------|--------|--------------|----------------------|----|----|----|---------|-----|----------|---------|----|
|---|-----|------------|--------|--------------|----------------------|----|----|----|---------|-----|----------|---------|----|

Total ULD Weights: 0,00

| Trolley Nbr | Gross Weight | Remarks | SHC      | Unloading Point | LC |
|-------------|--------------|---------|----------|-----------------|----|
| 2657        | 244,00       |         | HUM, SPX | SAW             | C  |

Total BULK Weights: 244,00

# SPECIAL LOAD - NOTIFICATION TO CAPTAIN

|                    |               |           |                       |                                                                                          |        |
|--------------------|---------------|-----------|-----------------------|------------------------------------------------------------------------------------------|--------|
| Station of Loading | Flight Number | Date      | Aircraft Registration | Prepared by                                                                              | Remark |
| MUC                | PC 1024       | 08APR2025 |                       | Danis  |        |

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## DANGEROUS GOODS

| Station of Unload | Air Waybill Number | Proper Shipping Name | Class or Div. (Sub Risk) | UN/ID Nr | Erg Code | Nbr. of Pkge | Net Qty or Tl per Pkge | RAD Cat. | PG | IMP Code | CAO [X] | ULD/ID-No. | POS |
|-------------------|--------------------|----------------------|--------------------------|----------|----------|--------------|------------------------|----------|----|----------|---------|------------|-----|
|-------------------|--------------------|----------------------|--------------------------|----------|----------|--------------|------------------------|----------|----|----------|---------|------------|-----|

There is no evidence that any damaged or leaking packages containing dangerous goods have been loaded on the aircraft

## OTHER SPECIAL LOAD

| Station of Unload | Air Waybill Number | Contents and Description | Nbr. of Pkge | Net Qty per Pkge | Supplementary Information | IMP Code | ULD/ID-No. | POS |
|-------------------|--------------------|--------------------------|--------------|------------------|---------------------------|----------|------------|-----|
| SAW               | 624 52184731       | HUMAN REMAINS            | 1            | 128,0 Kg         |                           | HUM      | BULK       |     |
| SAW               | 624 52184683       | HUMAN REMAINS            | 1            | 116,0 Kg         |                           | HUM      | BULK       |     |

Captain's Signature:

|  |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>LOADING CERTIFICATION</b><br/>I certify that these articles have been loaded in accordance with all regulations and that there is no evidence of leaking or damaged packages. (to be signed by Loadcontroller)</p> <p>Loading Supervisor's name and signature</p> | <p><b>ACCEPTANCE CERTIFICATION</b><br/>I hereby certify that the above shipments have been checked and are in conformity with the current regulations. (to be signed by Handling Agent)</p> <p>Building Supervisor's name and signature</p>  |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

624|MUC|52184683

624 - 52184683

|                                                                                                                                                                                  |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Shipper's Name and Address<br><b>ZSU GMBH</b><br><b>SUBBELRATHER STRASSE 17</b><br><br><b>50823 KÖLN</b><br><b>GERMANY</b>                                                       |                  | Shipper's Account Number                                                              |                      | Not Negotiable<br><b>Air Waybill</b><br><br>Issued by <b>PEGASUS Hava Tasiliçlği A.Ş.</b><br><b>Aeropark- Osmanlı Bulvarı No:11</b><br><b>Kurtköy 34912Pendik-IstanbulTürkiye</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| Consignee's Name and Address<br><b>TDV ADRES TESLİM</b><br><br><b>MERKEZ OF</b><br><b>-LATİFE KUCUKAKYUZ-</b><br><b>PH: 05300478561</b><br><b>00000 TRABZON</b><br><b>TURKEY</b> |                  | Consignee's Account Number                                                            |                      | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity<br><br>It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. |                             |
| Issuing Carrier's Agent Name and City<br><b>Rhenus Freight Logistics GmbH&amp;Co.KG</b><br><b>Im Hölsefeld 25</b><br><b>40721 Hilden</b>                                         |                  | Accounting Information                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Agent's IATA Code<br><b>23-4-7086/4012</b>                                                                                                                                       |                  | Account No.                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Airport of Departure (Addr. of First Carrier) and Requested Routing<br><b>MUNICH</b> <b>SABIHA GÖKÇEN AIRPORT</b>                                                                |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| To                                                                                                                                                                               | By First Carrier | Routing and Destination                                                               | To                   | By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To                          |
| SAW                                                                                                                                                                              | PC               |                                                                                       | TZX                  | PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| Currency                                                                                                                                                                         |                  | CHGS Code                                                                             | WTRVALL              | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Declared Value for Carriage |
| EUR                                                                                                                                                                              |                  |                                                                                       | PPD COLL             | PPD COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NVD                         |
| Declared Value for Customs                                                                                                                                                       |                  | NCV                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Airport of Destination                                                                                                                                                           |                  | Flight/Date                                                                           | For Carrier Use only | Flight/Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Amount of Insurance         |
| TRABZON                                                                                                                                                                          |                  | PC 1024/08                                                                            |                      | PC 2822/09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | XXX                         |
| Handling Information                                                                                                                                                             |                  | EU REG.NR.: DE/RA/00243-03                                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| ONE COFFIN MARKS ADDRESS / LABEL / DOCUMENTS<br>HS CODE:99190000                                                                                                                 |                  | Not Secured                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| No. of Pieces<br>RCP                                                                                                                                                             | Gross Weight     | kg                                                                                    | Rate Class           | Chargeable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rate                        |
| 1                                                                                                                                                                                | 116.0            | K                                                                                     | M                    | 116.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 520.00                      |
| Total                                                                                                                                                                            |                  | 520.00                                                                                |                      | 520.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |
| Nature and Quantity of Goods<br>(Incl. Dimensions or Volume)                                                                                                                     |                  | HUMAN REMAIN OF<br>-LATİFE KUCUKAKYUZ-<br><br>(1) 195x65x45 CMS<br>HS CODES: 99190000 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Prepaid                                                                                                                                                                          |                  | Weight Charge                                                                         | Collect              | Other Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| 520.00                                                                                                                                                                           |                  |                                                                                       |                      | HRC 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
| Valuation Charge                                                                                                                                                                 |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Tax                                                                                                                                                                              |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Total Other Charges Due Agent                                                                                                                                                    |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Total Other Charges Due Carrier                                                                                                                                                  |                  | 40.00                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Total Prepaid                                                                                                                                                                    |                  | Total Collect                                                                         |                      | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
| 560.00                                                                                                                                                                           |                  |                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |
| Currency Conversion Rates                                                                                                                                                        |                  | CC Charges in Dest. Currency                                                          |                      | 08-04-2025 08:47 HILDEN Patricia Schmidt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| For Carrier's Use only at Destination                                                                                                                                            |                  | Charges at Destination                                                                |                      | Executed on (date) at (place) Signature of Issuing Carrier or its Agent<br>624 - 52184683<br>Patricia Schmidt 9011010.035012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |

P<TURKUCUKAYUZ<<LATIFE<<<<<<<<<<<<<<<<<  
U313C-6175TUR4101019F33050941835378.94<<<<<00

T.C.

Münih Başkonsolosluğu

Sayı : Tereke / 2025 - 282 - 173

08.04.2025

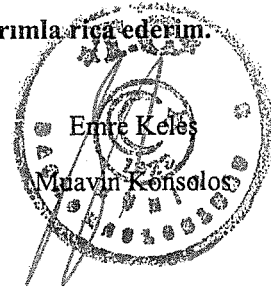
Konu : LATİFE KÜÇÜKAKYÜZ

CENAZE NAKİL BELGESİ  
T.C.  
YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE

Aşağıda kimlik ve ölüm tarihi hakkında gerekli bilgileri verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

Adı ve Soyadı : LATİFE KÜÇÜKAKYÜZ  
Doğum yeri ve tarihi : OF - 01.01.1941 - 18353787394  
Anne adı - Baba Adı : ŞAKİRE-RESUL  
Ölüm tarihi ve yeri : 07.04.2025 - FREİSİNG  
Ölüm sebebi : DOĞAL ÖLÜM  
Bulaşıcı hastalığı : YOK  
Cenaze naklini üstlenen firma : DİTİB ZSU  
Gideceği yer : KABAN AİLE MEZARLIĞI OF TRABZON  
Teslim edilecek kişi : TDV ARACI VEYA AİLE YAKINLARI  
Nakil günü, vasıtası ve güzergahı : 08.04.2025 - Uçak ile MÜNCHEN-İSTANBUL-TRABZON

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerinize saygılarımla rica ederim.



NOT : Otopsi yapılmamıştır

İptal edilen U31302617 seri numaralı pasaportu teslim aldım.

FİRMA YETKİLİSİ :

T.C.

Münih Başkonsolosluğu

Sayı : Tereke / 2025 - 282 - 173

08.04.2025

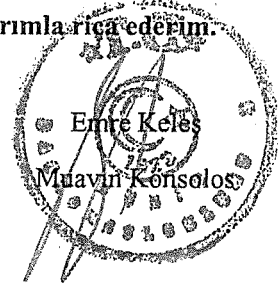
Konu : LATİFE KÜÇÜKAKYÜZ

CENAZE NAKİL BELGESİ  
T.C.  
YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE

Aşağıda kimlik ve ölüm tarihi hakkında gerekli bilgileri verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

Adı ve Soyadı : LATİFE KÜÇÜKAKYÜZ  
Doğum yeri ve tarihi : OF - 01.01.1941 - 18353787394  
Anne adı - Baba Adı : ŞAKİRE-RESUL  
Ölüm tarihi ve yeri : 07.04.2025 - FREİSİNG  
Ölüm sebebi : DOĞAL ÖLÜM  
Bulaşıcı hastalığı : YOK  
Cenaze naklini üstlenen firma : DİTİB ZSU  
Gideceği yer : KABAN AİLE MEZARLIĞI OF TRABZON  
Teslim edilecek kişi : TDV ARACI VEYA AİLE YAKINLARI  
Nakil günü, vasıtası ve güzergahı : 08.04.2025 - Uçak ile MÜNCHEN-İSTANBUL-TRABZON

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerinize saygılarımla rica ederim.



NOT : Otopsi yapılmamıştır

İptal edilen U31302617 seri numaralı pasaportu teslim aldım.

FİRMA YETKİLİSİ :

624|MUC|52184731

624 - 52184731

|                                                                                                                                                                                                                                                                                                 |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Shipper's Name and Address<br>ZSU GMBH<br>SUBBELRATHER STRASSE 17<br><br>50823 KÖLN<br>GERMANY                                                                                                                                                                                                  |                  | Shipper's Account Number            |                      | Not Negotiable<br><b>Air Waybill</b><br><br>Issued by PEGASUS Hava Tasilcligi A.S.<br>Aeropark- Osmanli Bulvarı No:11<br>Kurtkoy 34912Pendik-IstanbulTurkiye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |
| Consignee's Name and Address<br>TDV ADRES TESLİM<br><br>ORTAHAN DALLICA KOYU<br>-IMRAN DELİBALTA-<br>PH: 05374351718<br>00000 ELAZIG<br>TURKEY                                                                                                                                                  |                  | Consignee's Account Number          |                      | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity<br>It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. |                             |
| Issuing Carrier's Agent Name and City<br>Rhenus Freight Logistics GmbH&Co.KG<br>Im Hülsefeld 25<br>40721 Hilden                                                                                                                                                                                 |                  | Accounting Information              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Agent's IATA Code<br>23-4-7086/4012                                                                                                                                                                                                                                                             |                  | Account No.                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Airport of Departure (Addr. of First Carrier) and Requested Routing<br>MUNICH<br>SABIHA GOKCEN AIRPORT                                                                                                                                                                                          |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| To                                                                                                                                                                                                                                                                                              | By First Carrier | Routing and Destination             | To                   | By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To                          |
| SAW                                                                                                                                                                                                                                                                                             | PC               |                                     | EZS                  | PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |
| Currency                                                                                                                                                                                                                                                                                        |                  | CHGS Code                           | WT/VALL              | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Declared Value for Carriage |
| EUR                                                                                                                                                                                                                                                                                             |                  | X                                   | PPD                  | COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NVD                         |
|                                                                                                                                                                                                                                                                                                 |                  |                                     | PPD                  | COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NCV                         |
| Airport of Destination                                                                                                                                                                                                                                                                          |                  | Flight/Date                         | For Carrier Use only | Flight/Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Amount of Insurance         |
| ELAZIG                                                                                                                                                                                                                                                                                          | PC 1024/08       |                                     | PC 2530/09           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | XXX                         |
| Handling Information                                                                                                                                                                                                                                                                            |                  | EU REG.NR.: DE/RA/00243-03          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| ONE COFFIN MARKS ADDRESS / LABEL / DOCUMENTS<br>HS CODE:99190000                                                                                                                                                                                                                                |                  | Not Secured                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| No. of Pieces<br>RCP                                                                                                                                                                                                                                                                            | Gross Weight     | kg                                  | Rate Class           | Chargeable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rate                        |
| 1                                                                                                                                                                                                                                                                                               | 128.0            | K                                   | M                    | 128.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 520.00                      |
| Total                                                                                                                                                                                                                                                                                           |                  | SCI                                 |                      | STATUS: X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| 520.00                                                                                                                                                                                                                                                                                          |                  |                                     |                      | Nature and Quantity of Goods<br>(incl. Dimensions or Volume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |
|                                                                                                                                                                                                                                                                                                 |                  |                                     |                      | HUMAN REMAIN OF<br>-IMRAN DELİBALTA-<br><br>(1) 195x65x45 CMS<br>ECS<br>HS CODES: 99190000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| 1                                                                                                                                                                                                                                                                                               |                  | 128.0                               |                      | 520.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
| Prepaid                                                                                                                                                                                                                                                                                         |                  | Weight Charge                       |                      | Collect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
| 520.00                                                                                                                                                                                                                                                                                          |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Valuation Charge                                                                                                                                                                                                                                                                                |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Tax                                                                                                                                                                                                                                                                                             |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Total Other Charges Due Agent                                                                                                                                                                                                                                                                   |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Total Other Charges Due Carrier                                                                                                                                                                                                                                                                 |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| 40.00                                                                                                                                                                                                                                                                                           |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Total Prepaid                                                                                                                                                                                                                                                                                   |                  | Total Collect                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| 560.00                                                                                                                                                                                                                                                                                          |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Currency Conversion Rates                                                                                                                                                                                                                                                                       |                  | CC Charges in Dest. Currency        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
|                                                                                                                                                                                                                                                                                                 |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| For Carrier's Use only<br>at Destination                                                                                                                                                                                                                                                        |                  | Charges at Destination              |                      | Total Collect Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
|                                                                                                                                                                                                                                                                                                 |                  |                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| Other Charges                                                                                                                                                                                                                                                                                   |                  | HRC                                 |                      | 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
| Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. |                  | Rhenus Freight Logistics GmbH&Co.KG |                      | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
| 08-04-2025 08:50 HILDEN                                                                                                                                                                                                                                                                         |                  | Patricia Schmidt                    |                      | Signature of Issuing Carrier or its Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
| Executed on (date)                                                                                                                                                                                                                                                                              |                  | at (place)                          |                      | Signature of Issuing Carrier or its Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
|                                                                                                                                                                                                                                                                                                 |                  |                                     |                      | 624 - 52184731                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| Patricia Schmidt                                                                                                                                                                                                                                                                                |                  | 90111010.035013                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |



T.C.

Münih Başkonsolosluğu

08.04.2025

Sayı : 282 - 174  
Tarih : 08.04.2025  
Konu : İMRAN DELİBALTA

CENAZE NAKİL BELGESİ  
T.C.  
YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE

Aşağıda kimlik ve ölüm tarihi hakkında gerekli bilgileri verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

Adı ve Soyadı : İMRAN DELİBALTA

Doğum yeri ve tarihi : KALE - 01.04.1945 - 27154615270

Anne adı - Baba Adı : ELİF-AHMET

Ölüm tarihi ve yeri : 07.04.2025 - AUGSBURG

Ölüm sebebi : DOĞAL ÖLÜM

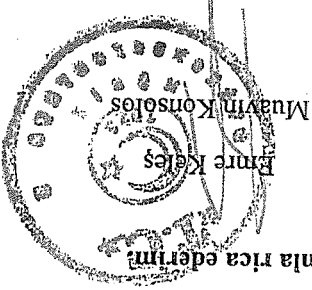
Bulaşıcı hastalığı : YOK

Cenaze naklini üstlenen firma : DİTİB ZSU

Gideceği yer : DALLICA KÖYÜ ORTAHAN ELAZIĞ

Teslim edilecek kişi : TDV ARACI VEYA AİLE YAKINLARI

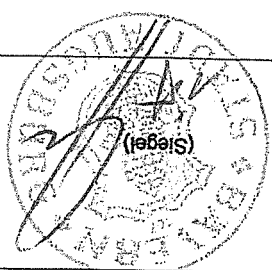
Nakil günü, vasıtası ve güzergahı : 08.04.2025 - Uçak ile MÜNCHEN - İSTANBUL - ELAZIĞ



NOT : Otopsi yapılmamıştır  
İptal edilen U24092269 seri numaralı pasaportu teslim aldım.

FİRMA YETKİLİSİ :  
Münir ÖZ  
Münir ÖZ

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|
| Staat: <b>BUNDESREPUBLIK DEUTSCHLAND</b><br>Etat: <b>REPUBLIQUE FÉDÉRALE D'ALLEMAGNE</b><br>Estado: <b>REPÚBLICA FEDERAL DE ALEMANIA</b><br>Staat: <b>REPUBBLICA FEDERALE DI GERMANIA</b><br>Dowlet: <b>FEDERAL ALMANYA CUMHURİYETİ</b><br>Džyawa: <b>SAWEZNA REPUBLIKA NJEMACKA</b><br>Eisdo: <b>REPUBLIKA FEDERAL DA ALEMANNIA</b><br>Xkopt: <b>OMONIONAJAKH, AHMOKPATIA, THE REPEMANIAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Bezeichnung der Behörde<br><b>STADT AUGSBURG</b><br>Amt für Grünordnung, Naturschutz und Friedhofswesen |
| <b>Leichenpass</b><br>Carte mortuaire - Corpe transport permit - Pasaporte para cadaver - Passaporto Mortuário - Лікепас - Cilt Gece Belgesi - Mrtvacki pasos - Autorizagso de transporte de cadaver - Aotia jertdopagso owpod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |
| Nachdem alle gesetzlichen Vorschriften über die Einsargung beachtet worden sind, soll die Leiche von<br>Los despositos legales concarnant la mise en biere ayant été respectées, le corps de - Having been put in the coffin in compliance with all the legal regulations pertaining to entombment, the remains of - Osarados todas las prescripciones legales sobre el amonajamiento, el cadáver de - Essendo state compiute tutte le prescrizioni legali susnada tim yasal mevzuat uyulduktan sonra, ceset den - Poallie lvezavnje svih zakonakih propisa o elavljanju u lijes, transportat ce se mrtvo tijelo - Apde a ober- vego estola de todas as prescrites legais referente ao amonajamento, o cadáver de - Exovos mrtvaz nig, oibakoteg, trov mrtvabrtovrav am toj Nhoio, porobertiz oro xftropo n owpog soj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                         |
| <b>Familienname, ggt. Geburtsname, Vornamen des Verstorbenen</b><br>nom de famille, le cas échéant nom de jeune fille, prénoms du défunt - family name or name at birth, shentle cognome di nascita, nome del defunto - familliam, epl. melesseasam, voornamen van de o- verledene - Ghinm soysed, gesehghinde dogustaki, soyed, adlari - prezime, svil. rodono ime, imena umriga - apedlo, epl. nome de sothete, nome próprio do defunto - emvuvio, ylvos emi qyqhpav ylvuvkv, dvoyka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                         |
| <b>Verstorben am</b><br>decédé le - who died on - fallecido el - morto il - gestorven op - dilm tarih - umdog/umrte dana - morto a - Baviv/Bavovet myi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                         |
| in<br>à - in - en - a - in dilm year - u - am - eis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                         |
| <b>an (Todesursache) "2"</b><br>de (cause of death) - of (cause of death) - de (causa de la defuncion) - or (causa della morte) - op (odooocozsak) - dilm nedent - od (rezlog smri) - amó (amta Bavrovu)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                         |
| <b>Natürlicher Tod</b><br>80 Jahre<br>01.04.1945                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                         |
| <b>durch (Beförderungsmittel)</b><br>dok tre transporte (mode de transport) - shall be transported by (means of transport) - debe ser transportado por (medio de transporte) - verra trasportata tramite (mezzo di trasporto) - door (transportmiddel) - ne le nehtundung - sa prevozno sredstvo - sera transportado por (meio de transporte) - da jertqeped (jertov jertopogso)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                         |
| <b>von (Absendeort)</b><br>de (lieu de départ) - from (place of dispatch) - de (lugar de despacho) - da (lugar de expedicao) - van (plaats van verzending) - (toms exkuvrovos)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |
| <b>über (Strecke)</b><br>via (route) - via (state route) - a través de (a trayecto) - via (sreda da percorere) - via (naar traject) - gonderdijg yot (guzgjah) - preko u relacija - via para - duxoxkovas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                         |
| <b>nach (Bestimmungsort) befördert werden.</b><br>à (lieu de destination) - to (point of destination) - lugar de destino - luogo di destinazione - plaats van bestemming gesterontorend te worden - gidecegi yer - odredzite - lugar de destino final - eis (akpibi) tomo mroopiojoo)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                         |
| <b>Da diese Leichenbeförderung genehmigt ist, werden alle Behörden der Länder, auf deren Gebiet der Transport stattfindet, gebeten, ihn frei und ungehindert passieren zu lassen.</b><br>Etant donné que le transport du corps est autorisé, toutes les autorités des pays sur le territoire desquels le transport circulera sont priées de le laisser se déplacer librement et de ne pas entraver sa circulation. - Permission has been granted for the transport of this corpse. All authorities in the countries/states through which the remains are to be transported are, therefore, requested to allow it to pass freely and unhindered. - Dado que este transporte de cadáver está autorizado, se ruega a las autoridades de los países por donde debe pasar el transporte delaró pasar libremente y sin impedimentos. - Aangetzien dit lijftransport wordt goedgekeurd, wordt aan alle instanties der land- en wtergebied het transport dient te geschieden, verzocht, dit vrijelijk en ongehinderd te laten passeren. - Cesedim naklone nmsade olundugundan, naklakin yepi- en organ vassl zemaja, prako dijeg ce se podnja vssil transport, da ga se pusil siobodno i nesmetano proci. - Tratando-se no caso do presente transporte de um trans- porte de cadáver autorizado, roga-se a todas as entidades oficiais dos países por cujo território o transporte será efectuado, que o deixem passar livremente. - Adeotvov- om vie jertqepod nig, mroopogso owpod xtu xopnybed oboia, mrookovvura ni hojx5 xuv xupvur emi jou eddopus xuv omvuv ba mroymomnigbel n jertdopod va nrv xrtmpevov avxuvvovs kon xavubovus |  |                                                                                                         |
| Ort, Datum<br>Augsburg, den 08.04.2025<br>Gebühr für Leichenpass 33,00€                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                         |







## Personalangaben

**BITTE FORMULAR LESERLICH IN DRUCKBUCHSTABEN AUSFÜLLEN UND DABEI FEST AUFDRUCKEN**

|                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                               |                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Name, ggf. Geburtsname, Vorname<br><b>Polak, Ina</b>                                                                                                                                                                                                                                                                                           |  | Wird vom<br>Standesamt<br>ausgefüllt                                                                                          | Standesamt<br><b>Stadtsam</b>                   |  |
| Geburtsdatum<br><b>10.11.1922</b>                                                                                                                                                                                                                                                                                                              |  |                                                                                                                               | Sterbefall bescheinigt<br><b>12.6.1995</b>      |  |
| Geburtsort<br><b>Stettin</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                               | Beurkundung zurückgefordert<br><b>12.6.1995</b> |  |
| Geburtsdatum<br>Tag: <b>10</b> Monat: <b>11</b> Jahr: <b>1922</b>                                                                                                                                                                                                                                                                              |  | Geburtsort<br><b>Stettin</b>                                                                                                  |                                                 |  |
| Geschlecht<br><input checked="" type="checkbox"/> männlich <input type="checkbox"/> weiblich <input type="checkbox"/> divers <input type="checkbox"/> unbekannt                                                                                                                                                                                |  |                                                                                                                               |                                                 |  |
| Sterbedatum<br>Tag: <b>12</b> Monat: <b>6</b> Jahr: <b>1995</b>                                                                                                                                                                                                                                                                                |  | Stunden: <b>15</b> Minuten: <b>30</b>                                                                                         |                                                 |  |
| Sterbezeitpunkt<br>Tag: <b>12</b> Monat: <b>6</b> Jahr: <b>1995</b>                                                                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Nach eigenen Feststellungen <input type="checkbox"/> Nach Angaben von Angehörigen/Dritten |                                                 |  |
| Aufbahrungsort<br><b>Stadtsam</b>                                                                                                                                                                                                                                                                                                              |  | Tag: <b>12</b> Monat: <b>6</b> Jahr: <b>1995</b>                                                                              |                                                 |  |
| Falls Sterbezeitpunkt nicht bestimmbar                                                                                                                                                                                                                                                                                                         |  | Stunden: <b>15</b> Minuten: <b>30</b>                                                                                         |                                                 |  |
| Noch gelebt/zuletzt lebend gesehen                                                                                                                                                                                                                                                                                                             |  | Tag: <b>12</b> Monat: <b>6</b> Jahr: <b>1995</b>                                                                              |                                                 |  |
| Todesart<br><input checked="" type="checkbox"/> Natürlich <input type="checkbox"/> Stille Pflegeeinrichtung <input type="checkbox"/> Stille Hospiz <input type="checkbox"/> Einrichtung der Eingliederungshilfe <input type="checkbox"/> Anst. Geisteskrank <input checked="" type="checkbox"/> Krankenhaus <input type="checkbox"/> Sonstiges |  | Anzahl Geisteskrank <b>12</b>                                                                                                 |                                                 |  |
| Todesart<br><input checked="" type="checkbox"/> Natürlicher Tod <input type="checkbox"/> Todesart ungeklärt <input type="checkbox"/> Anhaltspunkte für einen nicht natürlichen Tod                                                                                                                                                             |  |                                                                                                                               |                                                 |  |

**ACHTUNG! VOR WEITEREM AUSFÜLLEN BITTE DIESE UND DIE VORHERIGE SEITE ABTRENNEN!**  
(BLATT 1 UND 2 NICHT-VERTRAULICHER TEIL)

## Identifikation

☐ Auf Grund eigener Kenntnis    ☐ Nach Einsicht in den Personalausweis / Reisepass    ☒ Nach Angaben von Angehörigen / Dritten    ☐ Nicht möglich

### Ort des Versterbens

|                                                  |                                                                     |                            |
|--------------------------------------------------|---------------------------------------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> Sterbeort    | <input type="checkbox"/> Auffindungsort (falls Sterbeort unbekannt) |                            |
| Straße, Hausnummer (Name des Krankenhauses o.ä.) |                                                                     | Wohnanschrift (siehe oben) |
| Stenglingstraße 2                                |                                                                     |                            |
| P.Z. Ort                                         |                                                                     |                            |
| 86156 Augsburg                                   |                                                                     |                            |

## Warnhinweise

|                                     |                                                                                                                           |                                        |                                     |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | Herzschrittmacher                                                                                                         |                                        |                                     |
| <input type="checkbox"/>            | Infektionsgefahr – infektiöse Leiche (Schutzmaßnahmen nach § 7 Abs. 1 Bayerischer Bestattungsverordnung erforderlich)     |                                        |                                     |
| <input type="checkbox"/>            | Infektionsgefahr – hochkontagiöse Leiche (Schutzmaßnahmen nach § 7 Abs. 2 Bayerischer Bestattungsverordnung erforderlich) |                                        |                                     |
| <input type="checkbox"/>            | Chemische Kontamination oder Vergiftung gem. § 16 e ChemG                                                                 | <input type="checkbox"/> Radionukleide | <input type="checkbox"/> Sonstiges: |

### Zusatzangaben bei Totgeborenen

(Todesborone oder in der Geburt gestorbene Leibesfrüchte von mindestens 500 g)

|                               |                          |                        |  |                                |  |
|-------------------------------|--------------------------|------------------------|--|--------------------------------|--|
| Als tote Leibesfrucht geboren | In der Geburt verstorben | Schwangerschaftswoche: |  | Gewicht der Leibesfrucht in g: |  |
|-------------------------------|--------------------------|------------------------|--|--------------------------------|--|

## Ärztliche Bescheinigung

Auf Grund der von mir sorgfältig und an der unbedeckten Leiche durchgeführten Untersuchung bescheinige ich hiermit den Tod und die oben genannten Anzeichen.

|                                                                     |                                                                                                                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ort, Datum und Zeitpunkt der Leichenschau<br>07.04.2025 Augsburg NB | Unterschrift, Name und Dienststelle des Arztes<br><br>Dr. med. R. O. Ziegler |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|