

ALL WEIGHTS IN KILOGRAM

Station FRA	Flight No. 996	Registration TCRDE	Date 30/Apr/2026
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Unit Load Devices (ULD)

Page 1 of 1

T	ULD ID Code	Gross Weight	Net Weight	Height	Unloading Point	Dest	Remarks	Sign
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Total ULD Weights: 0,0 Net Total: 0,0

Bulk Load		Cargo			Mail			
Trolley Nbr	Cargo Weight	Unloading Point	Remarks & SHC	Cpt	Unloading Point	Net Weight	Cpt.	Sig
BC1-23534	77,0	SAW	SPX					
BC1-23546	126,0	SAW	SPX,HUM					
BC1-23568	180,0	SAW	SPX					

Total BULK Weights: 383,0

SPECIAL LOAD – NOTIFICATION TO CAPTAIN

Station of Loading: FRA	Flight Number: PC996	Date: 30Apr26	Aircraft Registration: TCRDE
		Reported By: Mrs. Thin Han Ni	

DANGEROUS GOODS

Station of unloading	Airwaybill number	Proper shipping name	Class or Division for class 1 Compat.gpr	UN or ID number	Sub Risk	Number Of Packages	Net quantity or TI per package	Radio Active	Radioactive Category	Packing Group	Dims	Code	CAO (x)	Drill Code	Loaded ULD ID	Position
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OTHER SPECIAL LOAD

Stat of unload	Airway bill Number	Content and Description	Number Of packages	Quantity	Supplementary Information	Code	Loaded ULD ID	Position
SAW	62452624390	HUMAN REMAINS	1	120		HUM	BULK	

There was no evidence of any damaged to or leaking from the packages or any leakage from the unit load devices loaded on the aircraft

Loading Supervisor's Signature	Captain's Signature	Other Information:
		Total TI 0,0TI Total ICE 0kg
		30/04/2026 2:04 PM 1 of 1

Owner or Operator: Pegasus Airlines

Marks of Nationality/Registration Number: TCRDE

Flight No: PC 996 Date: 30Apr26

Point of loading: FRANKFURT, FRANKFURT AM MAIN

Point of unloading: Istanbul, Sabiha Gokcen Intl.

LOCO/Transit:				For use by owner/operator			Official use only
No	Air Waybill and Part No	No Of Pieces	Nature of goods	Gross Weight	ORI/DES	Remarks	
1	624-52623966	7	KEYS	229,6	FRA/ECN	SPX	X
2	624-52624390	1	HUMAN REMAINS	120,0	FRA/ESB	HUM,SPX	X
Total		8		349,6			

624 FRA 5262 3966



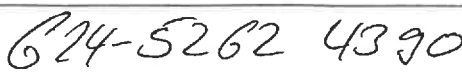
624-5262 3966

Shipper's Name and Address Mercedes-Benz AG Global Logistics Center Mercedes-Benz-Str. 1 76726 Germersheim Germany		Shipper's Account Number		Not Negotiable		PEGASUS HAVA TASIMACILIGI YENISEHIR MAH. OSMANLI BULV. AEROPARK A BLOK NO:11 A /1 34912 PENDIK ISTANBUL Turkey	
Consignee's Name and Address Serhan Kombos Otomotiv Ltd Dr.Fazil Kuecuk Bulvari CAD. 3 99040 Lefkosa Cyprus		Consignee's Account Number		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. THE 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 RELEASES 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 Schenker Deutschland AG Stuttgart-Airport		Accounting Information		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.			
Agent's IATA Code 23-4-7061-701-5		Account No.		Time: 23:00 Date: 28/4/2016 Signed: [Signature] DE/RA/01540/32			
Airport of Departure (Addr. of First Carrier) and Requested Routing Frankfurt am Main, HE				Reference Number		Optional Shipping Information	
To	By First Carrier	Routing and Destination	to	by	to	by	Currency
SAW	PC		ECN	PC			EUR
Airport of Destination		Requested Flight/Date		Amount of Insurance		Declared Value for Carriage	
Ercan		996/30 1910/01		XXX		NVD	
Declared Value for Customs		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".					
NCV							
Handling Information JETCARGO BUSINESS Airport to Airport MRNs: 26DE665385045540E7, 26FR10003627903MB5, 26FR10003628891MBO							SCI X
No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
7	229.6	K	Q	540.5	4.20	2,270.10	Keys Not Restricted Standard 2
HS CODE(S): 85437090							
Shipper References: DON: MBZ 6533960462 0001, MBZ 6533966128 0001, MBZ 6533966738 0001, MBZ 6533970317 0001, MBZ 6533970809 0001, MBZ 6533971048 0001, MBZ 6533973676 0001							
MRN: 26DE665385045540E7, 26FR10003627903MB5, 26FR10003628891MBO							
SRS: 331891							
7	229.6					2,270.10	SLAC:7 VOL.WGHT.:540.4 KGS VOLUME:3.242 CBM
Prepaid		Weight Charge		Collect		Other Charges	
2,270.10						PRC 43.24 A	
Valuation Charge						HNDO 64.86 A SEC 34.44 C XRA 31.50 A AWB 30.00 A FSC 218.12 C	
Tax							
Total Other Charges Due Agent						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. Schenker Deutschland AG	
169.60						STRKA260009635 AS AGENT OF Mercedes-Benz AG 27690059978275 Ekaterini Angelaki Signature of Shipper or his Agent	
Total Other Charges Due Carrier							
252.56							
Total Prepaid		Total Collect		Schenker Deutschland AG AS AGENT OF Pegasus Hava Tasimaciligi A.S. 28-Apr-2026 14:14 Stuttgart, BW			
2,692.26				Executed on (date) at (place) Signature of Issuing Carrier or its Agent			
Currency Conversion Rates		CC Charges in Dest. Currency		624-5262 3966			
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges			

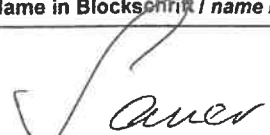
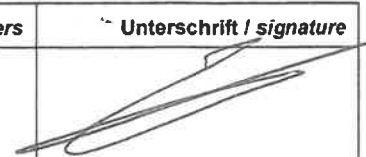

ORIGINAL 2 (FOR CONSIGNEE)

Shipper's Name and Address DUA BESTATTUNGSINSTITUT + 49 (0) 173 65 57 197 JUNGMANNSTR. 10 65933 FRANKFURT AM MAIN, GERMANY		Shipper's account Number 10017		Not negotiable Air Waybill Issued by PEGASUS AIRLINES AEROPARK YENISEHIR MAH. OSMANLI BULVARI ISTANBUL, TÜRKIYE				
Consignee's Name and Address KILINC CENAZE NAKIL TEL: 0090 555 044 06 06 ESENBOGA HAVALIMANI 06000 ANKARA, TÜRKIYE		Consignee's account Number 0		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity It 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 TRADELOG TRANSPORT U.HANDEL GMBH 65451 KELSTERBACH		Accounting Information						
Agent's IATA Code 23-4 7007/0002		Account No.						
Airport of Departure (Addr. of first Carrier) and requested Routing FRANKFURT		Reference Number 10-2604-0331		Optional Shipping Inform.				
to	By first Carrier	to	by	to	by			
SAW	PC	ESB	PC					
Currency	CHG Code	WT/VAL	Other	Decl. Value for Carriage	Decl. Value for Customs			
EUR	P	PP CC	PP CC	NVD	NCV			
Airport of Destination ANKARA-ESENBOGA		Requested Flight / Date PC996/30 PC2678/01		Amount of Insurance NIL				
Handling Information NOT SECURED CARGO **EBR OK** PLEASE NOTIFY CONSIGNEE IMMEDIATELY UPON ARRIVAL		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with conditions thereof, indicate amount to be in figures in box marked "Amount of Insurance".						
EC-STATUS: X								
No. of Pieces RCP	Gross Weight	kg lb	Rate Class Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions of Volume)	
1	120,0	K	M	120,0	500,00	500,00	HUMAN REMAINS OF MUSTAFA TEKIN ORAL NOT RESTRICTED 1 X 190 X 65 X 45	
1	120,0					500,00	TOTAL CBM: 0,556	
Prepaid			Weight Charge			Collect		
500,00						Other Charges		
Valuation Charge								
Total other Charges Due Agent						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. TRADELOG TRANSPORT U.HANDEL GMBH, Y.DINDAS Signature of Shipper or his Agent		
Total other Charges Due Carrier								
Total prepaid			Total collect					
500,00								
Currency Conversion Rates		CC Charges in Dest. Currency		FOR ABOVE NAMED CARRIER: PEGASUS AIRLINES TRADELOG TRANSPORT U.HANDEL GMBH, AS AGENT 29.APR.2026 KELSTERBACH Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent				
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges		624-5262 4390		

ORIGINAL 1 (FOR ISSUING CARRIER)

 Airline Code	 Issuing Carrier Agent	 Master Air Waybill
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EU regulation 2015/1998	Kurzbeschreibung / abstract
6.1.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Begründeter Manipulationsverdacht <i>Reasonable suspicion of tampering</i>
6.3.2.1	<input type="checkbox"/> Sendung ist nicht von einem reglementierten Beauftragten (RA) – Sendung zurückweisen <i>shipment isn't from an regulated agent (RA) – refuse shipment</i>
6.3.2.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Anlieferer konnte keinen gültigen Personalausweis/Reisepass vorlegen <i>Person delivered the shipment couldn't present valid ID or passport</i>
6.3.2.5	<input type="checkbox"/> MAWB - Master Air waybill fehlt / <i>missing</i> <input type="checkbox"/> CSD - Consignment Security Declaration fehlt / <i>CSD is missing</i> <input type="checkbox"/> Erwähnter Anhang fehlt: _____ / <i>mentioned attachment is missing</i>
6.3.2.6 a / 6.3.2.7 b	<input type="checkbox"/> Eindeutige alphanummerische Kennung des reglementierten Beauftragten (RA) fehlt <i>Unique alphanumeric identifier of regulated agent (RA) is missing</i>
6.8.3.4	<input type="checkbox"/> Eindeutige alphanummerische Kennung des ACC3 fehlt <i>Unique alphanumeric identifier of ACC3 is missing</i>
6.3.2.6 b	<input type="checkbox"/> MAWB Nummer fehlt / <i>MAWB Number is missing</i>
6.3.2.6 c	<input type="checkbox"/> Inhaltsangabe der Sendung fehlt / <i>Content of shipment is missing</i>
6.3.2.6 d / 6.3.2.7 b 6.8.3.4 / 6.8.3.5	<input type="checkbox"/> Sicherheitsstatus der Sendung fehlt (NSC, SPX) <i>Security status of shipment is missing (NSC, SPX)</i>
6.3.2.6 e	<input type="checkbox"/> Grund für die Erteilung des Sicherheitsstatus fehlt (by XRY, by RA, etc.) <i>Reason for security status is missing (by XRY, by RA. etc.)</i>
Non – Consol 6.3.2.6 f Consol 6.3.2.7	<input type="checkbox"/> Name der Person oder Identifizierung fehlt / <i>Name of person or identifier is missing</i> <input type="checkbox"/> Datum fehlt / <i>Date is missing</i> <input type="checkbox"/> Uhrzeit fehlt / <i>Time is missing</i>
6.3.2.6 g	<input type="checkbox"/> Kennung des RB fehlt, welcher den Sicherheitsstaus eines anderen RB akzeptiert hat <i>Identifier of RA is missing, who accepted security status given by another RB</i>
6.3.2.8	<input type="checkbox"/> Sendung ist unsicher (NSC) / <i>Shipment is unsecured (NSC)</i>
6.6.1.1. a / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Sendung offen, Inhalt greifbar / <i>Shipment open, content within reach</i> <input type="checkbox"/> Sendung ist fremdverklebt / <i>Shipment taped by others</i> <input type="checkbox"/> Sonstiger Grund / <i>Other reason</i>
6.6.1.1. b / 6.7	<input type="checkbox"/> Laderaum nicht verschlossen / <i>Cargo load compartment wasn't locked</i> <input type="checkbox"/> Offenes Pritschenfahrzeug ohne Begleitfahrzeug / <i>Flat bed vehicle without escort vehicle</i>
QR Airlinevorgabe	<input type="checkbox"/> Gewichts Differenz
Andere Gründe:	<input type="checkbox"/>

Kontrolliert von / <i>checked by</i>	Datum / <i>date</i>	Name in Blockschrift / <i>name in blockletters</i>	Unterschrift / <i>signature</i>
FCS Frankfurt Cargo Services GmbH:	300426		
Kontrollkraft für Fracht & Post:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> E. Yaqoubi 30. April 2026 </div>	 12:20

T.C.

Frankfurt Başkonsolosluğu



Sayı : Tereke / 2026 - 241 - 505

30.04.2026

Konu : MUSTAFA TEKİN ORAL

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 : MUSTAFA TEKİN ORAL
Doğum yeri ve tarihi : PAŞABAHÇE - 17.08.1943 - 17524461606
Anne adı - Baba Adı : KERİME-SAMİ
Ölüm tarihi ve yeri : 27.04.2026 - FRANKFURT AM MAIN
Ölüm sebebi : DOĞAL OLMAYAN
Bulaşıcı hastalığı : YOK
Cenaze naklini üstlenen firma : DUA CENAZE FİRMASI
Gideceği yer : ANKARA
Teslim edilecek kişi : KILINÇ AMBULANS HİZMETLERİ
Nakil günü, vasıtası ve güzergahı : 30.04.2026 - Uçak ile FRANKFURT/ İSTANBUL/ANKARA

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerinizle saygılarımla rica ederim.



Gökay Öztürk
Mevkin Konsolos

ICD NO: R69 - BİLİNMEYEN VE TANIMLANMAMIŞ HASTALIK NEDENİ -
FRANKFURT EMNİYET MÜDÜRLÜĞÜ'NÜN 28.04.2026 TAR. VE LS/0461162/2026
SAYILI DEFİN İZİNİ GÖRÜLDÜ.

NOT : Otopsi yapılmamıştır

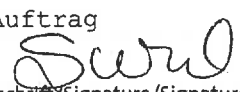
FİRMA YETKİLİSİ :

State/Country
Deutschland

Authority
 Administration
 Authority

Stadt Frankfurt am Main - Der Magistrat - Standesamt Höchst in
 Frankfurt am Main

Leichenpass
 Carte mortuaire
 Corpse transport permit

4	Familienname, Geburtsname Nom de famille, nom de jeune fille/Family name, name at birth	Oral -----
5	Vornamen Prénoms/Forenames	Mustafa Tekin -----
6	Geschlecht Sexe/Sex	M -----
7	Tag und Ort des Todes Date et lieu du décès/ Date and place of death	Jo Mo An 25 04 2026 - 27 04 2026 Frankfurt am Main -----
8	Todesursache ^{1,2} Cause du décès/ Cause of death	R69 -----
9	Tag und Ort der Geburt Date et lieu de naissance/Date and place of birth	Jo Mo An 17 08 1943 Pasabahce, Türkei -----
10	Beförderungs- mittel Mode de transport/ Means of transport	Transportfahrzeug und Flugzeug - Corbillard et Avion -Hearse and - Plane -----
11	Abgangsort Lieu de départ/ Place of dispatch	Frankfurt am Main -----
12	Strecke Route/Route	Istanbul -----
13	Bestimmungsort Lieu de destination/ Destination	Ankara, Türkei -----
14	<p>Die Beförderung dieser Leiche wurde ordnungsgemäß genehmigt. Alle Behörden der Staaten, durch deren Hoheitsgebiet die Leiche befördert werden muss, werden deshalb gebeten, den Transport ungehindert passieren zu lassen.</p> <p>Étant donné que le transfer 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.</p> <p>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.</p>	
15	Tag und Ort der Ausstellung Date et lieu de délivrance/Date and place of issue	Jo Mo An 30 04 2026 Frankfurt am Main Im Auftrag  Unterschrift/Signature/Signature



Siegel/Sceau/Seal

1 Die Angabe der Todesursache ist nur zulässig, wenn der Bestattungspflichtige sein Einverständnis erklärt hat; sie ist auch in Englisch und Französisch anzugeben oder im WHO-Zahlencode für die internationale Klassifizierung der Krankheiten.

2 Ist die Angabe der Todesursache nicht möglich, so ist auf dem Leichenpass anzugeben, ob die Person eines natürlichen Todes oder an einer nicht ansteckenden Krankheit verstorben ist. Starb die Person an einer ansteckenden Krankheit, so sollte diese Tatsache angegeben werden. Falls die Todesursache aus Gründen der ärztlichen Schweigepflicht nicht offen angegeben werden soll, ist eine ärztliche Bescheinigung mit der Angabe der Todesursache in einem verschlossenen Umschlag beizufügen.

SYMBOLES/ZEICHEN/SYMBOLS/SIMBOLOS/ΣΥΜΒΟΛΑ/SIMBOLI/SYMBOLON/SÍMBOLOS/İŞARETLER/SIMBOLI/SIMBOLIAI/SÜMBÖLÖD/SIMBOLURI

Jo: Jour/Tag/Day/Dia/Ημέρα/Giorno/Dag/Dia/Gün/Dan/Diena/Päev/Zi

Mo: Mois/Monat/Month/Mes/Μήν/Mese/Maand/Mês/Ay/Mesec/Miesiac/Ménua/Lunã/Kuu/Lunã

An: Année/Jaht/Year/Año/Έτος/Anno/Jaar/Ano/Yil/Godina/Metaj/Aasta/An

M: Masculin/Männlich/Masculine/Masculino/Appel/Maschile/Mannelijk/Masculino/Erkek/Muški/Vyras/Mees/Masculin

F: Féminin/Weiblich/Feminine/Feminino/Θήλυ/Femminele/Vrouwelijk/Feminino/Kadın/Zenski/Moteris/Naine/ Feminin

Polizeipräsidium Frankfurt am Main

Kriminaldirektion

K11 - Sterbefallbüro

Adickesallee 70

60322 Frankfurt am Main

E-Mail: sterbefallbuero.ppffm@polizei.hessen.de

Tel.: 069/755 51104

Vorgangsnummer: LS/0461162/2026

HESSEN



BESTATTUNGSSCHEIN

Personalien der verstorbenen Person

Mustafa Tekin Oral, geb. 17.08.1943 in Pasabahce, Türkei, türkisch

(Vorname, Name, (Geburtsname), Geburtsdatum, Geburtsort, Staatsangehörigkeit)

Wohnhaft in 65929 Frankfurt am Main, Cimbernweg 50

(Wohnanschrift)

Todestag / Todeszeitraum

25. Apr. 2026, 19:30 27. Apr. 2026, 09:25

Die gemäß § 159 Abs. 2 StPO erforderliche Genehmigung zur Bestattung der oben genannten verstorbenen Person ist von der Staatsanwaltschaft Frankfurt am Main erteilt worden. Das dortige Aktenzeichen lautet: 3442 UJs 410610/26

Die erteilte Genehmigung erstreckt sich auch unbedenklich auf den Fall der Feuerbestattung.

Dienstsiegel
KHK'in

Datum: 28. Apr. 2026

im Auftrag: Keschischian,

