MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Floyd Chaffee

in a T.S. Vault (Vault/Liner) Funeral, date, time 12-11 Fri 2pm

Church, Chapel, Graveside Graveside ; Bonham Brothers + Lee Mortuary. 789-1678 Mrs. Lee

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. D.I.P. 1979

Lot 1326 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund ..... Pre-NEED	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number 43120	822.44
Balance due	Ø

PAID
DEC 11 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Mortuary to bring check

I hereby certify I am the Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Bonham Bros + Lee Mortuary
Signature of recorded holder of deed

Carolyn Lee John C. Chaffee
Signature
321-12th St
Address
Ramona 92065
State Zip Code
789-1678
Telephone

Invoice # ____

Work Order # E 10500

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43120

Date: 12-11, 19 D

From: Mrs Chaffee Address: 42 Hawthorne Rd. Kearney

Eight Hundred Twenty-Two 44/100 Dollars ($ 822.44)

In Payment of Interment of Floyd Chaffee

Lot 1326 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10500

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1813

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	822	44

10500

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8/93

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FLOYD	L.	CHAFFEE	1/8/10	12/6/92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ramona	San Diego	John C. Chaffee-Brother 420 Pasatiempo Rd. Ramona, CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bonham Bros & Lee Mortuary 321 12th St. Ramona, CA 92065	FD568	▶ Carolyn Lee	12/7/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 0 8 1992	▶ Donald L. Ramos, M.D. MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92113	11B. DATE BURIED 12-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CELESTINO NOVOA

in a LINER (Vault/Liner) Funeral, date, time Wed 12/9 11:00

Church, Chapel, Graveside Chapel + Graveside - Berger Robert (Mortuary) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ CNR.

will be applied and billed to undersigned.

War time veteran No.

Lot 102 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43083	400.00
Balance due	1018.18

30 Day Note

I hereby certify I am the Cab esposa of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. 3619 43rd St

Signature of recorded holder of deed

Catalina Nova R.
Signature
3619 Rd 5T AP#1
Address
San diego CA. 92105
City Zip Code
284 8108
Telephone

Invoice # 211256

Work Order # E 10501

Acct. # 025649

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10501

NOTE

$ 1018.18 San Diego, California 12/7 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Eighteen 18/100 DOLLARS with interest from January 11, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME CATALINA NOVOA R. SIGNATURE Catalina Novoa R.

ADDRESS 3619 [redacted] 43 ST AP. #1 S.D. CA. 92105

CALIFORNIA DRIVER LICENSE NUMBER C19 9203337 SSN # 546-97-7570

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43083

Date: 12-7, 1992

From: Catalina NOVOA Address: 3619 43rd St Apt #1, SD 92105

Four Hundred 00/100 Dollars ($ 400.00)

In Payment of Interment of Celestino NOVOA

Lot 102 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10501

BALANCE DUE 0.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

E-10501

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 43yrs.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CELESTINO	NOVOA	CUEVAS	3/7/1949	12/3/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tecate	Baja California,MX	Mrs. Catalina Novoa-Wife 3619 43rd St.,Apt.1 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
607 National City Blvd. BERGE-ROBERTS MORTUARY National City, CA	FD-284	▶ [signature]	12/8/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 0 8 1992	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222
San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 12-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/7/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ida White

in a Liner (Vault/Liner) Funeral, date, time Thurs, 12/10 11:00AM

Church, Chapel, Graveside Church + Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. or regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned Charlyn Duncan

War time veteran _____.

Lot 40 Grave 1 Row _____ Section 3 Division/[redacted] 12

Grave space & Care Fund Pre Need -D-7182)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Old Pre Need D-7248	Ø
Burial Container " "	Ø
Handling Fees " "	Ø
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes Old Pre-Need D-7248	Ø
Total Due	45.00
Paid receipt number 43085	45.00
Balance due	Ø

I hereby certify I am the Daughter Charlyn Duncan of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

PAID
DEC 07 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Signature of recorded holder of deed

Charlyn Duncan
Signature

6887 Potomac St #144
Address

San Diego, Ca 92139
City Zip Code

472-1643
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10502

PY-593 (Rev. 8-92)

7/19/1976

E-10502

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

8521

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ida Nellie White for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 40 Gr 1 Sec 3 Div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-7182

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker Only

R. W. Deluc Sec
Cemetery Manager

W. L. MacFarlane
Property Director

PY-004

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43085

Date: 12-7, 1992

From: Charley Duncan Address: 5091 Lyon St. SD

Forty-Five 70/100 Dollars ($ 45.00)

In _____ Payment of Rec. fee for Interment of [illegible]

Lot 40 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10502

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑

AC-212 (Rev. 1-91) 1163

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

E-10502

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 83yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ida	Nellée	White	3-9-04	12-4-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Charlyn Duncan - Daughter 6887 Potomac St. Apt. 144 San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-9-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 10 1992	▶ Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital REcords; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy DeTeague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gwendolyn Lockwood

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri, 12/11 11:00AM

Church, Chapel, Graveside Chapel + Graveside; Humphrey (Jesus) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. Paulette Lockwood

War time veteran No.

✓ Lot 3401 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need® D-2918	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number	822.44
Balance due	-0-

Pd - In full 1-5-93

60 Day NOTE

1-5-93 Aux Ins

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paulette Lockwood
Signature

2136 VIA ROBLES
Address

OCEANSIDE CA 92054
City Zip Code

619 722-4618
Telephone

Invoice # 211472

Acct. # 075756

Work Order # E 10503

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10503

NOTE

$ 822.44 San Diego, California 12-9 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Twenty Two 44/100 DOLLARS with interest from February 11, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME PAULETTE Lockwood SIGNATURE Paulette Lockwood

ADDRESS 2136 VIA ROBLES OCEANSIDE CA 92054

CALIFORNIA DRIVER LICENSE NUMBER S0445028 SSN # 547-84-2193

PY-1012 (11-89)

E-10503

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 16yrs

[redacted] 1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GWENDOLYN	CATHERINE	LOCKWOOD	12-06-1916	12-08-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Paulette G. Lockwood - Daughter 2136 Via Robles Oceanside CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J. King	12-9-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 10 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [redacted] A. BURIAL (INCLUDES ENTOMBMENT)
- [redacted] CREMATION
- [redacted] DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [redacted] SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 12-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

[redacted]Y 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN [redacted]ARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10503

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 045756

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 1-5-93 #2

PAID BY (CIRCLE ONE): CA (CK) -NF

PAYMENT REFERENCE NUMBER #308

AMOUNT PAID 822.44

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Gwendolyn Lockwood

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS J Acc - MS-#42

CASHIER

INV. NO. 211472

TR-1561 (2-82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lizzie Shields

in a Liner (Vault/Liner) Funeral, date, time Fri, 12/11 2:00 PM

Church, Chapel, Graveside Church + Grave : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Dorothy Johnson

War time veteran No.

Lot 141 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43104	1518.18
Balance due	0

PAID
DEC 08 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dorothy Johnson
Signature
5324 E. Carlington
Address
Los Angeles, 90043
City Zip Code
213-294-6394
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10504

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43104

Date: 12-8, 1992

From: Dorothy Shaw Address: 5324 S. Arlington, Los Angeles

Fifteen Hundred Eighteen 18/00 Dollars ($ 1518.18)

In _____ Payment of Interment of Lizzie Shields

Lot 141 Grave 5 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10504

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1518	18

AC-212 (Rev. 1-91)

E-10504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72y's

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lizzie	Annie	Shields	11-20-20	12-7-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Matthew Shields - Husband 2809 Imperial Ave. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-11-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 11 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Yeager
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

D.I.P. 1979

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-10-11

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eloise Moore Hearn

in a LINER (Vault/Liner) Funeral, date, time MON, 12/10 11:00AM

Church, Chapel, Graveside Church + Grave - Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 15 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need D-6231 ..... Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Old Pre-Need E-1048 ..... Ø

Burial Container ..... " " " ..... Ø

Handling Fees ..... " " " ..... Ø

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... " ..... Ø

Sales taxes ..... " ..... Ø

Total Due ..... Ø

PAID DEC 11 1992 MT. HOPE CEMETERY CITY & SAN DIEGO, CALIF.

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10505

PY-593 (Rev. 8-92)

E-10505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 80yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eloise	Moore	Hearn	6-26-12	12-9-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Levi Hearn - Husband 311 S. 46th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. SanDiego, CA	F-1329	▶ Debbie Williams	12-10-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
F-1329	DEC 14 1992	▶ Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need
Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/10/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Arrington

in a Liner (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 40 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10506

Acct. # _____

PY-593 (Rev. 8-92)

3-93

His person never came back
to finalize any arrangement.
I talked to "Missy" at
Rapdale to see if this person
had a pre-need with them.
Missy said they do not
have a pre-need as of this
date.

E-10500

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruthie III C Phatter

In a T.S Vault (Vault/Liner) Funeral, date, time Tues 12/15 1:00 pm

Church, Chapel, Graveside Church + Grave - Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned Lindsey McPhatter

War time veteran No.

Lot 29 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1617.44
Paid receipt number 43121	404.00
1-4-93 Balance due	1213.44
	900.00

PAID 12/15

30 Day Hold

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

Address

City Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10507

Invoice # 211473

Acct. # 075755

PY-593 (Rev. 8-92)

Bal 1-4-93
$313.44

MT. HOPE CEMETERY W.O. # E-10507

NOTE

$ 1213.44 San Diego, California 12/11 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Thirteen 44/100 DOLLARS with interest from January 15, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME WINFREY McPHATTER SIGNATURE Winfrey McPhatter

ADDRESS 4361 Newton ave. S.D. Ca. 92113

CALIFORNIA DRIVER LICENSE NUMBER 21053887 SSN # 572-01-1218

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43121

Date: 12/11, 1992

From: Winfrey McNatter Address: 4361 Newton Ave, SD, CA

Four Hundred Four 70/100 Dollars ($ 404.00)

In _____ Payment of Interment of Ruthie McNatter

Lot 129 Grave 7 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10507

BALANCE DUE $1213.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

534

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	404.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78330	
TOTAL PAID	$	404.00

AC-212 (Rev. 1-91)

E-10507

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72y's

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruthie	Keeling	McPhatter	12-8-20	12-10-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Winfrey McPhatter - Husband 4361 Newton Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debby Williams	12-14-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 15 1992	Gerald L. Bonds, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-15-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy DeTeasel	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10507

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 075755

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 1-15-93

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID 313.44

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME WINFREY Mc PHATTER

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

PAID
JAN 15 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

REMARKS N. Ferguson M.S. # 72

CASHIER

INV. NO 211473

T#-1561 (2-82)

E-10507

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Neal

in a Liner (Vault/Liner) Funeral, date, time Thurs 12/17 1:00 PM

Church, Chapel, Graveside Chapel / G.S. ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Barbara Neal

War time veteran no.

Lot 146 Grave 3 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need (9493/1946)	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43131	180.00
Balance due	543.18

30 day note

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Barbara Neal
Signature

3003 K St
Address

S.D. Ca 92187
City Zip Code

619 232-0669
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 211526

Work Order # E 10508

Acct. # 075768

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10508

NOTE

$ 543.18 San Diego, California Dec. 15 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of Five hundred forty-three 18/100 = DOLLARS with interest from Jan 18, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Huberta J. Neal SIGNATURE Huberta J Neal

ADDRESS 3003 K St. S.D. Ca 92102

CALIFORNIA DRIVER LICENSE NUMBER No200478 SSN # 527-42-0316

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43131

Date: 12/15, 19 92

From: Huberto Real Address: 3003 "K" St. S.D. CA

One hundred-eighty and 00/100 Dollars ($ 180.00)

In Part Payment of Interment Eugene Real

Lot 146 Grave 3 Row Section H Division Block 7

Invoice No.

Acct. No.

W.O. E-10508

BALANCE DUE 543.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Stendell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	180	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	180	00

E-10508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 65yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eugene	—	Neal	5-17-27	12-11-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Huberta Neal - Wife 3003 "K" St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Bertha Wheeler	12-15-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 16 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital REcords; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

open Imperial Gate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert E. Rivers

in a Liner (Vault/Liner) Funeral, date, time Thurs. 12/17 2:00 pm

Church, Chapel, Graveside Chapel/G.S. : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Dallie J Beese

War time veteran Yes.

✓ Lot 31 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43136	$ 1100.00
Balance due	$ 418.18

PAID
DEC 15 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

30 day note
Military Detail

Dollie Beese
264-2129

43130

I hereby certify I am the Ex wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dallie J Beese
Signature

870 N. 42nd St.
Address

S.D. CA 92102
City Zip Code

264-2129
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10509

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43126

Date: 12/14 19 92

From: Dollie Reese Address: 870 N. 40th St. S.D. 92102

Eleven hundred and 00/100 Dollars ($ 1100.00)

In Lot Payment of Interment Robert Rivers

Lot 31 Grave 2 Row Section 1 Division Block B

Invoice No.

Acct. No.

W.O. E 10509

BALANCE DUE $418.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. L. Hudell

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	305	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78090		
TOTAL PAID	$	1100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43130

Date: 12/15, 1990

From: Dollie Beese Address: 870 No. 42nd St

Four Hundred Eighteen 18/100 Dollars ($ 418.18)

In _____ Payment of Interment of Robert Reeves

Lot 31 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10509

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	45	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	418	18

AC-212 (Rev. 1-91)

F-10509

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 58yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	Earl	Rivers	08-12-1934	12-12-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Dorie J. Beese: Ex-wife 870 N. 42th Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Sharon Rivers	8B. DATE SIGNED 12-14-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 17 1992	▶ Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 12-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDGAR CHISOLM P.A.# 1137239

in a LINER Vault/Liner Funeral, date, time Wed. 12/16 1:00 PM

Church, Chapel, Graveside DELIVERY ONLY : BERGE-ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 93 Grave 5-B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

KIM WHITE

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 211474

Work Order # E 10510

Acct. # 000952

PY-593 (Rev. 8-92)

E-10510

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

31 yrs.

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDGAR	B.	CHISOLM	11/24/1961	12/5/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	S.D. Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
607 National City Blvd. BERGE-ROBERTS MORTUARY National City, CA	FD-284	▶ [signature]	12/15/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103105 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 16 1992	▶ Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMTERY 3751 Market St.,San Diego, CA	11B. DATE BURIED 12-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Jessup
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PEARLIE SMITH

in a LINER (Vault/Liner) Funeral, date, time FRI 12/18 2:00

Church, Chapel, Graveside CHAPEL / G.S. : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned Mary Johnson Carter

War time veteran NO

Lot 134 Grave 4 Row _____ Section 1 Division/Block 18

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43127	1518.18
Balance due	0

PAID
DEC 14 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mary Johnson Carter
Signature

3414 Rexview Dr
Address

San Diego Ca 92114
City Zip Code

(619) 286-2499 - 263-38
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10511

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43127

Date: 12/14, 1992

From: Hazel Robinson-Carter Address: 344 Rexview Dr. S.D. 92114

Fifteen hundred-eighteen and 18/100 Dollars ($ 1518.18)

In full Payment of Interment Peadie Smith

Lot 134 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10511

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathleen Hunter

CREDIT 20% Sales Cars	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1518	18

E-10511

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 82y15

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Pearlie	—	Smith	4-15-10	12-13-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Ella Jackson - Daughter 356 54th St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Della Williams	12-15-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 16 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 2751 Market St. San Diego, CA	11B. DATE BURIED 12-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOMINGA CRUZ

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 102 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	695.00
Paid receipt number 43128	100.00
Balance due	595.00

Paid in full 11/7/1993 R 43209

I hereby certify I am the SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dominga Cruz
Signature

1317 D AVE. N-317
Address

National City CA 91950
City Zip Code

474-5005
Telephone

Work Order # E 10512

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43128

Date: 12/14, 1992

From: Domingo Cruz Address: 1317 "D" #317 National City 91950

One hundred and 00/100 Dollars ($ 100.00)

In Part Payment of Pre-need lot

Lot 102 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10512

BALANCE DUE 595.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43209

Date: 1-7, 1993

From: Domingo Cruz Address: 1317 D #317 National City 91950

Five hundred ninety-five Dollars ($ 595.00)

In full Payment of Pre Need Lot

Lot 102 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10512

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY A. Ferguson

CREDIT	67007		
20% Sales Care	77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	595	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/15/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Allen Shines, Jr.

in a Liner (Vault/Liner) Funeral, date, time Mon. 12/21 11:00am

Church, Chapel, Graveside Chapel/G.S. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran NO.

Lot 266 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43156	400.00
Balance due	1018.18

30 day note

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Ava Black
Signature

484 Logan #101
Address

San Diego 92115
City Zip Code

262-9014
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 211840

Acct. # 075854

Work Order # E 10513

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10513

NOTE

$ 1418.18 San Diego, California DEC 15 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen hundred-eighteen and 18/100 DOLLARS with interest from Jan 21, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Martha Shive SIGNATURE Martha Shive

ADDRESS 4904 Logan #101

CALIFORNIA DRIVER LICENSE NUMBER N/A SSN # 551-58-6993

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43156

Date: 12-23, 19 92

From: Ragsdale Mortuary Address: 5050 Federal Blvd S.D CA 92102

Four hundreds ; 00/100 Dollars ($ 400.00)

In Port Payment of Interment of Joe Shines Jr.

Lot 266 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10513

BALANCE DUE 1018.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. L. Stegall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

E-10513

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	Allen	Shines, Jr.	12-26-32	12-13-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Martha Shines - Sister 4804 Logan Ave. #101 San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-16-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 17 1992	▶ Ronald L. Ramsey, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Disinter/Reinter In Double Depth Crypt

Date 12/15/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jackson Clay Jones

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 172 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee Disinterment Fee	900.00
Sales taxes	27.90
Total Due	1607.90
Paid receipt number	
Balance due	

Pd-In-full 3/26/93

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Kenneth S. Jones
Signature

6681 Charlene Ave.
Address

San Diego, CA.
City Zip Code

(619) 582-0608
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10514

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43295

Date: 1-29, 1993

From: Kenneth Jones Address: 6611 Charlene Ave, SD 92114

Four Hundred Fifty-Two 70/100 Dollars ($ 452.-)

In _____ Payment of 25% dn pymt ($402.-) for Pre-Need and $50.- for Coupon #1. (Feb Payment) (Disinterest Retainer)

Lot 172 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10514

BALANCE DUE $1155.90

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	452	00
Sales Tax	60101 78390		
TOTAL PAID	$	452	00

AC-212 (Rev. 1-91)

43519

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-26, 1993

From: Kenneth [illegible] Address: 6681 Charlene [illegible], Sl

Eleven Hundred Fifty-five 90/100 Dollars ($ 1155.90)

In _____ Payment of Disinterment & Double Depth Cover

Lot 172 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10514

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1155	90
Sales Tax	60101 78390		
TOTAL PAID	$	1155	90

AC-212 (Rev. 1-91) 242 00 100 51

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Disinter/Re-inter Trust

Kenneth S. Jones E-10514
6681 Charlene Ave.
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	X										

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

450-7339-W
583-9503 A

NAME Jones, Kenneth S. ACCT. NO. E-10514

ADDRESS 6681 Charlene Ave. San Diego 9211[illegible] RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
12-15	92	Pre-need Disinter/Reinter Trust for Jackson Clay Jones Includes disinterment fee and double depth crypt				1607. 90
1-29-93		Coupon #1 ($50.00) + 25% dn payment ($402.00) rec # 43295			452.00	1155.90
3-26-93		rec # 43519			1155.90	-0-

PAID
MAR 26 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

E-10514

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151

Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

12 – 92
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Jackson Clay Jones

from Lot 172 Grave — Section — Row — Block — Division 10
and to remove the same to and reinter said remains in Lot 172 Grave —
Section — Row — Block — Division 10 Cemetery Mt. Hope Cemetery

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Beatrice Jones	WIFE	4925 DATE PL. S.D. CA. 92102
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

Beatrice Jones — 12-16-92
(Lot owner must sign if not legal custodian) Date

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L. B. Davidson

in a Liner (Vault/Liner) Funeral, date, time Mon. 12/21 1pm

Church, Chapel, Graveside Church, G.S. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 50 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	223.-
Additional spaces and care fund	
Opening/Closing & Setup	350.-
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	13.18
Total Due	946.18
Paid receipt number 4315	946.18
Balance due	0

Military detail Mortuary Check being

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10515

Acct. # _____

PY-593 (Rev. 8-92)

E-10515

NAME DAVIDSON, HORTENSE & B.J. ACCT. NO. E-6607

ADDRESS 6768 Mallard Street, San Diego, Ca 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 16 87	Lot 50, Grave 10, Section 2, Division 11	495 00		172 00	323 00
1-6 88	Coupon #13, Receipt # 35507			20 00	303 00
7-3 88	Coupon # 14, Receipt # 35636			20 00	283 00
4-14 88	Receipt # 36015			20 00	263 00
10-2-91	receipt #41309			40 00	223 00

AIGNER FORM NO. 25-204 DAVIDSON, HORTENSE & B.J. 50 - 10 - 2 - 11 Credit Lot PRINTED IN USA

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43151

Date: 12-22-92, 19

From: RAGSDALE MORTUARY Address: 5050 FEDERAL BLVD S.D. 92102

Nine hundred forty-six and 18/100 Dollars ($ 946.18)

In Full Payment of Interment LB Davidson

Lot 50 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10515

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 09464

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Hayden

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	194	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	18
TOTAL PAID	$	946	18

E-10515

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
L.	B.	Davidson	7-25-1895	12-15-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Hortense Davidson - Wife 6768 Mallard St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-16-92

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 17 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADDIE HAWKINS

in a LINER (Vault/Liner) Funeral, date, time THURS. 12/17 2:00 PM

Church, Chapel, Graveside CHAPEL/G.S. : CALIF. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Ruby Jefferson

War time veteran no.

Lot 96 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43135	100.00
Balance due	1318.18

60 day note

I hereby certify I am the friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Ruby Jefferson
Signature

1821 So 41st St
Address

San Diego, CA 92113
City Zip Code

(619) 264-5579
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 211525

Work Order # E 10516

Acct. # 075769

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10516

NOTE

$ 1318.18 San Diego, California Dec 16 19 93

~~Thirty~~ Sixty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of THIRTEEN HUNDRED EIGHTEEN 18/100 DOLLARS with interest from Feb. 18 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ruby Jefferson SIGNATURE Ruby Jefferson

ADDRESS 1821 So 41 St San Diego, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER Z0839749 SSN # 526-14-4934

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43135

Date: 12/16, 19 92

From: Roby Jefferson / Drucilla Thomas Address: 1821 41st St. S.D. 92113

One Hundred & 00/100 Dollars ($ 100.00)

In Part Payment of Interment Addie Hawkins (60 day note)

Lot 96 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10516

BALANCE DUE $1318.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2286

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY F. L. Hayden

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

E-10516

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

87y 5

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Addie	—	Hawkins	2/28/1905	12/13/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ruby V. Jefferson-Executor 1821 S.41st Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 3602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	12/17/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 17 1992	▶ Donald L. Rossi, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 12-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LACY TERRY

In a F.S. VAULT (Vault/Liner) Funeral, date, time TUES 12/22 11:00 A.M.

Church, Chapel, Graveside CHURCH/G.S. Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 — will be applied and billed to undersigned. _____

War time veteran _____.

Lot 191 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	PRE-NEED E-9917	Ø
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED E-9922	Ø
Burial Container	PRE-NEED E-9922	Ø
Handling Fees	PARTIAL PRE-NEED E-9922	77.06
Flower vases — Marker setting fee		
Recording and filing fee		45.00
Sales taxes		17.44
Total Due		139.50
Paid receipt number	43134	139.50
Balance due		Ø

PAID
DEC 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Renee A Hill
Signature
11331 Cuervo Ct.
Address
Moreno Valley 9255
City Zip Code
(909) 247-9265
Telephone
(619) 264-5526

Invoice # _____

Work Order # E 10517

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43134

Date: 12/16, 1992

From: Renee Hill Address: 11331 Evans Cr., Mira Mesa, Ca.

One Hundred Thirty-Nine 50/100 Dollars ($ 139.50)

In _____ Payment of Interment of Lacy Terry

Lot 191 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10517

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	77	06
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	139	50

AC-212 (Rev. 1-91)

E-10517

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lacy	Kirk	Terry	3/15/1926	12/15/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Renee Hill-Daughter 11331 Evans Court Moreno Valley, CA 92555

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	12/18/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 18 1992	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 12/22/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 91-10 — metal - vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA ALCANTAR MENDOZA

In a T.S. VAULT (Vault/Liner) Funeral, date, time MON 12/21 11:00 AM.

Church, Chapel, Graveside GRAVESIDE : GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 103 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number 43150	380.00
Balance due	1137.44

Mortuary to bring check for 380.00 Family to sign 30 day note for balance.

Aux. Env. F-29-93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Bal 637.44

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 311841

Acct. # 075859

Work Order # E 10518

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10518

NOTE

$ 1137 44 San Diego, California 12-21 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Thirty Seven 44/100 DOLLARS with interest from January 21, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME ALBERTO LOPEZ GARCIA SIGNATURE [signature]

ADDRESS 210 S. 29th St SAN DIEGO CA 92113

CALIFORNIA DRIVER LICENSE NUMBER A3019971 SSN # 609-07-3944

PY-1012 (11-89)

E-10518

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43150

Date: 12/21, 1992

From: Guadalupana Mortuary Address: 2601 Imperial Ave SD

Three Hundred Eighty 00/100 Dollars ($ 380)

In _____ Payment of Interment of Maria Mendoza

Lot 103 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10518

BALANCE DUE $1137.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

AC-212 (Rev. 1-91)

1730

E-10518

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARIA		ALCANTAR	9-20-62	12-15-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ARMANDO ALCANTAR-BROTHER 914 SAMPSON ST.APT#1 SAN DIEGO,CA,92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE,SAN DIEGO,CA,92102	FD-1425	▶ [signature]	12-18-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 21 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	----------

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102.	11B. DATE BURIED 12-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/secled	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10518

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO 075859

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 1-29-93 H.D.

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID $500.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Alberto GARCIA

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) Jane

CUSTOMER (PAYOR) ADDRESS _____

PAID
JAN 29 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

REMARKS Jan - MT #7

CASHIER _____

INV. NO. 211841

TR-1561 (2-82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

casket size

Date 10/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dione Bess

in a — (Vault/Liner) Funeral, date, time Fri. 12/18 1:00 PM

Church, Chapel, Graveside GRAVESIDE ONLY: RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ —

will be applied and billed to undersigned.

War time veteran NO.

Lot 3695 Grave Row Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 43140	100.00
Balance due	170.00
Aux Bro.	170.00

PAID
JAN 19 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

28" x 13" DIMENSION OF GRAVE

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Nicole Camarillo
Signature

4150 National Ave A5
Address

SAN DIEGO 92113
City Zip Code

263-4852
Telephone

Invoice # 211569

Acct. # 075787

Work Order # E 10519

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10519

NOTE

$ 170.00 San Diego, California Dec. 17 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Seventy and 00/100 DOLLARS with interest from Jan 18, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Nicole Camarillo SIGNATURE Nicole Camarillo

ADDRESS 4150 National Ave #A5

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 547-31-3641

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43140

Date: 12/17, 19 92

From: Nicole Camacho Address: 4150 Orchard Ave SD 92113

One hundred and 00/100 Dollars ($ 100.00)

In Part Payment of Interment of Diane Doss

Lot 3675 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-10519

BALANCE DUE 170.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. Kindell

CREDIT	67007	
20% Sales Care	77184	20 —
80% Sales of Lots	100 77184	80 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 —

E-10519

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 months

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dione	Stephen	Bess	9-5-92	12-11-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Nicole Camarillo - Mother 4150 National Ave. Apt. A-5 San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-17-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 17 1992 ▶	Ronald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Morgan (Edna (M.))

in a Liner (Vault/Liner) Funeral, date, time Tues 12/22 2:00 P.M.

Church, Chapel, Graveside Church/G.S. : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. [signature]

War time veteran no.

✓ Lot 101 Grave 9 Row ____ Section 2 ~~Division~~/Block 7

Grave space & Care Fund PRE-NEED A-6892	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	175.00
Handling Fees	140.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43137	723.18
Balance due	Ø

PAID
DEC 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

P.O. Box 604
Address

Descanso, Ca
City Zip Code

445-0839 91916
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 10520

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43137

Date: 12/17, 1992

From: JACQUELINE PERKINS (CONSERVATOR) Address: P.O. BOX 604 DESCANSO CA 91916

SEVEN HUNDRED TWENTY-THREE 18/100 Dollars ($ 723.18)

In FULL Payment of INTERMENT ANNIE E. MORGAN

Lot 101 Grave 9 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E-10520

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	140	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

AC-212 (Rev. 1-91)

F-10520

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Annie	Edna	Morgan	8-25-1891	12-16-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Jacqueline Perkins - Niece 25038 Manzanita Lane Descanso, CA 91916

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	12-21-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSI[illegible] REQUIRES A NEW [illegible] TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 21 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. 101-9-2-7 San Diego, CA	11B. DATE BURIED 12/22/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET E. DOTSON

in a VAULT (Vault/Liner) Funeral, date, time MON. 12/21 12:00 PM

Church, Chapel, Graveside CHAPEL/G.S. : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ —

will be applied and billed to undersigned. —

War time veteran NO.

Lot 1614 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... PRE-NEED C-9232 ..... Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases – Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 947.44

Greenwood to bring check

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the GRANDSON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Darlene A. Gilmore
Signature

3973 CHARLES ST
Address

LA MESA CA 91941
City Zip Code

469-6006
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10521

Acct. # _____

PY-593 (Rev. 8-92)

E-10521

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Margaret	E.	Dotson	10-16-1902	12-17-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rockne Gilmore: Grandson 3973 Charles Street La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary:1-805&Imperial Avenue San Diego, CA	F-843	▶ Kimberly Dines	12-18-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 21 1992	▶ Donald L. Rowe, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 12-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Loth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Ownership

Date 12/[illegible]0/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steven + Betty Thomas

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 4989 Grave — Row — Section — Division/Block D

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee Transf. of Ownership 45.00

Sales taxes ..... _____

PAID
DEC 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 45.00

Paid receipt number 43142 45.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Steven Thomas
Signature
11851 Tunstall St
Address
Garden Grove CA. 92645
City Zip Code
(714) 895-1719
Telephone

Invoice # _____

Work Order # E 10522

Acct. # _____

PY-593 (Rev. 8-92)

E-10522

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Cleven and Betty Thomas for the sum of $ 45.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4989 and 4990 - Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10522

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. *In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and* natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

12" x 24" (single marker) or 12" x 36" (double marker)

Wendy Jo Teague
Cemetery Manager

J. L. Spotts
Property Director

PY-944

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43142

Date: 12/18, 1992

From: Glenn & Betty Thomas Address: 11851 Turnstall St, Garden Grove, Ca.

Forty-five no/100 Dollars ($ 45.00)

In _____ Payment of Transfer of Ownership fee

Lot 4989 + 4990 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10522

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91)

E-10522

Date: September 1, 1992

To: Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

To whom it may concern:

I am signing over ownership of two lots, Lot 4989 Division 10 and Lot 4990 Division 10, to Cleven and Betty K. Thomas. Enclosed are copies of the original deeds.

Fred G. Jones

Leonard W. Austin
NOTARY

(OFFICIAL SEAL)
LEONARD W. AUSTIN
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My Commission Expires June 22, 1993

Enclosures (2)

E-10522

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

4/28/1972

6140

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Fred G. Jones for the sum of $ 265.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4989 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1650

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation monument only

R. W. Dickens
Cemetery Manager

Director of Parks and Public Facilities

PW-384 (REV. 5-70)

E-10522

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5734

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Fred J. Jones for the sum of $ 265.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4990 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-540

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2 X 1 flush marker only

R. W. Adkins
Cemetery Manager

William Jackson
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

Family to watch interment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ashley Darlene Stelter

in a — Vault Funeral, date, time Tues 12/22 1:30 PM

Vault/Liner

Provided by family

Church, Chapel, Graveside Groveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ —

will be applied and billed to undersigned.

War time veteran —

✓ Lot 1356 Grave ____ Row ____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 43143	270.00
Balance due	Ø

PAID
DEC 18 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Grand Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Georgette Stelter
Signature

PO 70065
Address

San Diego 92167
City Zip Code

224-6002
Telephone

Invoice #

Work Order # E 10523

Acct. #

PY-593 (Rev. 8-92)

Baby - Ashley Darlene Stelter
Father - Christopher Clyde Stelter
Mother - Cynthia N Baisden Stelter
Parents address - 4469 Northview - San Diego
Informant - George Stelter P.O. Box 70065
San Diego - 92167
619-224-6002

Mortuary - Mayer

E-10523

Stelter Baby Grave

Request 2" gravel in or on Bottom of grave for Casket Vault to rest on. And then gravel-Sand around Vault to depth from bottom to 10 inches or Cover Vault with Sand gravel

E-10523

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43143

Date: 12-18-, 19 92

From George Holter Address: 4677 Green St, San Diego CA 92107

Two hundred seventy and xx/100 Dollars ($ 270.00)

In Full Payment of Ashley Darlene Holter Interment

Lot 1356 Grave ____ Row ____ Section 1 Division 9 Block ____

Invoice No. ____

Acct. No. ____

W.O. E10523

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

0338

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184	20 —
80% Sales of Lots	100 77184	80 —
Opening/ Closing	100 77181	125 —
Burial Containers	100 77182	
Handling Fee	100 77185	45 —
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID		$ 270 —

E-10523

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ashley	Darlene	Stelter	12/14/1992	12/14/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Cynthia Stelter- Mother 4469 North Ave. #1-D San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave, San Diego, CA	1424		12/21/1992

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 22 1992	Donald G. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 133-1-9 3752 Market St. San Diego, CA	11B. DATE BURIED 12/22/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosario Arvizu

in a #6 (Vault/Liner) Liner Funeral, date, time Tues. 3 pm 12/22

Church, Chapel, Graveside Graveside : Guadalupana Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran _____.

Lot 131 Grave 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund		695.00
Additional spaces and care fund		
Opening/Closing & Setup		350.00
Burial Container	220.00	~~225.00~~
Handling Fees	145.00	~~185.00~~
Flower vases – Marker setting fee		* 31.55
Recording and filing fee		45.00
Sales taxes	17.05	~~17.44~~
Total Due	1523.60 ~~1542.05~~	1519.44
Paid receipt number 43155		380.00
Balance due	1123.60	~~1142.05~~

Mortuary to bring check $380.00 30 day note for balance to sign. Family to sign

(SEE OVER)

I hereby certify I am the LORI ARVIZU of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lori Arvizu
Signature

8404 Adams St.
Address

Lemon Grove 91945
City Zip Code

465-7133
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 311844

Work Order # E 10524

Acct. # 075861

PY-593 (Rev. 8-92)

Payment	Balance	Receipt #
	1123.60	
$510.00	$613.60	~~4363~~
		Aux. Invoice

MT. HOPE CEMETERY KW

W.O. # E-10524

NOTE

$ ~~437.04~~ (613.60) San Diego, California 12-21 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum Six hundred-thirteen & 60/100 DOLLARS with interest from January 22, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Albertina Tribeca SIGNATURE A Tribeca.

ADDRESS 112 OKLAWN AVE. Apto A CHULA VISTA

CALIFORNIA DRIVER LICENSE NUMBER — SSN # 429-47-1100

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43155

Date: 12-23, 1992

From: Guadalupana Mortuary Address: 2601 Imperial Ave S.D. 92102

Three hundred eighty 00/100 Dollars ($ 380.00)

In: Port Payment of Interment of Rosario Arxiu

Lot 131 Grave 2 Row Section 2 Division Block 4

Invoice No.

Acct. No.

W.O. E-10524

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	380.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	380.00

AC-212 (Rev. 1-91) 1728

E-10524

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROSARIO	----------	ARVIZU	2-19-39	12-17-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	LORI-ARVIZU-DAUGHTER 8404 ADAMS ST LEMON GROVE,CA,91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425	▶ Lori Chavez	12-22-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 22 1992	Donald L. Powers, M.D. JKH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	----------

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 12/22/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 131-2-2-11 Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rita B. Burr P.A. # 113779

in a Liner (Vault/Liner) Funeral, date, time Tues 12/22

Church, Chapel, Graveside Delivery only; Markley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 93 Grave 5-T Row _____ Section 1 ~~Division~~/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Rebecca Burr

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 21843

Work Order # E 10525

Acct. # 000952

PY-593 (Rev. 8-92)

E-10525

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RITA	BLANCHE	BURR	JAN 28, 1930	DEC 15, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
MURRAY-MITCHELL MORTUARY, 3655 FIFTH AVENUE SAN DIEGO, CA 92103	F-119

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
		[signature]	DEC 21, 1992

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 22 1992	▶ Donald E. Powers, M.D. pd

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 93-5-T-1-12	11B. DATE BURIED 12/22/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Donald Coleman

in a Vault (Vault/Liner) Funeral, date, time Mon. 12/21 1:00 PM

Church, Chapel, Graveside CHURCH/G.S. ; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Wanda Coleman

War time veteran no .

Lot 5042 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1817.44
Paid receipt number 43145	$ 345.00
Balance due	1472.44

30 day note

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

WANDA J. COLEMAN
Signature

5629 ZIRCON St
Address

SAN DIEGO, CA 92114
City Zip Code

619-266-9246
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 21842

Work Order # E 10526

Acct. # 075860

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10526

NOTE

$ 1472.44 San Diego, California Dec 18 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen hundred seventy-two 44/100 DOLLARS with interest from Jan. 21, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME WANDA J. COLEMAN SIGNATURE Wanda Coleman

ADDRESS 5629 ZIRCON St.

CALIFORNIA DRIVER LICENSE NUMBER A0999038 SSN # 560-76-4146

PY-1012 (11-88)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43145

Date: 12-18, 19 92

From: Wanda Coleman Address: 5629 Zircon St S.D. 92114

Three hundred forty-five & 00/100 Dollars ($ 345.00)

In Part Payment of Interment: Donald Coleman

Lot 5042 Grave 1 Row Section Division Block 17

Invoice No.

Acct. No.

W.O. E-10526

BALANCE DUE $1472.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Hendell

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	345.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	345.00

AC-212 (Rev. 1-91)

E-10526

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Donald	—	Coleman	8/4/1948	12/14/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Wanda J. Coleman-Wife 5629 Zircon Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	12/18/92

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1037b of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 18 1992	[signature] Donald La Pierre, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 12-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willis Keys

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 12/23 10:30 AM

Church, Chapel, Graveside Graveside : Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 36 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number	
Balance due	

30 Day NOTE

I hereby certify I am the Attorney / Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

R. Alan Smith, Trustee
Signature

PO Box 460340
Address

Escondido, CA 92046
City Zip Code

(619) 745-1798
Telephone

Invoice # 211845

Acct. # 07586 3

Work Order # E 10527

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10527

NOTE

$ 822.44 San Diego, California 12-21 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Twenty-Two 44/100 DOLLARS with interest from January 23, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME R. Alan Smith, Trustee SIGNATURE R. Alan Smith, Trustee

ADDRESS 2053 Miller Avenue, Escondido, CA 92025

CALIFORNIA DRIVER LICENSE NUMBER P0592506 SSN # 562-74-7720

PY-1012 (11-89)

E-10527



R. Alan Smith
Attorney At Law

Post Office Box 460340
Escondido, CA 92046
(619) 745-1798

F-10527

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willis	James	Keys	01-22-1927	12-20-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	R. Alan Smith- Trustee 2053 Miller Avenue Escondido, CA 92025

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Goodbody Mortuary 5027 El Cajon Blvd., San Diego, CA 92115	FD790	▶	12-22-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 22 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans Street San Diego, CA 92110	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [X] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 36-1-212 San Diego, California	11B. DATE BURIED 12/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Stegmuller (8)

in a Ad Vault (Vault/Liner) Funeral, date, time Thurs 12/31 AM

Church, Chapel, Graveside Del. + Direct burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 341 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 43146	269.26
Balance due	0

PAID
DEC 21 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

John R Stegmuller
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

4120 Pebble Ridge Dr NE
Address

Olympia, WA 98516
City Zip Code

(206) 438-0076
Telephone

Work Order # E 10528

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-10528 № 43146

Date: 12/21, 1992

From: John Stegmaller Address: 7120 Prairie Ridge Dr. Olympia Wash.

Two Hundred Sixty Nine 26/10 Dollars ($ 269 26)

In _____ Payment of Interment of David Stegmaller

Lot 341 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10528

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 1-91)

F-10528

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAVID	RICHARDS	STEGMULLER	08-23-27	06-08-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RENO	WASHOE CO.	JOHN STEGMULLER 7120 PRAIRIE RIDGE DR OLYMPIA, WASHINGTON 98516-1133

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
JOHN STEGMULLER 7120 PRAIRIE RIDGE DR OLYMPIA, WA 98516-1133	---	John S. Stegmuller	12-21-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103/6 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 21 1992	Donald A. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	VITAL STATISTICS P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 12-31-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 341-10 ⊗	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Rhodes PA# 1136496

in a Liner (Vault/Liner) Funeral, date, time Mon, 1/11 Noon.

Church, Chapel, Graveside Del only ; Berge-Roback (Davis) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lo. 114 Grave 5B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee PAID 01/11/93	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 212477

Acct. # 000952

Work Order # E 10529

PY-593 (Rev. 8-92)

E-10529

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4345

FOUND

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lawrence	Michael	Rhodes	5/27/1949	9/27/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	San Diego Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
607 National City Blvd. BERGE-ROBERTS MORTUARY National City,CA	FD-284	▶ Terry C. Hengle	1-5-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 05 1993	▶ Donald L. Powers, M.D. CR

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 Market St.,San Diego, CA	11B. DATE BURIED 1-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy McTeague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212477	01/11/93	000952	COUNTY OF SAN DIEGO			02/05/93	CK	04-213624	386.00	386.00	0.00
E-10529			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ellen E Manuel

in a Liner (Vault/Liner) Funeral, date, time Wed, 12/23 11:00AM

Church, Chapel, Graveside Chapel + Grave-Side : GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned.

War time veteran No.

Lot 97 Grave 3 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1618.18
Paid receipt number	43147 405.00
Balance due	1213.18

PAID
FEB 10 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day Note

#43350

1213.18

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Dennis S. Manuel
Signature

4081 Ohio St. #8
Address

San Diego, CA. 92104
City Zip Code

584-8582
Telephone

Invoice # 212448

Acct. # 075964

Work Order # E 10530

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10530

NOTE

$ 1213.18 San Diego, California 12-21- 19

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Thirteen 18/100 DOLLARS with interest from January 23, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME DENNIS S. MANUEL SIGNATURE Dennis S. Manuel

ADDRESS 4081 Ohio St. #8 S.D. Ca. 92104

CALIFORNIA DRIVER LICENSE NUMBER K0845022 SSN # 555-46-6422

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43147

Date: 12/21, 1993

From: Amos Manuel Address: 3611 Gilmore St., SD 92115

Four Hundred Five 70/100 Dollars ($ 405.00)

In _____ Payment of Interment of Ellen Manuel

Lot 97 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10530

BALANCE DUE $1213.11

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	405	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	405	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43350

Date: 2-10, 1993

From: Dennis Manuel Address: 4081 Ohio St. S.D. CA 92104

One thousand two hundred thirteen Dollars ($ 1213.18)

In full Payment of Services for Ellen Manuel

Lot 97 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10530

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

511

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	311	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1213	18

E-10530

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ellen	E.	Manuel	12-09-1916	12-19-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Dennis S. Manuel: Son 4081 Ohio Street #8 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	▶ [signature]	12-23-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 23 1992	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 12-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon Jones

in a Liner (Vault/Liner) Funeral, date, time Mon. 12/28 11:00AM

Church, Chapel, Graveside Church + Graveside Rosedale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran No.

Lot 98 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43153	1418.18
Balance due	0

PAID
DEC 22 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Luciana L Morton
Signature

912 Alvin Street
Address

San Diego CA 92114
City Zip Code

563-5965 263-1781
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10531

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43153

Date: 12/22, 1992

From: Lillian Moton Address: 912 Klein St. Sd 92114

Fourteen Hundred Eighteen 18/100 Dollars ($ 1418.18)

In _____ Payment of Interest of Sharon Jr.

Lot 99 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10531

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 655

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1418	18

E-10531

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 40 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sharon	Von	Jones	1-7-52	12-21-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lillian Moton - Mother 912 Alvin St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Wilson	12-22-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 28 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 985222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A liner 98-3-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNA AKENS

in a T.S Vault (Vault/Liner) Funeral, date, time Wed, 12/23 1:00pm

Church, Chapel, Graveside Graveside Only: Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 13 Grave 5 Row _____ Section MAS Division/~~Block~~ T

Grave space & Care Fund Pre-Need (E-3834)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number 43148	822.44
Balance due	Ø

PAID
DEC 21 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Terry Akens
Signature

4485 54th St
Address

San Diego Ca 92115
City Zip Code

619 286-6713
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10532

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43148

Date: 12/21, 1992

From: Jerry Akins Address: 4485 54th St. SD 92115

Eight Hundred Twenty Two 44/100 Dollars ($ 822.44)

In _____ Payment of Interment of Lenora Akins

Lot 13 Grave 5 Row _____ Section Mtls Division ~~Block~~ T

Invoice No. _____

Acct. No. _____

W.O. E-10532

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 678

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	822	44

E-10532

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anna	Mae	Akens	08-20-1915	12-20-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Terry Akens- Daughter 4485 54th Street San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Goodbody Mortuary 5027 El Cajon Blvd., San Diego, CA 92115	FD790	▶ [signature]	12-22-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 22 1992	▶ Donald L. Rimrod, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans Street San Diego, CA 92110	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, California	11B. DATE BURIED 12-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth 13-5-MAS-T	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Page O'Brien

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 12/24 10:30AM

Church, Chapel, Graveside Direct Burial : Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 693 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund Pre-Need (D-102) 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

PAID
DEC 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Paid receipt number 43158 822.44

Balance due 0

I hereby certify I am the Trustee of Page O'Brien Trust of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Fred D. Snyder
Signature
San Diego Trust & Savings Bank
Address
530 Broadway
City San Diego, CA Zip Code 92120
Telephone 557-3166

Work Order # E 10533

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)



David D. Snyder
557-3166

GLENDA K. DARDEN
ASSISTANT VICE PRESIDENT

INVESTMENT MANAGEMENT
530 BROADWAY
SAN DIEGO, CA 92101-5209

TELEPHONE
(619) 557-3248

E-1053

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43158

Date: 12/24, 19 92

From: S.D. Trust & Savings Address: 540 Broadway SD CA 92101

Eight hundred twenty-two and 44/100 Dollars ($ 822.44)

In Full Payment of Interment Pope O'Brien

Lot 693 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-10733

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Kendall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	195	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	822	44

E-10533

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PAGE	E.	O'BRIEN	03-31-1902	12-17-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	S.D. TRUST & SAVINGS TRUST DEPT P.O. BOX 129113 SAN DIEGO, CA 92112-9113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ E L Fuchert	12-22-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 22 1992	▶ Donald B. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 92102 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 12-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 693-1-8 cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/22/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruilan Chen Yong

in a Vault (Vault/Liner) Funeral, date, time Thurs. 12/24 2:00 AM

Church, Chapel, Graveside Graveside, Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

✓ Lot 146 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	PRE-need E-9150	Ø
Additional spaces and care fund	"	
Opening/Closing & Setup	"	Ø
Burial Container	"	Ø
Handling Fees	" PAID IN FULL	Ø
Flower vases – Marker setting fee		
Recording and filing fee	"	Ø
Sales taxes	"	Ø
Total Due		Ø
Paid receipt number	—	
Balance due		

I hereby certify I am the Paul H. E. Yong (Husband) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Paul H E Yong
Signature

3303 60th St.
Address

SAN DIEGO. CA 92105
City Zip Code

265-2015(H) 265-8850
Telephone (Paul) (NORA)
488-9330(O)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10534

Acct. # _____

PY-593 (Rev. 8-92)

E-10534



PAUL YANG
GYMNASTIC ACADEMY



Olympic Gymnastics, Recreation Gymnastics,
Fundamental Gymnastics, Corrective Gymnastics,
Gymnastics Birthday Parties, Gymnastics Summer Camp,
Chinese Exercise: Tai Chi, Qui Gong.

841 Turquoise Street, Suite F
San Diego, CA 92109

Tel: (619) 488-9330

E-10534

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruilan	Chen	Yang	08/24/1904	12/21/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Paul Yang-Son 3303 60th St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave, SanDiego, Ca	1424	▶	12/24/1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12-24-92	▶ DONALD G. RAMOS, M2

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, Ca 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 12-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY medal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/22/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rafael Vadeyaats P.A. # 1137794

In a Liner (Vault/Liner) Funeral, date, time Wed 12/23 3:00 PM

Church, Chapel, Graveside Delivery Only ; Hoyer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran no .

Lot 100 Grave 5-B Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	PAID
Recording and filing fee	01/08/93 45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Kim White (Administrator)

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10535

Invoice # 212442

Acct. # 000952

PY-593 (Rev. 8-92)

E-10535

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Rafpphl	—	Vadiyants	03/08/1930	12/14/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Raisa Vadiyants-Wife 4577 33rd. St San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or Agent	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave, San Diego	1424	▶ [signature]	12/23/1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 23 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 12-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 100-58-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212442	01/08/93	000952	COUNTY OF SAN DIEGO			02/05/93	CK	04-213624	386.00	386.00	0.00
E-10535			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Use grave 11 to the burial site

Date 12/22/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roland W. Klotz

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon, 12/28 10:00 AM

Church, Chapel, Graveside Church + Grave-side: Beardsley Mortuary (Mortuary)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. H Klotz

War time veteran No

Lot 43 Grave 12 Row 10, 11 AND Section 4 Division/Block 6

Grave space & Care Fund ..... 3 @ $1295.00	3885.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	4707.44
Paid receipt number 43152	1177.00
Balance due	3530.44

30 Day Note

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Harold A. Klotz
Signature

4076 32nd St,
Address

San Diego CA 92104
City Zip Code

280-2756
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 212449

Acct. # 075963

Work Order # E 10536

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43152

Date: 12-22, 1990

From: Harold Klotz Address: 4076 32nd St. SD 92104

Eleven Hundred Seventy-Seven 74/100 Dollars ($ 1177.00)

In: Payment of Interment of Roland Klotz

Lot 43 Grave 10, 11, and 12 Row Section 4 Division ~~Block~~ 6

Invoice No.

Acct. No.

W.O. E-10536

BALANCE DUE $3530.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

168

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	1177.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1177.00

AC-212 (Rev. 1-91)

43718

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-19-, 19 93

From: ELIZABETH KLOTZ Address: 4276 NARRAGANSETT AVE, 92107

Three hundred and xx/100 Dollars ($ 300.00)

In Full Payment of Lots for use of upright monument

Lot 43 Grave 10, 11, 12 Row Section 4 Division 6 Block

Invoice No.

Acct. No.

W.O. E10536

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1084

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	300 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	53033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	300 —

MT. HOPE CEMETERY

W.O. # E-10536

NOTE

$ 353.44 San Diego, California 12-22 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three Hundred Five Hundred Fifty 4/4 DOLLARS with interest from January 29, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Harold A. Klotz SIGNATURE Harold A Klotz

ADDRESS 4076 32nd St., San Diego CA 92104

CALIFORNIA DRIVER LICENSE NUMBER E0420477 SSN # 565-68-4475

PY-1012 (11-89)

E-10536

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROLAND	WILLIAM	KLOTZ	SEP 6, 1916	DEC 21, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELIZABETH P. KLOTZ, WIFE 4276 NARRAGANSETT AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	F 816	▶ Ed Lewis	DEC 23, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 23 1992	Donald G. Romas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 12/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/22/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glenn Terlecki (Krzyszkowski) (X)

in a Ash Vault Vault/Liner Funeral, date, time Wed. 1:20 A.Y.D.

Church, Chapel, Graveside Direct Burial Zimmerman and Sanderman Mortuary.

(708) 424-0340 (Jeff) Oaklawn, Illinois

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No

Lot 68 Grave 2 Row _____ Section 4 Division/Block 4

Grave space & Care Fund ..... Pre Need (1906) 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number 43180 269.26

Balance due ~~0~~

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10537

Acct. # _____

PY-593 (Rev. 8-92)

Please Detach Before Cashing

E-10537

FUNERAL EXPENSE
MT. HOPE CEMETERY
COSTS OF OPENING GRAVE FOR GLENN F.
TERLECKI KRZYSZKOWSKI

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43180

Date: 1-4- , 19 93

From: Northern Trust Bank Address: Deerpath + Bank Lane, Lake Forest Illinois 60045

Two hundred sixty-nine and 26/100 Dollars ($ 269.26)

In Full Payment of interment of Ellen F. Terbeck

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10537

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

T1637045

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JAN 04 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	55	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43180

Date: 1-4- , 19 93

From: Northern Trust Bank Address: Deerpath + Bank Lane, Lake Forest Illinois 60045

Two Hundred sixty-nine and 26/100 Dollars ($ 269.26)

In Full Payment of interment of Ellen T. Terlecki

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10537

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) T1637045

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Cons	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	55	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-10537

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK & MORTUARY

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: TERLECKI, GLENN F.

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above names cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 19th day of January, 19 93

Address Mt Hope Cemetery
Street City State Zip

Signature: Wendy Jo Teague
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

CUSTOMER COPY

COPYRIGHT © 1989 SERVICE CORPORATION INTERNATIONAL

FORM CO4 REV 12/91
Reprodale • Reprodale LITHO 48 U.S.A. GPO-[illegible]

E-16537

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH-DAY-YEAR	3. DATE OF DEATH MONTH-DAY-YEAR	4. SEX
Glenn	F.	Terlecki	05-26-1898	09-12-1991	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oak Lawn	Illinois	Greenwood Mortuary: Mortuary I-805 & Imperial Avenue San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	▶	1-7-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

*ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 7 1993	▶ Donald L. Record, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.	P.O. Box 85222 San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 1-20-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Transfer of Property

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ramon Ruiz

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 23 Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	$45.00
Recording and filing fee	
Sales taxes	
Total Due	$45.00
Paid receipt number 43154	$45.00
Balance due	Ø

Property transferred from Jesus Ruiz to Ramon Ruiz

See E-20340

I hereby certify I am the SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ramon Ruiz
Signature

3162 Logan Ave
Address

San Diego CALIF 92113
City Zip Code

232-6827
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10538

PY-593 (Rev. 8-92)

E 10538 2/19/1980

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 10220

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jesus Ruiz for the sum of $ 345.00 (DOLLARS)

LEGAL DESCRIPTION Lot 23, Grave 12, Section 1, Division 12 (DOUBLE DEPTH)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-1150

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Memorial per regulations

Cemetery Manager

Property Director

PY-564

E-10538

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ramon Ruiz for the sum of $ 45.00 (Prop.Tranf.Fee)(DOLLARS)

LEGAL DESCRIPTION Lot 23; Grave 12; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10539

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

J. L. Sparks
Property Director

FY-584

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUNA Moore

in a LINER (Vault/Liner) Funeral, date, time Mon, 12/28 1:00pm

Church, Chapel, Graveside Graveside Only Brown Mortuary.

(714) 542-3949 Paul

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 45B Grave _____ Row _____ Section 100F ~~Division~~/Block 2

Grave space & Care Fund	Pre-need B-2470	Ø
Additional spaces and care fund		
Opening/Closing & Setup		350.00
Burial Container		170.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		13.18
	Total Due	723.18
	Paid receipt number 43161	723.18
	Balance due	Ø

PAID
DEC 28 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Family to Bring Check

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: [signature]

Address: 24845 VALECREST DR

City: MORENO VALLEY CA 92557 Zip Code

Telephone: (909) 242-7112

Invoice # _____

Acct. # _____

Work Order # E 10539

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-10539 No 43154

Date: 12-23 , 19 88

From: Roman Ruiz Address: 3162 Logan Ave SD CA 92113

Forty-five & 00/100 Dollars ($ 45.00)

In full Payment of Transfer of Property

Lot 23 Grave 12 Row Section 1 Division Block 18

Invoice No.

Acct. No.

W.O. E-10539

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2360

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K E Kendall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43161

Date: 12/25, 19 93

From: Michael Olin Address: 24845 Valecrest Dr. Moreno Valley CA 92557

Seven hundred twenty-three and 18/100 Dollars ($ 723.18)

In full Payment of Euna Moore Interment

Lot 45 B Grave ____ Row ____ Section 100F Division Block 2

Invoice No. ____

Acct. No. ____

W.O. E-10539

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 3006

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. Hayden

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

E-10539

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 96 Y

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
euna	FAE	MOORE	8-25-06	12-22-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MORENO VALLEY	RIVERSIDE	KAREN A. OLIN - DAUGHTER 24845 VALECREST DR. MORENO, VALLEY, CA 92557

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BROWN COLON. MORT. 204 W. 17TH ST. SANTA ANA, CA 92706	FD-59	▶ K. M. Olin	12-23-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$3.00 $7.00	DEC 23 1992 DEC 23 1992	▶ R. Lee Ellwig, D

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
RIVERSIDE COUNTY HEALTH P.O. BOX 7600 RIVERSIDE, CA	SAN DIEGO HEALTH DEPT. 1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92101	11B. DATE BURIED 12/28/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 45B-100F-2	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanche Olson

in a Liner (Vault/Liner) Funeral, date, time Tues. 12/29 1:00 PM

Church, Chapel, Graveside Chapel & G.S. ; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No

Lot 4265 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Pre Need 0-2690 ..... Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 723.18

Paid receipt number 43157 723.18

Balance due -0-

PAID
DEC 23 1992
...TERY

I hereby certify I am the Son of the above named decedent *and this is your authority to make disposition of remains as above indicated. I certify and represent* that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

PO Box 704
Address

Pow Bay CA. 92074
City Zip Code

748-1761
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10540

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43157

Date: 12/23, 19 92

From: Gilbert Olson Address: 13405 Highland Rd, #14, Poway

Seven Hundred Twenty Three 18/100 Dollars ($ 723.18)

In Payment of Interment of Blanche Olson

Lot 425 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10540

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4607

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY TREASURER
006809
JAN 5 1993

ISSUED BY

CREDIT	67007		
20% Sales Cem	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

E-10540

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Blanche	Therina	Olson	8/26/1908	12/22/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Gilbert Olson - Son P.O. Box 704 Poway, CA 92074

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S HOLLISON AVE - EL CAJON, CA. 92020	FD-1022	▶ Laura Guzman	12-23-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	DEC 28 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market St San Diego, CA 92102	11B. DATE BURIED 12/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Snow

in a Liner (Vault/Liner) Funeral, date, time Tues 12/29 2:00A

Church, Chapel, Graveside Delivery Only : Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 107 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	240.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	500.00
Paid receipt number _____	
Balance due	

Kim White

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 212447

Acct. # 075965

Work Order # E 10541

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

43716

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-19, 1993

From: County of SD Address: 5401-A Ruffin Rd, SD

Five Hundred Eleven 06/100 Dollars ($ 511.06)

In _____ Payment of Interment of Ruth Shaw

Lot 107 Grave 5 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10541

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	48	00
80% Sales of Lots	100 77184	192	00
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	56[illegible]	06
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	511	06

AC-212 (Rev. 1-91) 094065

E-10541

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92 VS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	—	SION	MAY 13, 1900	DEC 22, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ [signature]	DEC 24, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 29 1992	▶ Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 12/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 107-5-1-12 metal - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/24/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold J. Estok

in a Dbl crypt (Vault/Urn) Funeral, date, time Wed 12/30 1:00 PM.

Church, Chapel, Graveside Graveside only; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran Yes WWII

✓ Lot 161 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	31.55
Recording and filing fee	45.00
Sales taxes	27.90
Total Due	2029.45
Paid receipt number 43162	500.00
Balance due 43192	1529.45
	1529.45

PAID
JAN 04 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day rate

family to witness lowering ; burial

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Deborah J. Fowler
Signature
2596 Monette Dr.
Address
San Diego 92123
City Zip Code
(619) 277-8260
Telephone

Work Order # E 10542

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43162

Date: 12/25, 19 92

From: Jeffrey Fowler Address: 3596 Yanette Dr. S.D. 92123

Five hundred and 00/100 Dollars ($ 500.00)

In Part Payment of Interment of Harold Estok

Lot 161 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10542

BALANCE DUE 1529.45

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Kendall

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43182

Date: 1-4- , 1993

From: Deborah J. Fowler Address: 2596 Monette Dr. S.D. CA 92123

fifteen hundred twenty-nine and 45/100 Dollars ($ 1529.45)

In Full Payment of Interment Services for Harold J. Estah

Lot 161 Grave 41 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 10542

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5552

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	179	—
80% Sales of Lots	100 77184	216	—
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	360	—
Handling Fee	100 77185	320	—
Recording & Misc. Fees	100 77183	85	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	1529	45

43701

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 1993

From: Deborah Fowler Address: 2576 Monette Dr. S.D. CA 92123

Fourty-four Dollars ($ 44.00)

In part Payment of Installation of Galvanized flower vase for Harold Estok

Lot 161 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10542

BALANCE DUE $3.56

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 5765

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	20	00
Handling Fee	100 77185	24	
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	44	00

MT. HOPE CEMETERY W.O. # E-10542

NOTE

$ 1529.45 San Diego, California DEC. 30 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fifteen hundred twenty-nine & 45/100 DOLLARS with interest from ~~Jan.~~ Feb. 1, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part 11, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JEFFREY A. FOWLER SIGNATURE Jeffrey A. Fowler

ADDRESS 2596 MONETTE DR. SAN DIEGO, CA. 92123

CALIFORNIA DRIVER LICENSE NUMBER N0480498 SSN # 586-03-6913

PY-1012 (11-89)

E-10542

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 65 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Harold	Joseph	Estok	10/16/1927	12/23/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Deborah Fowler-Daughter 2596 Monette Dr. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶	12/30/1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 30 1992	▶ Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 12/30/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Traylor & Josephine Traylor Pin 229728

in a Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 403 375 Grave _____ Row _____ Section / Division/Block 8

Grave space & Care Fund	E-9486	0
Additional spaces and care fund		
Opening/Closing & Setup	2 @ $350.00	700.00
Burial Container	2 @ $225.00	450.00
Handling Fees	2 @ $185.00	370.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ $45.00	90.00
Sales taxes		34.88
Total Due		1644.88

Paid receipt number _____ $1,644.88

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Harold A. Traylor
Signature

P.O. Box 7
Address

Onyx, Ca. 93255
City Zip Code

619-378-4123
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10543

PY-593 (Rev. 8-92)

44131

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept. 17, 1992

From: Harold Tcaefor Address: P.O. Box 7, Gregory, Ca.

One Thousand Ninety Two — Mills Dollars ($ 1092.00)

In _____ Payment of Pre-Need Trust

Lot 315, 403 Grave _____ Row _____ Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-10543

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

4779

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1092	00
Sales Tax	60101 78390		
TOTAL PAID	$	1092	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43547

Date: 4-5, 1993

From: Harold Taylor Address: Box 7 Onyx Ca

One hundred thirty eight Dollars ($ 138.00)

In part Payment of Pre Need Lot

Lot 375 + 403 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-10543

BALANCE DUE 1508.88

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4623

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	138	00
Sales Tax	60101 78390		
TOTAL PAID	$	138	00

43674

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-7, 1993

From: Harold Zajko Address: P.O. Box 7 Jamul Ca 92055

One hundred thirty-eight Dollars ($ 138.00)

In part Payment of Pre Need Trust

Lot 375 & 403 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-10543

BALANCE DUE 1368.88

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4654

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Logan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	138	00
Sales Tax	60101 78390		
TOTAL PAID	$	138	00

OFFICIAL RECEIPT

43766

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-4, 1993

From: Harold Trayfor Address: P.O. Box 7, Oneyx, CA 93255

One Hundred Thirty Eight — 00/100 Dollars ($ 138.00)

In _____ Payment of Pre-Need Trust

Lot 375 + 403 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-10543

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 4674

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	138	00
Sales Tax	60101 78390		
TOTAL PAID	$	138	00

OFFICIAL RECEIPT

43903

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 1993

From: Harold Traifer Address: P.O. Box 7 Oneyx CA 93255

One Hundred Thirty Eight 00/100 Dollars ($ 138.00)

In _____ Payment of Pre-Need Trust

Lot 375+403 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-10543

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	138.00
Sales Tax	60101 78390	
TOTAL PAID	$	138.00

AC-212 (Rev. 1-91)

4/K

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor

P. O. Box 7

Onyx, Ca. 93255

(375 & 403 - 1-8)

E-10543

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on or before due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ _____

$ 69.00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $.

$ 69.00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor

P. O. Box 7

Onyx, Ca. 93255

(375 & 403 - 1-8)

E-10543

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above: $ 60.00

Amount due if paid more than _____ days after due date above: $ _____

$ 69.00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box [redacted]

CITY Onyx STATE Ca. ZIP 93255

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
.				10							

Amount due when paid on, or before, due date above ▶ $ 69.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 69 00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PKR-REED TRUST

Harold Traylor

P. O. Box 7

Onyx, Ca. 93255

(375 & 403 - 1-8)

E-10543

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
	5			10							

Amount due when paid on or before due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ _____

$ 6900

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on or before, due date above. ▶ $ 69.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 69.00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Treylor

P. O. Box 7

Onyx, Ca. 93255

E-10543

(375 & 403 - 1-8)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
	2			10							

Amount due when paid on, or before, due date above ▶ $ 69.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ 69.00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ _____

$ 69 00

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor E-10543
P. O. Box 7
Onyx, Ca. 93255
(375 & 403 - 1-8)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above ▶ $ 60.00

Amount due if paid more than _____ days after due date above. ▶ $ 64.50

$ _____

Amount Received $ _____

NAME Harold A Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor R-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than ____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold R. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Harold Traylor

P. O. Box 7

Onyx, Ca. 93255

(375 & 403 - 1-8)

E-10543

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above: $ 69.00

Amount due if paid more than ____ days after due date above: $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

If check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No:

Harold Traylor
P. O. Box 7
Onyx, Ca. 93255
(375 & 403 - 4-8)

E-10543

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ 69.00

$

Amount Received $

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on or before due date above. $ 69.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pleasant Trust

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403 - J-8)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
	•			10	•						

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(325 & 403-1-8)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10		1		1			

Amount due when paid on, or before, due date above. ▶ $ 69.00

Amount due if paid more than ____ days after due date above. ▶ $ 69 00

$ _____

Amount Received $ _____

NAME Harold D. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor
P. O. Box 7
Onyx, Ca. 93255
(375 & 403 - 4-8)

X-10543

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ [illegible]

$

Amount Received $

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID TRUST

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 69.00

Amount due if paid more than ___ days after due date above. ▶ $ 69.00

$

Amount Received $

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Harold Traylor
P. O. Box 7
Dinuba, Ca. 93255
(375 & 403 - 4-8)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above ▶ $ 64.00

Amount due if paid more than ____ days after due date above ▶ $ 64.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Dinuba STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor B-1054)

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-6)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. ▶ $ 69.00

Amount due if paid more than ____ days after due date above. ▶ $ 69.00

$

Amount Received $

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor
P. O. Box 7
Onyx, Ca. 93255
(375 & 403 - 1-d)

8-10543

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor E-10543

P. O. Box 7

Onyx, Ca. 93255

(375 & 403-1-8)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than ____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Harold Traylor
P. O. Box 7
Onyx, Ca. 93255
(375 & 403 - 3-8)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 69.00

Amount due if paid more than _____ days after due date above. $ 69.00

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

☑ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Harold Traylor 8-10543

P. O. Box 7

Onyx, Ca. 93255

(375 ▲ 403-1-0)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on or before due date above ▶ $ [redacted] 57.50

Amount due if paid more than ___ days after due date above ▶ $ 57.50

$ _____

Amount Received $ _____

NAME Harold A. Traylor

ADDRESS P.O. Box 7

CITY Onyx STATE Ca. ZIP 93255

check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jill Mathieson P.A.#1138065

in a Liner (Vault/Liner) Funeral, date, time MON 1/4 2:30 P.M.

Church, Chapel, Graveside Delivery only: Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 100 Grave 5-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	15.00
Sales taxes PAID 01/08/93	386.00
Total Due	
Paid receipt number _____	
Balance due	

Kathryn Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 212446

Work Order # E 10544

Acct. # 000952

PY-593 (Rev. 8-92)

E-10544

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 31 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jill	UNKNOWN	Mathieson	10-23-1961	12-21-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Katherine Howard: Public Admin. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	Sharon Taylor	12-31-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 04 1993	Donald L. Rennet, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 1-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212446 01/08/93 000952	COUNTY OF SAN DIEGO			02/05/93 CK	04-213624	386.00	386.00	0.00	
E-10544	100	072	77181	000072		165.00			
	100	072	77182	000072		50.00			
	100	072	77183	000072		45.00			
	67007		77184			126.00			PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/22/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Katherine Stone (11:00 here)

in a Vault (Vault/Liner) Funeral, date, time THURS 12/31 10:00 AM.

Church, Chapel, Graveside Church/G.S ; Lewis-Colonial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 1098 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... Pre-need C-3287	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number 43166	822.44
Balance due	Ø

PAID
DEC 29 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Reginald

I hereby certify I am the daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Anne Elizabeth Stone
Signature
1941 Garrison Way
Address
El Cajon CA 92019
City Zip Code
444 6801
Telephone

Work Order # E 10545

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-10545 No 43166

Date: 12/29, 19 92

From: MARY K. STONE Address: 4661 59th ST SD. CA 92115

EIGHT HUNDRED TWENTY-TWO 44/100 Dollars ($ 822.44)

In FULL Payment of INTERMENT : MARY STONE

Lot 1098 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-10545

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. Kendall

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	822	44

E-10545

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 85 yrs.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	KATHERINE	STONE	05-29-1907	12-25-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANNE E. STONE - DAUGHTER IN LAW 1941 GARRISON WAY EL CAJON, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	12-29-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 30 1992	▶ [signature], M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 12/31/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Avah Mae Simpson

In a Liner (Vault/Liner) Funeral, date, time Tues. 12/29 2:00 PM.

Church, Chapel, Graveside Graveside Only : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 57 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43160	1418.18
Balance due	0

PAID
DEC 28 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pamela Olard
Signature
9974 Scripps Ranch Blvd #206
Address
S.D. CA 92131
City Zip Code
271-1633
Telephone

Work Order # E 10546

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43160

Date: 12/5, 19 22

From: Pam Bloak Address: 9974 Scripps Ranch Blvd #306 92131

Fourteen hundred-eighteen 18/100 Dollars ($ 1418.18)

In full Payment of Interment of Arch Simpson

Lot 57 Grave 7 Row Section 3 Division Block D

Invoice No.

Acct. No.

W.O. E-13546

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Hayden

CREDIT	67007	
20% Sales Care	77184	139 00
80% Sales of Lots	100 77184	556 00
Opening/ Closing	100 77181	250 00
Burial Containers	100 77182	170 00
Handling Fee	100 77185	145 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	13 18
TOTAL PAID	$	1418 18

E-10546

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 78 yr²

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AVAH	MAE	SIMPSON	10-13-1914	12-25-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Pamela S. Blank - Daughter 9942 Caminito Chirimolla San Diego CA 92131

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ JF King	12-28-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 29 1992	▶ Donald L. Bond, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 12/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 57-6-3-B N/A wood - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois L. Bacon

in a Liner (Vault/Liner) Funeral, date, time Tues. 12/29 10:00 AM

Church, Chapel, Graveside Graveside only; Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 313 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-need B-5654	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee OT. (Early Service)	150.00
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	873.18
Paid receipt number 43159	873.18
Balance due	Ø

PAID
DEC 28 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

James L. Richardson
Signature

2684 GRANDVIEW ST.
Address

SAN DIEGO, CA 92110
City Zip Code

(619) 276-4732
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10547

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43159

Date: 10/28, 19 32

From: Lois Bacon Address: 2703 Grandview St. SD 92110

Eight hundred seventy-three & 18/100 Dollars ($ 873.18)

In Full Payment of Interment of Lois Bacon

Lot 313 Grave ____ Row ____ Section 3 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-10547

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2786

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Hadsell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	105	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	873	18

E-10547

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 93-1

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LOIS	L.	BROWN	JAN 12, 1899	DEC 25, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES W. RICHARDSON, SON-IN-LAW 2684 GRANDVIEW STREET SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	DEC 28, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 29 1992	▶ Ronald S. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 12/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 313-3-8 metal - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE*

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-28-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLES H. NEAL II

in a LINER (Vault/Liner) Funeral, date, time Wed. 12/30 12:00

Church, Chapel, Graveside CHURCH/G.S. : Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 265 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43164	700.00
43165½ Balance due	718.18

PAID
DEC 29 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Robert H. Neal
Signature
9931 Javelin Wy
Address
Spring Valley
City
CA 91977
Zip Code
670-9735
Telephone

Invoice # _____

Work Order # E 10548

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43164

Date: 12-28, 19 92

From: Lillian Ana Sabillena Address: 11562 Jessica La Lakeside CA 9204

Seven hundred : 00/100 Dollars ($ 700.00)

In Part Payment of Interment - CHARLES NEAL

Lot 265 Grave 10 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E-10548

BALANCE DUE $ 718.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K Kendall

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	5	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	700	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43165

Date: 12/20, 19 92

From: CHARLES NEAL Address: 9931 JAVELIN WY S.V. CA 91977

SEVEN HUNDRED EIGHTEEN ; 18/100 Dollars ($ 718.18)

In FULL Payment of INTERMENT : CHARLES NEAL II

Lot 265 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 10548

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1692

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Hagdahl

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	345	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	718	18

E-10548

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH - DAY - YEAR	3. DATE OF DEATH MONTH - DAY - YEAR	4. SEX
Charles	Henderson	Neal II	10-29-61	12-22-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Casa Grande	Pinal	Charles Neal, Sr. - Father 9931 Javelin Way Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	12-29-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	DEC 30 1992	▶ Donald G. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 12/30/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 265-12-2-12 metal — liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-29-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Everett E Calhoon ⊗

in a Ash Vault (Vault/Liner) Funeral, date, time A.Y.D. 1/12 Tues

Church, Chapel, Graveside Delivery Only; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran no.

Lot 1144 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund PRE-NEED D-3632	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 43170	269.26
Balance due	Ø

Jerry

I hereby certify I am the x WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

x Witness Jerry Meadows

x Joyce M. Calhoon
Signature

x 6466 Convoy Ct. #53
Address

x San Diego, CA. 92117
City Zip Code

x 278-8658
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10549

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43170

Date: 12/29, 1992

From: Joyce H. Calhoon Address: 6460 Convoy Ct #53 SD CA 92117

Two hundred sixty-nine and 26/100 Dollars ($ 269.26)

In full Payment of Interment of Everett Calhoon

Lot 1141 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-10549

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
594

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. Snyder

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-10549
62569

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS LEWIS COLONIAL/BENBOUGH

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 9193

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EVERETT	E.	CALHOON	08-12-1901	12-28-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOYCE CALHOON - WIFE 6460 CONVOY COURT #53 SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	01-05-1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 05 1993	▶ Harold S. Conrad, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 1-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Yeager
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED 01-06-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Towner, Homie

in a Liner (Vault/Liner) Funeral, date, time Thurs. 12/31 3:00 pm

Church, Chapel, Graveside Delivery Only; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 112 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... PRE-NEED E-2377	Ø
Additional spaces and care fund	
Opening/Closing & Setup ..... PRE-NEED E-2453	Ø
Burial Container ..... "	Ø
Handling Fees ..... "	Ø
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 43173	45.00
Balance due	Ø

PAID
DEC 30 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

D.I.P. 1981

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

James C Towner
Signature

704 CEDAR ST
Address

EL CAJON, CA 92021
City Zip Code

619-579-8513
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10550

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43173

Date: 12/30, 1992

From: James Towner Address: 704 Cedar St. El Cajon 92021

Forty-five and 00/100 Dollars ($ 45.00)

In full Payment of Record/filing fee - Mamie Towner

Lot 112 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No. 10550

W.O. E-~~[illegible]~~

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91)

E-10550

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mamie	Elizabeth	Towner	12/11/1916	12/29/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	James Towner - Son 704 Cedar St El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S MOLLISON AVE-EL CAJON, CA 92020	FD-1022	▶ Laura Guzman	12-30-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	DEC 30 1992 ▶	Ronald L. Powers M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market St San Diego, CA 92102	11B. DATE BURIED 12-31-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INGA M. HALMON ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time Mon. 1/4 11:00 A.M.

Church, Chapel, Graveside DELIVERY/INTERN Greenwood Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 3033 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE NEED D-9297	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 43169	269.26
Balance due	Ø

PAID
DEC 29 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

when ashes arrive, contact family to witness

I hereby certify I am the GRANDDAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Deborah M Kelley
Signature

1235 TANGERINE ST.
Address

EL CAJON, CA. 92021-5142
City Zip Code

619-440-9309
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10551

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-10551

D-9182

LOT OWNER

HALMON, Inga M. 1846 Granada Ave. San Diego 2

NAME ADDRESS

LOT 3032 GR. Div 10

3033 Div 10 (D-9297)

FORM PR-961-REV. TAYLOR SYSTEM OF CEMETERY RECORDING

E-10551

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK & MORTUARY #47137

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: HALMON, INGA MARIE

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above names cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 1-4 day of Monday, 19 92.

Address _____
Street City State Zip

Signature: _____ _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: Wendy Jo Teague MT Hope Cem. _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

CUSTOMER COPY

UNISET | Reynolds-Reynolds | UNISET

© COPYRIGHT © 1988 SERVICE CO[illegible]TION INTERNATIONAL

FORM CD4 REV 12/87
Reynolds • Reynolds LITHO IN [illegible]

E-10551

OFFICIAL RECEIPT

№ 43169

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12/29, 19 92

From: Deborah Tobey Address: 1275 Thorne St. El Cajon 92021

Two hundred sixty-nine 26/100 Dollars ($ 269.26)

In Full Payment of Interment of Inga Halmon

Lot 3033 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10551

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Hayden

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E 10551

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

83715

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Inga	Marie	Halmon	04-20-1909	12-29-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Deborah Tobey: Granddaughter 1275 Tangerine Street El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVE. SAN DIEGO, CA.	F-913	▶	12-29-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1037.5 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	DEC 30 1992	▶ Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 1-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CEMETERY I-805 & IMPERIAL AVE. SAN DIEGO, CA.	12B. DATE CREMATED 12/31/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-30-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNICE SMITH

in a T.S. VAULT (Vault/Liner) Funeral, date, time MON. 1/4 1:00 PM

Church, Chapel, Graveside CHAPEL/G.S. ; HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 4 Grave 5 Row _____ Section 7 Division/Block 5

Grave space & Care Fund	PRE-NEED A-9480	Ø
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED E-9783	Ø
Burial Container	"	Ø
Handling Fees	"	Ø
Flower vases – Marker setting fee		
Recording and filing fee	"	Ø
Sales taxes	"	Ø
Total Due		Ø
Paid receipt number _____		
Balance due		

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

4190 Baldwin #1

Address

La Mesa Ca 91942

City Zip Code

647-8927

Telephone

Work Order # E 10552

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-10552

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 90 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERNICE	----	SMITH	04-03-1902	12-30-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mrs. Eugene J. Lovell-Daughter 7190 Baldwin Street La Mesa CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J E King	12-31-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 0 4 1993	▶ Donald G. Bonsell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 1-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A medal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUGENE THOMAS-GOGUE MENDIOLA

in a ——— (Vault/Liner) Funeral, date, time Sat. Jan 2 11:30a

Church, Chapel, Graveside GRAVESIDE : Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran ———.

Lot 3046 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	OT Fee (infant) 250.00
Recording and filing fee	45.00
Sales taxes	
Total Due	520.00
Paid receipt number 43175	$520.00
Balance due	Ø

PAID
DEC 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Katrina K. Gogue
Signature

I hereby authorize the interment in lot I hold under deed.

4517 Ohio St #B
Address

Signature of recorded holder of deed

(SD) North Park CA, 92116
City Zip Code

None
Telephone 527-7055 MESS.

Invoice # _____

Work Order # E 10553

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43175

Date: 12/31, 19 12

From: Daniel Chartouras Address: 232 Del Mar Ave. Apt A. CV 91910

Five hundred twenty / 00/100 Dollars ($ 522.00)

In full Payment of Interment : Eugene Mendiola

Lot 3046 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12553

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1631

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

007085

ISSUED BY K L Kendall

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	185	00
Burial Containers	100 77182		
Handling Fee	100 77185	295	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	580	00

E-10553

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

2 months

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eugene	Tomas-Gogue	Mendiola	10/10/1992	12/29/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Katrina Gogue -Mother 4517 Ohio St, Apt. B, San Diego,CA. 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY c)& National City Blvd,National City,CA.	FD 284	▶ Ernest L. Mellor	12/31/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	12-31-92	▶ DONALD G. RAMRAS, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego,CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery 3751 Market St.,San Diego,CA.92102	11B. DATE BURIED 12-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy De League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Transfer of Property

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SUE SEQUIN

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 683 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	45.00
Recording and filing fee	
Sales taxes	
Total Due	45.00
Paid receipt number 43178	45.00
Balance due	0

PAID
DEC 31 1992
Transfer fee
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

8129 Brock Ct
Address
Lemon Grove CA 91945
City Zip Code
(619) 461 0193
Telephone

Invoice # _____

Work Order # E 10554

Acct. # _____

PY-593 (Rev. 8-92)

9/16/1977 E-10554

9075

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mrs. Jack Monroe for the sum of $ 225.00 (DOLLARS)

LEGAL DESCRIPTION Lot 683 Sec 1 Div 8

AS DESCRIBED ON PURCHASE ORDER NUMBER D-8429

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker Only

R.W. Dehne/SEO
Cemetery Manager

W.L. MacFarlane
Property Director

PV-588

POWER OF ATTORNEY E-10554

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *WINIFRED M. MONROE*,

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

LOT 683
SEC. 1
DIVISION 8
MT. HOPE

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.
WITNESS my hand this 30TH **day of** MARCH, 1992.

Winifred M Monroe

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } ss.

On this 30TH day of MARCH, in the year of 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared WINIFRED M. MONROE
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name IS subscribed to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

A. George Shelton
Notary Public in and for said State.

OFFICIAL SEAL
A. GEORGE SHELTON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
MY COMMISSION EXP. APR. 10, 1992

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEO DETTORE

In a LINER (Vault/Liner) Funeral, date, time MON. 1/4 3:00 PM.

Church, Chapel, Graveside GRAVESIDE ; CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran YES KOREAN

Lot 683 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... Transfer E-10554	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43178	723.18
Balance due	Ø

PAID
DEC 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Step Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: [signature]

Address: 3129 Brockton

City: Lemon Grove CA Zip Code: 91945

Telephone: (619) 4610153

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10555

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-10555
No 43178

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12/31, 19 92

From: Carol Seguin Address: 8129 Birch Ct. Lemon Grove 91945

Seven hundred sixty-eight & 18/100 Dollars ($ 768.18)

In Full Payment of Interment of Loc DeTore + Transfer fee

Lot 683 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-10554/10555

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. Kendall

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	175	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	768	18

E-10555

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 624'S

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEO	THOMAS	DETTORE	4-3-1930	12-30-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MILDRED V. DETTORE - WIFE 5545 MORRO WAY, APT. I-1 LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ [signature]	1-1-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 4 1993	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RUTH E. LARSON

in a T. S. Vault (Vault/Liner) Funeral, date, time Mon, 1/11/93 11:00AM

Church, Chapel, Graveside Del Only ; Lewis Colonial (Jerry) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 2019 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number	
Balance due	

Invoice
Richard Davis
9747 Business Park Ave.
SD, 92121
695-8155
Fax - 566-0464

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # 212475

Acct. # 075976

Work Order # E 10556

PY-593 (Rev. 8-92)

E-105666

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 7/4[D5]

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	EVELYN	LARSON	08-18-1921	01-01-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RICHARD W. DAVIS - EXECUTOR 9747 BUSINESS PARK AVENUE SAN DIEGO, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480

* ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit ▶ [signature] 8B. DATE SIGNED 01-05-1993

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 08 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 1-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10566

To: Richard Davis
Attorney

FAX: 566-0464

From: [illegible]
Mt Hope Cemetery

Fax: 527-3403

Please sign Interment Order by the "X's" + fax back to me & I will invoice You for the service. Any questions, please Call me at 527-3400.

E-10566

E-10566

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RUTH E. LARSON

Mr. T. S. Vault Funeral Date Hrs.

Church Chapel Graveside Del Valle Mt. Hope Mortuary

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge of $ 15.00

will be applied and billed to undersigned.

War time veteran

Lot 2019 Grave Row Section Division/Block 10

Grave space & Care Fund	
Additional space and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Forest wages – Mo-Nes writing fee	
Recording and filing fee	45.00
Sales taxes	[illegible]

Signature of Owner

Relative due

I hereby certify I acquire [illegible] of the above named deceased and that all such acquisition is the same requisition of the same as above indicated. I hereby and recommend that I have the full to make this authorization and I agree to [illegible] Cemetery Authority from any [illegible] of said authorization and warranty.

[illegible] at the [illegible]

X [illegible]

X [illegible] CENTER #235

X SAN DIEGO CA [illegible]

X [illegible] 695-[illegible]

Signature

Invoice # E 10556

Invoice #

Add. #

E-10566

RICHARD W. DAVIS
Attorney at Law
9888 Carroll Center Road, Suite 235
San Diego, California 92126
Facsimile: (619) 566-0464

January 6, 1993

FACSIMILE TRANSMITTAL

TO: Jo Ann
Mt. Hope Cemetery

NO: 527-3403

RE: Estate of Ruth E. Larson, Deceased

NUMBER OF PAGES (INCLUDING THIS PAGE): 2

PLEASE CALL (619) 695-8155 IF YOU HAD ANY TROUBLE RECEIVING THIS TRANSMISSION OR THE NUMBER OF PAGES SHOWN ABOVE.

TRANSMITTED FOR YOUR INFORMATION:

Interment Order which I have completed and signed per your request.

NOTICE: THE INFORMATION CONTAINED IN THIS COMMUNICATION IS INTENDED ONLY FOR THE NAMED RECIPIENT. IF THE READER OF THIS TRANSMISSION IS NEITHER THE INTENDED RECIPIENT NOR THE INTENDED RECIPIENT'S AGENT, NO WAIVER OF ANY PRIVILEGES ARISING OUT OF THIS COMMUNICATION IS INTENDED AND ANY COPYING, DISSEMINATION, OR DISTRIBUTION IS PROHIBITED. IF YOU RECEIVED THIS TRANSMISSION IN ERROR, PLEASE CALL (619) 695-8155.

MT. HOPE CEMETERY,

INTERMENT ORDER

City of San Diego

Will want to see burial.

Date 1/4/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria CUEVAS

in a T.S. VAULT (Vault/Liner) Funeral, date, time Tue, 1/5/93 11:00A

Church, Chapel, Graveside Graveside : Guadalupano (JOSE) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No

Lot 70 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number 43199	1517.44
Balance due	-0-

PAID
JAN 05 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10557

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43199

Date: 1-5- , 1992

From: Guadalupana Address: 2601 Imperial Ave, S.D. 92102

Fifteen hundred seventeen and 44/100 Dollars ($ 1517.44)

In Full Payment of Maria Cuevas Service

Lot 70 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. # 10557

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1761

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184	139	—
80% Sales of Lots	100 77184	556	—
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	225	—
Handling Fee	100 77185	185	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	1517	44

F-10557

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	———	CUEVAS	12-8-34	12-31-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SILVIA OROZCO-DAUGHTER 420 S. EVANS ST. APT# 4 SAN DIEGO,CA,92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425	▶	1-5-93

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 05 1993	▶ Ronald L. Powell, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222
SAN DIEGO,CA,92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
———

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT [illegible] CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 1-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY medal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Will want to Witness Burial.

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NINFA Rendon Rodriguez

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 1/6 11:00AM

Church, Chapel, Graveside Church + Grave at Guadalupana (JOSE) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 3 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes to check	17.44
Total Due	1517.44
Paid receipt number 43205	380.00
Balance due	1137.44

Mortuary billing check for 25% dn. 380.00

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

30 day note for $1137.44

Work Order # E 10558

PY-593 (Rev. 8-92)

X Maria Consuelo Rendon Torres
Signature

X 927 Glendale AVE
Address

X SAN Diego CA / 92102
City Zip Code

X _____
Telephone

Invoice # 212450

Acct. # 075958

MT. HOPE CEMETERY

W.O. # E-10558

NOTE

$ 1137.44 San Diego, California Jan 6 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand one hundred thirty seven 44/100 DOLLARS with interest from Feb 6 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME [redacted] MAYIA CARMEN Rendon Torres SIGNATURE Main Community Office

ADDRESS 927 Glendale Ave

CALIFORNIA DRIVER LICENSE NUMBER A0925532[illegible] SSN # 615 30 9081

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43205

Date: Jan 6, 1993

From: Guadalupana Memorial Address: 2681 Imperial Ave S.D.

Three Hundred eight 00/100 Dollars ($ 380.00)

In part Payment of Services for Ninfa Rendon Rodriguez

Lot 3 Grave 5 Row Section 3 Division 12

Invoice No.

Acct. No.

W.O. E-10558

BALANCE DUE 1137.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1767

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JAN 05 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No. 43205

Date: Jan 6, 1993

From: Guadalupana Memorial Address: 2601 Imperial Ave S.D.

Three hundred eighty 00/100 Dollars ($ 380.00)

In part Payment of Services for Neife Rendon Rodriguez

Lot 3 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10558

BALANCE DUE 1137.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1767

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

E-10558

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

48 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NINFA	———	RENDON-RODRIGUEZ	2-7-44	1-1-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA	BAJA CALIFORNIA, MEXICO	MARIA DEL CARMEN TORRES-DAUGHTER 927 GLENDALE AVE SAN DIEGO, CA, 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA, 92102	FD-1425	▶ Lina Wolle	1-6-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10126 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 06 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 1-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Thrower

in a Liner (Vault/Liner) Funeral, date, time Wed 1/6 11:00 AM

Church, Chapel, Graveside Chapel + Graveside Rasgdale Mortuary GM

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.

will be applied and billed to undersigned. Gwen Morris

War time veteran NO

Lot 235 Grave 3 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43200	380.00
Balance due	1138.18

PAID
MAR 16 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

INV. No 212451

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Gwen Morris
Signature

752 Picador Blvd
Address

San Diego, Ca 92154
City Zip Code

(619) 690-4646
Telephone

Invoice # 212451

Acct. # 075959

Work Order # E 10559

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10559

NOTE

$ 1138.18 San Diego, California 1-5 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Thirty Eight 18/100 DOLLARS with interest from February 6, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Shirley Black SIGNATURE Shirley Black

ADDRESS 2335 Meadow Ave - S.D. Calif 92105

CALIFORNIA DRIVER LICENSE NUMBER P0378880 SSN # 572-62-6751

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-10599 № 43200

Date: 1-5, 1973

From: Crystal Tower Address: 5761 Kuber St SD

Three Hundred Eighty Dollars ($ 380.00)

In _____ Payment of Interment of Palmer Tower

Lot 235 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10559

BALANCE DUE $1138.16

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1535

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	00

E-10599

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 4615

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Patricia	Ann	Thrower	12-15-46	12-30-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Shirley Black - Sister 2335 Altadena Ave.; San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Bette Williams	1-5-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 05 1993	Donald E. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 1-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P. 1986

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Flossie Siggers

in a Liner (Vault/Liner) Funeral, date, time Wed, 1/6 1:00pm

Church, Chapel, Graveside Graveside ; Humphrey Siggers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 3164 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (C-636) Ø

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need (E-[illegible]) Ø

Burial Container Pre-Need (E-579) Ø

Handling Fees Ø

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number 43210 45.00

Balance due Ø

PAID JAN 08 1993 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Mortuary Brings Check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10560

Acct. # _____

PY-593 (Rev. 8-92)

HUMPHREY MORTUARY

E-10560

2677001504

1-5-92 Mr. Hope Cemetery V#M017

Charges for Flossie Siggery #26390 $45.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43210

Date: 1-8-, 19 93

From Humphry Mortuary Address: 855 Broadway, Chula Vista 92011

Forty-five and $ 1/100 Dollars ($ 45.00)

In full Payment of Recording fee for Flossie Siggery Service

Lot 3164 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 10560

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2677001504

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JAN 08 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43210

Date: 1-8- 19 93

From: Humphrey Mortuary Address: 855 Broadway, Chula Vista 92011

Forty-five and 00/100 Dollars ($ 45.00)

In full Payment of Recording fee for Florie Siggins Lewis

Lot 3164 Grave ____ Row ____ Section ____ Division ~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E 10560

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2677001504

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Traynor

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 -
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 -

E-10560

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 90615

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FLOSSIE	----	SIGGERY	11-03-1902	12-30-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Joan Pamela Hudson - Daughter 3121 Korreon Drive Alpine CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J King	1-4-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 0 5 1993	▶ Ronald L. Bowers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 1-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE T. KAMIURA

in a VAULT (Vault/Liner) Funeral, date, time SAT 1/9 11:00 AM

Church, Chapel, Graveside GRAVESIDE : LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran YES.

V Lot 5232 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE NEED D-3069	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee DISINTERMENT / OVERTIME $900.00 / $480.00	1380.00
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	2202.44
Paid receipt number 43183	550.00
Balance due	1652.44

Pd-In-full 2-1-93

PAID 01-11-93

2 Chairs

2/1/93 Aux Inv 1652.44

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Midori Fujino
Signature

345 Moss St
Address

Chula Vista Ca 91911
City Zip Code

(619) 420-6345
Telephone

Invoice # 212474

Acct. # 075975

Work Order # E 10561

PY-593 (Rev. 8-92)

E-10561

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43183

Date: 1-4, 1993

From: Hidori Fujino Address: 345 Moss St. Chula Vista 91911

Five hundred fifty and 00/100 Dollars ($ 550.00)

In Lot Payment of Interment of George T. Komura

Lot 5232 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10561

BALANCE DUE $1650.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

05

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350 00
Burial Containers	100 77182	200 00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	550 00

MT. HOPE CEMETERY

W.O. # E-10561

NOTE

1652.44 San Diego, California Jan 4 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Sixteen hundred fifty-two 44/100 DOLLARS with interest from Feb. 4, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MIDORI FUJINO SIGNATURE Midori Fujino

ADDRESS 345 Moss St. CHULA VISTA, CA - 91911

CALIFORNIA DRIVER LICENSE NUMBER # L5555246 SSN # 342-22-8656

PY-1012 (11-89)

E-10561

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 584[15]

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	T.	KAMIURA	09-10-1935	01-01-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MIDORI FUJIRO - SISTER 345 MOSS STREET CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	01-05-1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 0 5 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 1-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Solid Oak	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10561

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

MIDORI FUJINO
345 MOSS ST.
CHULA VISTA CA 91911

ACCT NO
075975

TREASURERS USE ONLY

PAYMENT DATE 2-1-93 HD
BY: CA (CK) IF

PAYMENT REF NO _____ AMT PAID: 1652.44

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/11/93	02/10/93	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10561
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GEORGE T. KAMIURA INTERMENT	
OPEN/CLOSE	350.00
VAULT	225.00
HANDLING FEE	185.00
DISINTERMENT/OVERTIME	1,380.00
RECORDING FEE	45.00
TAX ON VAULT	17.44
LESS PAYMENT R-43183	550.00-
TOTAL DUE	1,652.44

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 212474

AC-22 (Rev. 2/92) *White - Customer Copy • Yellow - Remittance Copy*

E-10561

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

January (MONTH) 1993 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

SUKETARO KAHIVEA

from Lot 5232 Grave — Section — Row — Block — Division 10
and to remove the same to and reinter said remains in Lot 5232 Grave —
Section — Row — Block — Division 10 Cemetery MT. HOPE CEMETERY

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
X Hatsune Mukai	~~Sister~~ Daughter	1207 Helix Spring Valley, Ca 91977
X Midori Fujino	Sister Daughter	345 Moss St, Chula Vista 91911
X Fuyoye Beni	Takahashi Daughter SISTER	3435 Calavo Dr Spring Valley 91978
X Emi Iwakiji	Sister Daughter	1400 Wierfield Drive Pasadena Ca 91105
X Mono Hanifiji	Sister Daughter	419 424 Avenue San Mateo, Ca 94403
X Yo Honda	Sister Daughter	565 East J St. Chula Vista, Ca. 91910

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

E-10561

E-10561

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

January (MONTH) 1993 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Suketaro Kamiura

from Lot 5232 Grave — Section — Row — Block — Division 10
and to remove the same to and reinter said remains in Lot 5232 Grave —
Section — Row — Block — Division 10 Cemetery Mt. Hope Cemetery

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
X		
X		
X		
X		
X		
X		

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

212474 01/11/93 075975 MIDORI FUJINO

E-10561

100	072		02/01/93 CK				
100	072	77182	000072	1,652.44	1,652.44		
100	072	77183	000072	25.00			
60101		77185	000072	1,425.00			
		78390		185.00			
				17.44			

			0.00
			PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,700.26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Brown Sr.

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10562

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olga Long

in a Liner (Vault/Liner) Funeral, date, time Fri 1/8 10:00 AM

Church, Chapel, Graveside Graveside Featheringill (Ed) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 15 Grave 3 Row _____ Section 3 Division/~~Block~~ 5

Grave space & Care Fund ..... Pre Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43197	723.18
Balance due	Ø

PAID
JAN 05 1993
MT. HOPE CEMETERY
CITY of SAN D[illegible] CALIF

I hereby certify I am the ~~Rudolph Mittby~~ SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Rudolph Mittby
Signature

2490 McKNIGHT DR.
Address

LEMON GROVE, CA. 91945
City Zip Code

466-2234
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10563

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43197

Date: 1-5 19 93

From: Rudolph Wittke Address: 3490 McKinley Dr. Lemon Grove

Seven Hundred Twenty-Three 16/100 Dollars ($ 723.16)

In Payment of Interment of Olga Krug

Lot 15 Grave 3 Row Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E-10563

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	120	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	16
TOTAL PAID	$	723	16

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY

AC-212 (Rev. 1-91)

1022

E-10 563

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 9/4/93

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OLGA	CONSTANSE	LONG	2/1/1901	1/4/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Rudy Mittry, son 2490 McKnight Dr. Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca 92115	1083	▶ B. Featheringill	1-7-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 07 1993	▶ Donald G. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 1-8-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10563
8 pt. type or larger

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

Name
Street Address
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged

I, WALLACE FEATHERINGILL do hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to

OLGA C. LON G

the real property in the City of San Diego County of San Diego
State of California, described as:

Grave 3, Lot 15, Section 3, Division 5 in
Mt. Hope Cemetery, San Diego, California

AUG 1 1968
MOUNT HOPE CEMETERY
K Gilkells

Dated: July 29, 1968

Wallace Featheringill

State of California,
County of San Diego } ss

On July 30, 1968, before me, the undersigned, a Notary Public in and for said State, personally appeared Wallace Featheringill

known to me to be the person whose name subscribed to the within Instrument and acknowledged that he executed the same.

Witness my hand and official seal.

FLORENCE A. ALLEN
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SAN DIEGO

(Seal) Florence A. Allen
FLORENCE A. ALLEN
My Commission Expires March 3, 1970
NAME (TYPED OR PRINTED)
Notary Public in and for said State.

Title Order No. Escrow or Loan No.

DEED—QUITCLAIM—WOLCOTTS FORM 790
REVISED 10-62

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESSIE MOORE

in a LINER (Vault/Liner) Funeral, date, time Fri 1-8-93 2:00PM

Church, Chapel, Graveside Church G+S ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Ethel Warren

Was Explain About OT But Donot Want Close on Time

War time veteran _____.

Lot 12 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	$ 695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43198	355.00
Balance due	1063.18

I hereby certify I am the Theis My Sonlaw of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ethel Warren
Signature

1184 Reese AVE 1
Address

Timar Ohio OA
City Zip Code

419223.5213
Telephone

Invoice # 212452

Acct. # 075961

Work Order # E 10564

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E 10564

NOTE

$ 1063.18 San Diego, California Jan 8 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand sixty-three 18/100 DOLLARS with interest from Feb 8 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ethel Warren SIGNATURE Ethel Warren

ADDRESS 1184 S Reese Dr Lima Ohio 45804 PO Box 1173 Lima Ohio 45802

*CALIFORNIA DRIVER LICENSE NUMBER QE5497728 Ohio SSN # 422-24-0723

PY-1012 (11-89)

E-10564

Payment For
Essie Moore
lot 12 Division 12
from Ethel Warren
Lima, Ohio 45802
P.O. Box 1173
/ Three hundred

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43198

Date: 1-5, 1973

From: Ethel Warren Address: 1184 Reese Ave P.O Box 1173 45802

Three hundred fifty-five 00/100 Dollars ($ 355.00)

In Part Payment of Interment for Essie Moore

Lot 12 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10564

BALANCE DUE 1063.18

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	355	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

E-10564

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 74yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Essie	—	Moose	9-9-19	1-1-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Nellie Moore - Wife 5453 Santa Margarita St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	1-7-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 07 1993	Ronald E. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 1-8-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teagues	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212452 01/08/93 075961 ETHEL WARREN

E-10564

100	072	02/08/93 CK	388417137	100.00	1,063.18	638.18	
100	072	77181	000072	32.92		PARTIAL	PAYMENT
100	072	77182	000072	15.99			
100	072	77183	000072	4.23			
100	072	77184	000072	18.91			
100	072	77185	000072	13.64			
60101		78390		1.24			
67007		77184		13.07			

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 125.00

212452 01/08/93 075961 ETHEL WARREN

E-10564

100	072	02/08/93 CK	2714	25.00	1,063.18	738.18	
100	072	77181	000072	8.23		PARTIAL	PAYMENT
100	072	77182	000072	4.00			
100	072	77183	000072	1.06			
100	072	77184	000072	4.73			
60101		77185	000072	3.41			
67007		78390		0.31			
		77184		3.26			

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonio Ruiz

In a Double Depth Crypt (Vault/Liner) Funeral, date, time Wed, 1/6 12:00pm

Church, Chapel, Graveside Chapel, G.S. : Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 112 Grave 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup One (1) o/c	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee One (1) rec fee	45.00
Sales taxes	27.90
Total Due	1797.90
Paid receipt number	450.00
Balance due	1347.90
	1047.82

PAID
FEB 19 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note: Mortuary to bring ck for 25% down.

I hereby certify I am the Son 2/3/93 Br Inv of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Br 300.08

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Antonio G. Ruiz
Signature

2687 Market St
Address

San Diego Ca. 92102
City Zip Code

(619) 232 7718
Telephone

Invoice # 212454

Acct. # 075960

Work Order # E 10565

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10565

NOTE

1347.90

$ 1348.90 San Diego, California 1-6 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Thirteen Hundred Forty-Eight 90/100 DOLLARS with interest from February 6, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Antonio B. Ruiz SIGNATURE Antonio B. Ruiz

ADDRESS 2687 Market ST San Diego 92102

CALIFORNIA DRIVER LICENSE NUMBER C0023414 SSN # 610-12-4157

FY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43206

Date: Jan 6, 1993

From: Guadalupana Memorial Address: 2601 Imperial ave. S.D. ca.

Four hundred fifty 00/100 Dollars ($ 450.00)

In part Payment of Services for Antonio Ruiz

Lot 112 Grave 8 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E 10565

BALANCE DUE $ 1342.90

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1766

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JAN 05 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY N Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	450	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	450	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-10565 NO. 43206

Date: Jan 6, 1993

From Guadalupana Memorial Address: 2601 Imperial ave S.D. Ca.

four hundred fifty 00/100 Dollars ($ 450.00)

In part Payment of Services for Antonio Ruiz

Lot 112 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 10565

BALANCE DUE $ 1342.90

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1766

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY A Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	450	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	450	00

E-10565

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 64yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTONIO	———	RUIZ-MUNOZ	12-12-29	1-4-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANTONIO RUIZ-SON 2687 MARKET ST SANDIEGO,CA,92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIA CHAPEL & MORTUARY 2601 IMPERIAL AVENUE,SAN DIEGO,CA,92102	FD-1425	▶	1-6-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 06 1993	▶ Donald L. Powers, M.D. DP

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SANDDIEGO,CA,92102	11B. DATE BURIED 1-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

* * * REBILL * * *

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

E-10565

ANTONIO E. RUIZ
2687 MARKET ST
SAN DIEGO CA 92102

ACCT NO
075960

----------TREASURERS USE ONLY----------

PAYMENT DATE 2/19/93 HD
BY: CA (CK) IF

PAYMENT REF NO 21-9955046T5 AMT PAID: $300.08

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/08/93	02/07/93	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10565
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,347.90
PAYMENTS RECEIVED TO DATE	1,047.82-

REMAINING TOTAL DUE 300.08

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 212454

AC-22 (Rev. 2/92) *White - Customer Copy • Yellow - Remittance Copy*

* END ***\

212454 01/08/93 075960 ANTONIO E. RUIZ

E-10565

100	072	77181	000072	02/03/93 CK 800656785	1,047.82	1,347.90
100	072	77182	000072		272.08	
100	072	77183	000072		279.85	
100	072	77184	000072		34.98	
100	072	77185	000072		82.40	
60101		78390			248.76	
67007		77184			21.69	
					108.06	

PARTIAL PAYMENT 300.08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE BROWN SR.

In a LINER (Vault/Liner) Funeral, date, time Fr 1-8-93 2:00PM

Church, Chapel, Graveside Church & G.S. : CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Mary Lee Jenn Brown

War time veteran ND.

Lot 26 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43204	355.00
Balance due	$1063.18

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary Lee Jenn Brown
Signature
7042 So 31 St
Address
San Diego Ca 92113
City Zip Code
2374 0975
Telephone

Invoice # 212455

Work Order # E 10566

Acct. # 075962

FY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10566

NOTE

$ 1063.18 San Diego, California Jan 8 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand sixty-three 18/100 DOLLARS with interest from Feb 8 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MARY Lou Turner Brown SIGNATURE Mary L Turner Brown

ADDRESS 1042 So 31st

CALIFORNIA DRIVER LICENSE NUMBER 7028595 SSN # 435-40-9559

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No. 43204

Date: 1-5, 1993

From: Mary Lee Turner Brown Address: 1042 S. 31st. San Diego Ca 92113

Three hundred fifty-five 00/100 Dollars ($ 355.00)

In part Payment of Invoice for George Brown Jr.

Lot 26 Grave 6 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10566

BALANCE DUE $1063.18

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 19 1993

007295

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184	$355	00
80% Sales of Lot	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID		$ 355	00

E-10566

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

90715

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
George	—	Brown	5/10/1903	1/2/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary L. Turner-Wife 1042 S.31st Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶	1/6/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT
↓
AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 8 1993	▶ Harold L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-8-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-6-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of [redacted] Shaw, Jewearl

in a T.S Vault Funeral, date, time Fri 1:30 2pm
Vault/Liner

Church, Chapel, Graveside Graveside + : Old Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Carolyn Johnson

War time veteran No.

Lot 3 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number 43207	150.00
43266 Balance due	1367.44
	300.00

PAID 01-26-93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Carolyn Johnson
Signature of recorded holder of deed

Carolyn D. Johnson
Signature

3430A 39th St
Address

San Diego 92105
City Zip Code

563-9248
Telephone

Work Order # E 10567

Invoice # 213025

Acct. # 076148

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10567

NOTE

$ 1067.44 San Diego, California 1-21 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand, Sixty-Seven 44/100 DOLLARS with interest from February 22, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME CaroLyn Johnson SIGNATURE Carolyn Johnson

ADDRESS 3430A 39th St San Diego Ca 92105

CALIFORNIA DRIVER LICENSE NUMBER S0866798 SSN # 558-62-1271

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43207

Date: 1-6, 1973

From Carolyn Johnson Address: 3430-A 34th St. SD 92105

One Hundred Fifty 00/100 Dollars ($ 150.-)

In _____ Payment of Pre Need Lot + Trust

Lot 3 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10567

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43266

Date: 1-21, 1993

From: Carolyn Johnson Address: 3430 A 39th St, SD

Three Hundred 710/100 Dollars ($ 300.00)

In _____ Payment of Interment of Jewelry Johnson

Lot 3 Grave 6 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10567

BALANCE DUE $1067.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	300	00

AC-212 (Rev. 1-91)

E-10567

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jeweary	Teen	Johnson	5/4/1922	1/17/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carolyn Johnson-Daughter 3430-A 39th Street San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	1/21/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 21 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE AS APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA 3-6-3-12	11B. DATE BURIED 1/22/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213025 01/26/93 076148	CAROLYN JOHNSON			02/08/93 CA		1,067.44	1,067.44	0.00
E-10567	100	072	77181	000072		350.00		PAID IN FULL
	100	072	77182	000072		225.00		
	100	072	77183	000072		45.00		
	100	072	77184	000072		106.00		
	100	072	77815	000072		185.00		
	60101		78390			17.44		
	67007		77184			139.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HILDEGARD SCHMIDT

in a LINER (Vault/Liner) Funeral, date, time MON 1-11-93 1:00 PM

Church, Chapel, Graveside DEL ONLY : HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 91 Grave 6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... PRE-NEED	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	
Total Due	
Paid receipt number E-7654	0
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10568

Acct. # _____

PY-593 (Rev. 8-92)

E-10568

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 809-5

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HILDEGARD	ILSE	SCHMIDT	06-15-1912	01-08-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Peter F. Schmidt - Son 8319 Santa Arminta Avenue San Diego CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J B Kuns	1-8-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 0 8 1993	▶ Ronald L. Bonar, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 1-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rigo Montana

in a Double Depth Chyp Vault/Liner Funeral, date, time ~~Thurs 1/14~~ Fri 1/22/93

Church, Chapel, Graveside Featheringill (Ed) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. Guadalupe arnold

War time veteran No.

Lot 13 Grave 8 Row — Section 8 Division/~~Block~~ 5

Grave space & Care Fund Pre-Need Ø

Additional spaces and care fund

Opening/Closing & Setup Pre-Need Pd of $150.00 (D-9695) 200.00

Burial Container 360.00

Handling Fees 320.00

Flower vases – Marker setting fee

Recording and filing fee 45.00

Sales taxes 27.90

30 Day note

Total Due 952.90

Paid receipt number 43213 355.00

Balance due 597.90

I hereby certify I am the 43243 of the above ~~named decedent~~ 597.90 and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Guadalupe arnold
Signature of recorded holder of deed

Guadalupe arnold
Signature

1000 George Apt 1
Address

Calexico CA 92231
City Zip Code

768-1730
Telephone

Invoice #

Acct. #

Work Order # E 10569

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10569

NOTE

$ 597.90 San Diego, California 1-11 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Five Hundred Ninety-Seven 90/100 DOLLARS with interest from February 12, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Guadalupe Arnold SIGNATURE Guadalupe Arnold

ADDRESS 1000 George APT 1 CALEXICO CA 92231

CALIFORNIA DRIVER LICENSE NUMBER N3248759 SSN # 547-98-3800

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43213

Date: 1-11, 19 93

From: Guadalupe Arnold Address: 1000 George, Apt 11, Calexico, Ca 92231

Three Hundred Fifty-five Dollars ($ 355.00)

In Payment of Total

Lot 13 Grave Row Section 8 Division Block 5

Invoice No.

Acct. No.

W.O. E-10565

BALANCE DUE $397.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	200	00
Burial Containers	100 77182	155	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

E-10596

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RIGO	ALBERTO	MONTANA	5/31/1980	1/9/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Guadalupe Thurman, mother 1000 George Ave., Apt. 1 Calexico, CA 92231

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083	▶	1-12-93

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 12 1993	▶ Donald A. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 13-8-5	11B. DATE BURIED 1/14/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Turner
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JONATHAN CHAIRES

in a _____ (Vault/Liner) Funeral, date, time TUES, 1/12 11:00AM

Church, Chapel, Graveside Graveside Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 3614 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 43223	270.00
Balance due	0

PAID
JAN 11 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary will bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10570

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43223

Date: 1-12- , 1993

From Guadalupana Address: 2601 Imperial, San Diego, CA 92102

Two hundred seventy and XX/100 Dollars ($ 270.00)

In Full Payment of Interment for Jonathan Chaires

Lot 3614 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E10570

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1795

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
JAN 11 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	20 —
80% Sales of Lots	100 77184	80 —
Opening/ Closing	100 77181	125 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	270 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43223

Date: 1-12- , 1993

From Guadalupana Address: 2601 Imperial, San Diego, CA 92102

Two hundred seventy and 00/100 Dollars ($ 270.00)

In Full Payment of Interment for Jonathan Chaires

Lot 3614 Grave Row Section 1 Division 9 Block 9

Invoice No.

Acct. No.

W.O. E10570

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1795

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184	20	—
80% Sales of Lots	100 77184	80	—
Opening/ Closing	100 77181	125	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	—

E-10570

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2 months

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNATHAN	———	CHAIRES	10-27-92	1-7-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JUAN CHAIRES-FATHER 246 W.SAN MARCOS BLVD APT#C SAN MARCOS,CA,92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425	▶	1-12-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 12 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SD,CA,92186-5222	———

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SANDIEGO,CA,92102	11B. DATE BURIED 1-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JAN 11, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Eugene Clarke

In a Liner - #7 Oversized Funeral, date, time Tues, 1/12 11:00 AM
Vault/Liner

Church, Chapel, Graveside Church + Grave-side : Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Ellen Clarke

War time veteran No.

✓ Lot 202 Grave 1 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	220.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1672.05
Paid receipt number 43214	385.00
Balance due	1287.05

30 Day Note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ellen Clarke
Signature

5462 Imperial Ave #F
Address

San Diego Calif 92114
City Zip Code

619-2652465
Telephone

Work Order # E 10571

Invoice # 212548

Acct. # 076020

PY-593 (Rev. 8-92)

BAL
1187.05

2-8-93 PD 100.00

MT. HOPE CEMETERY

W.O. # E-10571

NOTE

$ 187.05 San Diego, California 1-11 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Eighty Seven 05/100 DOLLARS with interest from February 12, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ellen Clarke Ellen Clarke SIGNATURE Ellen Clarke

ADDRESS 5462 Imperial ave #4 San Diego 92114

CALIFORNIA DRIVER LICENSE NUMBER f0396197 SSN # 511304809

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43214

Date: 1-11, 19 93

From: Ellen Clute Address: 5463 Imperial Ave #F SD 92114

Three Hundred Eighty-Five 00/100 Dollars ($ 385.00)

In Payment of Interment of Edward Clute

Lot 202 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10571

BALANCE DUE 4287.05

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	385	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	385	00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1331 $385

ISSUED BY

E-10571

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 36yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Edward	Eugene	Cluke, Sr.	9/13/1956	1/1/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Yolanda Cluke-Wife 5460 Imperial Avenue, Apt.A San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	1/8/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 11 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212548 01/14/93 076020	ELLEN CIUKE				02/08/93 CA	E-10571	100.00	1,287.05	1,187.05
E-10571	100	072	77181	000072			27.19		PARTIAL PAYMENT
	100	072	77182	000072			17.09		
	100	072	77183	000072			3.50		
	100	072	77184	000072			25.72		
	100	072	77185	000072			11.27		
	60101		78390				1.32		
	67007		77184				13.91		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodger A. Hosford 11:00

in a Liner (Vault/Liner) Funeral, date, time Thurs A.M. 1/14

Church, Chapel, Graveside Delivery Only : Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 734 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Grave space & Care Fund ..... preneed E2134	-0-
Additional spaces and care fund	
Opening/Closing & Setup	350.-
Burial Container	170.-
Handling Fees	145.-
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43219	180.00
Balance due	543.18

PAID 01-14-93

30 day note

I hereby certify I am the X SON IN LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Rodd Chappell
Signature

X 13347 3 PARREN AVE
Address

X SAN DIEGO,
City

X CALIF. 92129
Zip Code

Telephone 484-3236

Invoice # 212551

Acct. # 076021

Work Order # E 10572

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-10572

DEED

Nº 10617

OWNERSHIP AND INTERMENT PRIVILEGES

TO Rodger A. Hosford for the sum of $ 300.00 (DOLLARS)

LEGAL DESCRIPTION Lot 734, Section 1, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-2134

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush marker only

Robert M. Sutton
Cemetery Manager

Martin Bulaman
Property Director

PY-534

MT. HOPE CEMETERY

W.O. # E10572

NOTE

$ 543.18 San Diego, California 1-11- 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Five hundred forty-three 18/100 DOLLARS with interest from 2-11-93 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME RICHARD CHAPPELL SIGNATURE Richard Chappell

ADDRESS 13367 SPARREN AVE

CALIFORNIA DRIVER LICENSE NUMBER P0338309 SSN # 317-42-7134

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43219

Date: 4-11- , 1993

From: Richard Chappell Address: 13367 Sparren Ave.

One hundred eighty and xx/100 Dollars ($ 180.-)

In part Payment of Interment for Rodger A. Hosford

Lot 734 Grave _____ Row _____ Section 1 Division 8 ~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E 10572

BALANCE DUE 543.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1173

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	180 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	180 —

E-10572

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 81y15

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RODGER	ALLAN	HOSFORD	2-15-1911	1-9-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	BETTY J. CHAPPELL - DAUGHTER 13367 SPARREN AVENUE SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ Karen Warnert	1-12-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 12 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-14-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

212551	01/14/93	076021	RICHARD CHAPPELL			02/06/93	CK 1206	543.18	543.18	0.00
	E-10572		100 072	77181	000072			170.00		PAID IN FULL
			100 072	77182	000072			170.00		
			100 072	77183	000072			45.00		
			100 072	77185	000072			145.00		
			60101	78390				13.18		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 543.18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JoEDDA NELSON

in a T. S. VAULT (Vault/Liner) Funeral, date, time Fri 1-15-93 1:00PM

Church, Chapel, Graveside Church G+S : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Wesley L Nelson

War time veteran YES.

Lot 92 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1617.44
Paid receipt number 43220	400.00
Balance due	1217.44

PAID
FEB 19 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day noted

Auxiliary Inv. 1217.44

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Wesley L Nelson
Signature
2828 47TH ST.
Address
SAN DIEGO CA. 92105
City Zip Code
264-7926
Telephone

Invoice # 212833

Work Order # E 10573

Acct. # 076060

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10573

NOTE

$ 1217.44 San Diego, California Jan 12 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred seventeen 44/100 DOLLARS with interest from Feb 15 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME WESLEY L. NELSON SIGNATURE Wesley L Nelson

ADDRESS 2828 47TH ST. SAN DIEGO, CA. 92105

CALIFORNIA DRIVER LICENSE NUMBER A2633858 SSN # 566-79-6867

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43220

Date: 1-12-0, 1993

From: Elmus Nelson Address: 4235 Menlo ave S.D. cal

Four hundred 00/100 Dollars ($ 400.00)

In part Payment of Services Joedda Nelson

Lot 92 Grave 1 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-10573

BALANCE DUE $ 1217.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4174-119-8

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

E-10573

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joedda	—	Nelson	7-12-1950	1-11-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Wesley L. Nelson - Son 2828 N. 47th Street San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Althea Whelan	1-14-93

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JAN 14 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-15-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

WESLEY NELSON
2828 47TH STREET
SAN DIEGO CA 92105

ACCT NO
076060

TREASURERS USE ONLY

PAYMENT DATE 2/19/93 KLW
BY: CA (CK) IF HD

PAYMENT REF NO 501 AMT PAID: 1217.44

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/21/93	02/20/93	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10573
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOEDDA NELSON SERVICE	
LOT 92; GR 1; SEC 1; DIV 11	795.00
OPENING/CLOSING	350.00
T. S. VAULT	225.00
HANDLING FEE	185.00
RECORDING FEE	45.00
TAX ON VAULT	17.44
LESS PAYMENT - REC. #43220	400.00-
TOTAL DUE	1,217.44

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 212833

E-10573

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Williams

in a T.S. Vault (Vault/Liner) Funeral, date, time TUE 1-19-93 10:30

Church, Chapel, Graveside Family to Witness Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 133 Grave 4 Row _____ Section 2 Division/[redacted] 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing – Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1617.44
Paid receipt number 43223	1617.44
Balance due	0

PAID
JAN 11 1993
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gracie Braden
Signature

6644 Charlene Ave
Address

San Diego CA 92114
City Zip Code

619 2870077
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10574

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43222

Date: 1-12 , 1993

From: Grace Burden Address: 4644 Charlene Ave S.D. 92114

One thousand six hundred seventeen 44/100 Dollars ($ 1617.44)

In full Payment of Services for Beatrice Williams

Lot 133 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10574

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 208419

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY M. Ferguson

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID		$ 1617	44

E-10574

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Beatrice	———	Williams	3-15-1917	1-10-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Gracie Birden- Daughter 6644 Charlene Ave San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale mortuary 5050 Fedeeal Blvd. San Diego, CA 92102	F-1329	▶	1-13-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 13 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O.Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA.	11B. DATE BURIED 1-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilfred G. Packham

In a Ash Vault ⊗ Funeral, date, time TUE 19 1993 10:00 AM
Vault/Liner

Church, Chapel, Graveside Graveside : Ca. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Jackie F. Packham

War time veteran _____.

Lot 1754 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund PRE NEED C-0263	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 43224	269.26
Balance due	Ø

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jackie F. Packham
Signature

6905 Wisconsin Ave.
Address

La Mesa CA. 91942
City Zip Code

619-460-2319
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10575

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43224

Date: Jan 12, 1973

From: Jackie F Packham Address: 6705 Wisconsin Ave La Mesa Ca

Two hundred sixty nine 26/100 Dollars ($ 269.26)

In full Payment of Services for Wilfred G. Packham

Lot 1754 Grave 4 Row 1 Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-10575

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 3030

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Norma Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-10575

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

10/28/1963

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Wilfred Packham for the sum of $ 125.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1754 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-0263

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2' X 1' Flush Marker Only

Raymond W. Dehne
Cemetery Manager

Park and Recreation Director

FORM PR-584

E-10575

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wilfred	Gordon	Packham	10/30/1913	1/9/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Jackie Packham-Wife 6905 Wisconsin Avenue La Mesa, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ K. L. C. Chan	1/13/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 13 1993	▶ Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

* COMPLETE APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Old Hwy 80 El Cajon, CA 92021	12B. DATE CREMATED 1/16/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Gary Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernon Palmer (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri, 1/22 11:00AM

Church, Chapel, Graveside Graveside Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 777 Grave 2 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-Need (C-7529) 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Pd In full 105.00

Burial Container 55.00

Handling Fees ..... Pd 1-19-93 60.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number 43255 269.26

Balance due 0

Gerald Palmer 3040 (707) 226

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10576

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43255

Date: 1-19, 1993

From: Gerald Palmer Address: 1742 Olympic Ct., Napa Ca

Two Hundred Sixty Nine 26/100 Dollars ($ 269.26)

In _____ Payment of Interment of Vernon Palmer

Lot 77 Grave 2 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10576

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1508

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-10576

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vernon	W.	Palmer	Jan. 4, 14	Dec. 17, 92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Largo	Flordia	Gerald Palmer - Son 1742 Olympia Court Napa, CA 94558

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Gerald Palmer, 1742 Olympia Court Napa, CA 94558	----	Gerald Palmer	01/14/93

8C. ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 14 1993	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	3851 Rosecrans Street San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery (X) 77-2-17-7 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 1/22/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTHA PORTER

in a Liner (Vault/Liner) Funeral, date, time TUE 1-19-93 11:00

Church, Chapel, Graveside CHURCH & G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 87 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43250	1418.18
Balance due	0

Mortuary to handle check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10577

PY-593 (Rev. 8-92)

E-10577
No 43250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-17, 1973

From Anderson Rogers & Co Mort. Address: 5050 Federal Blvd S.D.

One thousand four hundred eighteen 12/100 Dollars ($ 1418.12)

In full Payment of Services for Martha Foster

Lot 27 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10577

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 07/19

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	12
TOTAL PAID	$	1418	12

E-10577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Martha	—	Porter	3-14-13	1-12-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Herbert Porter - Husband 4064 Broadway San Diego, CA. 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
Anderson-Ragsdale Mortuary	F-1329	▶ Shenon Thorp	1-13-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 14 1993	▶ Ronald La Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records PO Box 85222 San Diego, CAlif. 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA	11B. DATE INTERRED 1-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Jarnagin	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Watch Entire Burial.

Date 1-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CESAR H. ROSAS 1-15-93

in a T.S. VAULT (Vault/Liner) Funeral, date, time FRI 15-1993 10am

Church, Chapel, Graveside Church G&S ; GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Raquel Rosas

War time veteran _____.

Lot 6 3 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number # 43371	150.00
(4-5-93) 43541	380.-
Balance due	$1367.44

Mortuary to bring ck $380.00

30 day note

987.44

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Raquel Rosas
Signature
126 S 32nd St #4
Address
San Diego CA 92113
City Zip Code
234-2644
Telephone

Work Order # E 10578

Invoice # 217721

Acct. # 076267

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10578

NOTE

1137.44 San Diego, California Jan 13 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred thirty seven 44/100 DOLLARS with interest from Fri 15 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Raquel Rosas SIGNATURE Raquel Rosas

ADDRESS 126 s 32nd st #4 San Diego CA 92113

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 560-63-1268

PY-1012 (11-89)

MT. HOPE CEMETERY

W.O. # E-10578

NOTE

$ 1512.44 San Diego, California Jan 13 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred seventeen 44/100 DOLLARS with interest from Fri 15 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Raquel Rosas SIGNATURE Raquel Rosas

ADDRESS 126 s 32nd st #4 San Diego CA 92113

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 560-63-1268

PY-1012 (11-88)

OFFICIAL RECEIPT

43541

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-5- , 19 93

From: Guadalupana Address: 2601 Imperial Ave, S.D. 92102

Three hundred eighty and 00/100 Dollars ($ 380.00)

In part Payment of Cesar H. Rosas

Lot 63 Grave 9 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E10578

BALANCE DUE 987.44

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2055

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
APR 05 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY W. Jackson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 380	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43371

Date: 2-17, 1993

From: Verl D. Mason Address: 930 B. Ave #6 Nat. City.

One hundred fifty Dollars ($ 150.00)

In part Payment of Services for Cesar H. Rosas

Lot 62 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10578

BALANCE DUE $1367.44

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 394

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

43541

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-5-, 1993

From: Guadalupana Address: 2601 Imperial Ave, S.D. 92102

Three hundred eighty and xx/100 Dollars ($ 380.00)

In part Payment of Cesar H. Rosas

Lot 63 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E10578

BALANCE DUE 987.44

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2055

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	380	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	—

E-10578

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CESAR	------	ROSAS-ARREOLA	11-7-[illegible]	1-11-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	RA[illegible]L ROSAS-SISTER 126 S. 32nd ST APT#4 SAN DIEGO,CA,92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425	▶ [signature]	1-14-93

* ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 15 1993	Donald L. Rovard, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 1-15-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANZ PITZILIN PA#1139029

in a LINER (Vault/Liner) Funeral, date, time Fri 1-15-93 1:00PM

Church, Chapel, Graveside DEL ONLY : McKley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 114 Grave 5T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$ 386.00
Paid receipt number	
Balance due	

Kim WHITE
PA # 1139029

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10579

Invoice # 212831

Acct. # 000952

PY-593 (Rev. 8-92)

E-10579

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRANZ	—	PITZLIN	SEP 28, 1909	JAN 5, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MEEKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ El Leach	JAN 14, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 14 1993	▶ Donald G. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 1-15-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Traynor
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10579

GIVE TO: Jo Ann

MORT/CREM: Mt Hope

SAN #: 227-31/03

INFORMATION SHEET

DECEDENT'S NAME: Pitzlin, Franz D.O.D 1/5/93

ADDRESS:

SEX/DOB: D.O.B PLACE OF BIRTH:

AGE: RACE/ETHNICITY: CURRENT OCCUPATION:

PLACE OF DEATH:

BODY LOCATION: Merkley-Mitchell Mort

DISPOSITION: CREMATION OR (BURIAL) AT Mt Hope

PAYMENT: COUNTY DISPO-PAY 113-1029 OR CREDITOR CLAIM FOR $

DEATH CERTIFICATES (PRICE INCLUDED IN CLAIM)

MARITAL STATUS: TIME IN SAN DIEGO COUNTY:

MOTHER'S MAIDEN NAME: PL. OF BIRTH:

FATHER'S NAME: PL. OF BIRTH:

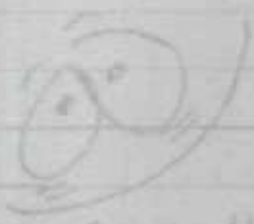
HIGHEST LEVEL OF EDUCATION:

VETERAN/MILITARY CLAIM#: SERVICE:

INFORMANT: J White PHONE: 691-2326

ADDITIONAL INFORMATION:

Please send bill = $386



I STILL HAVEN'T HAD LUNCH!!

YES, I'M DYING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 1-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hortense DAVIDSON

In a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 50 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund 695.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 695.00

Paid receipt number 43238 695.00

Balance due ~~0~~

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10580

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43238

Date: 1-13, 1993

From: Rosedale Mortuary Address: 5050 Federal Blvd, SD

Six Hundred Ninety-five — 00/100 Dollars ($ 695 —)

In _____ Payment of Pre-Need Lot

Lot 50 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10580

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 09566

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	695	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANK ALCAREZ (X) P.A.# 1138766

in a NONE (Vault/Liner) Funeral, date, time A.Y.D. Tues. 1/26.

Church, Chapel, Graveside Delivery Only : Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 46 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	45.-
Additional spaces and care fund	
Opening/Closing & Setup	70.-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	
Total Due	160.-
Paid receipt number _____	
Balance due	

Kim White

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10581

Invoice # 213114

Acct. # 000952

PY-593 (Rev. 8-92)

E-10581

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
[redacted]	P.	[redacted]	APR 11, 1928	JAN 9, 1993	[redacted]

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
[redacted], 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ [redacted]	JAN 14, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 14 1993	▶ Donald E. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [redacted] A. BURIAL (INCLUDES ENTOMBMENT)
- [redacted] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [redacted] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 1-26-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CEMETERY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	12B. DATE CREMATED 1-19-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [redacted]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-10581

MEMO TO: JoAnn

MORT/CEMT: Mt Hope

FAX #: 527-3403

INFORMATION SHEET

DECEDENT'S NAME Frank Alcarez D.O.D 1/2/93

ADDRESS

SOC SEC# D.O.B. PLACE OF BIRTH

SEX: RACE/ETHNICITY: CURRENT OCCUPATION

PLACE OF DEATH

BODY LOCATION: Merkley-Mitchell Mort

DISPOSITION: CREMATION OR BURIAL AT Mt Hope

PAYMENT: COUNTY DISPO-PA# 1138766 OR CREDITOR CLAIM FOR $

DEATH CERTIFICATES (PRICE INCLUDED IN CLAIM)

MARITAL STATUS TIME IN SAN DIEGO COUNTY

MOTHER'S MAIDEN NAME PL. OF BIRTH

FATHER'S NAME PL. OF BIRTH

HIGHEST LEVEL OF EDUCATION

VETERAN YES/NO CLAIM#: SERIAL#:

DEPUTY: KWHITE PHONE: 694-2326

ADDITIONAL INFORMATION:

Please bury cremains for indigent dispo

Send bill for $160.00



I'M UP TO MY EARS WITH WORK

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katie Rufus

in a Liner (Vault/Liner) Funeral, date, time 1/14 Thurs

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 95 Grave 9 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number #43365	1418.18
Balance due	0

Pd - In-Full 2-12-93

30 day note

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Ella Mae Smith
Signature

x RT 3 Box 347A
Address

x DeKalb TX 75559
City Zip Code

x (903) 667-5000
Telephone

Invoice # 212554

Acct. # 076029

Work Order # E 10582

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E10582

NOTE

$1418.18 San Diego, California 1-14- 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen hundred eighteen and 18/100 DOLLARS with interest from 2-14-93 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ella Mae Smith SIGNATURE Ella Mae Smith

ADDRESS Rt. 3 Box 347A DeKalb, TX 75559

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 430-60-1622

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43365

Date: 2-12, 1993

From: Cal Burial Address: 5602 Eldorado Blvd S.D. 92115

One thousand four hundred eighteen 18/100 Dollars ($ 1418.18)

In full Payment of Services for Katie Rufus

Lot 95 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10582

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

54 99

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Leguen

CREDIT 20% Sales Cem	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	13	18
TOTAL PAID	$	1418	18

E-10582

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 87yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Katie	—	Rufus	11/20/1905	1/8/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ella Smith-Daughter Route 3, Box 347A DeKalb, TX 75559

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	1/12/93

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 13 1993	Donald L. Powers, M.D. MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-14-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — Metal/Non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	_____
Burial Container	_____
Handling Fees	_____
Flower vases – Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	_____
Total Due	_____
Paid receipt number _____	_____
Balance due	_____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10583

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/15/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donell King, Sr.

in a Liner (Vault/Liner) Funeral, date, time Fri, 1/15 11:00AM

Church, Chapel, Graveside Church + Graveside : Calif. Burial (Gary) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran YES

Lot 103 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-7126) Ø

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 723.18

Paid receipt number _____

Balance due _____

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10584

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTHUR H. ERICKSON

in a LINER (Vault/Liner) Funeral, date, time Sat 1-16-93 10:AM

Church, Chapel, Graveside GRAVESIDE Louis Colonial Mary Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Albert C. Erickson

War time veteran No.

Lot 1407 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (D-6823)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee Sat. O.T. Chg.	480.00
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1203.18
Paid receipt number 43245	1203.18
Balance due	Ø

I hereby certify I am the BROTHER *of the above named decedent* and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Albert C. Erickson
Signature

4322 HARVARD AVE
Address

LA MESA CA 91941
City Zip Code

460-6584
Telephone

Invoice # ____

Acct. # ____

Work Order # E 10585

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43245

Date: 1-14, 1993

From Albert C Erickson Address: 4322 Harvard Dr. La Mesa Ca.

One thousand two hundred three 18/100 Dollars ($ 1203.18)

In full Payment of Services for Arthur H. Erickson

Lot 1407 Grave Row Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E-10585

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 219

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	525	00
~~Pre-Need~~ Trust	63033 9022		00
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1203	18

E-10585

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ARTHUR	HENRY	ERICKSON	01-11-1907	01-13-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALBERT ERICKSON - BROTHER 4322 HARVARD AVE LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ E L Ruchut	01-14-1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 15 1993	▶ Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 92102 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 1-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONELL I. KING SR.

in a LINER (Vault/Liner) Funeral, date, time FRI 1/15 11:00 AM

Church, Chapel, Graveside CHURCH G.S. : CA. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Mary L. Dade

War time veteran YES

Lot 117 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number #43246	380.00
Balance due	1138.18

PAID
FEB 18 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note PAID 01/21/93

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary L. Dade
Signature
998 Princeton Dr.
Address
San Diego, Ca 92114
City Zip Code
619-262-8586
Telephone

Work Order # E 10586

Invoice # 212832

Acct. # 076059

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # 10586

NOTE

$ 1138.18 San Diego, California Jan 14 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand One hundred thirty-eight 18/100 DOLLARS with interest from Feb 15 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MARY L. Page SIGNATURE Mary L. Page

ADDRESS 6936 BENSON AVE S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER R0319958 SSN # 546-70-0017

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43246

Date: 1-14, 1993

From: Elder H. Page Address: 6936 Benson Ave S.D. 92114

Three hundred eighty 00/100 Dollars ($ 380.00)

In part Payment of Service for Darrell J. King Sr.

Lot 117 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10586

BALANCE DUE 1138.18

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 4611

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	~~380~~	~~00~~
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 380	00

E-105586

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Donnell	James	King, Sr.	5/20/1971	1/11/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Decatur	Georgia	Peggy Thomas-Mother 998 Winston Drive SanDiego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	1/14/93

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 14 1993 ▶	Ronald G. Powers, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-15-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10586

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 076059

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 2-18-93

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 5515

AMOUNT PAID $1138.18

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME DONELL I. KING SR.

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) CALIFORNIA CREMATION & BURIAL

CUSTOMER (PAYOR) ADDRESS 5602 EL CAJON BLVD.

SAN DIEGO CA 92115

REMARKS

CASHIER

INV. NO. 212832

TR-1361 (2-82)

212832	01/21/93	076059	MARY PAGE			02/18/93	CK 5515	1,138.18	1,138.18	0.00
E-10586			100	072	77181	000072		350.00		PAID IN FULL
			100	072	77182	000072		170.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		256.00		
			100	072	77185	000072		145.00		
			60101		78390			13.18		
			67007		77184			159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CORA RHODES

in a T.S. VAULT (Vault/Liner) Funeral, date, time Thur 1/21 11:00AM

Church, Chapel, Graveside CHAPEL ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Edna Sherrell

War time veteran _____.

Lot 66 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PRE NEED E-6776 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

Paid receipt number 43256 150.00

2-4-93 43316 Balance due $672.44

200.—

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

3-4-93

INV. $472.44

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dereleve Nichols
Signature

4557 LOGAN Apt #D
Address

SAN Diego - CA 92113
City Zip Code

619-262-4635
Telephone

Work Order # E 10587

Invoice # 21381

Acct. # 076269

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10587

NOTE

$ 822.44 San Diego, California Jan 19 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred twenty two 44/100 DOLLARS with interest from Feb 21 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Edna SHERRELL SIGNATURE Edna Sherrell

ADDRESS 530 S. Gregory St. S.D.C. 92113

CALIFORNIA DRIVER LICENSE NUMBER C1117430 SSN # 500-74-1944

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43256

Date: 1-20, 1993

From: Edna Sherrell C Address: 530 So Gregory St. S.D. 92113

One hundred fifty 00/100 Dollars ($ 150.00)

In part Payment of Services for Cora Rhodes

Lot 66 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10587

BALANCE DUE $672.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	150	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43316

Date: 2/4, 1993

From: Edna Sherrell Address: 530 So Gregory St SE

Two Hundred 70/100 Dollars ($ 200.-)

In _____ Payment of Interment of Cora Rhodes

Lot 66 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10587

BALANCE DUE $472.44

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	200	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44049

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-25, 19 93

From: Elnora Sherrell Address: 555 Naples . Chula Vista CA. 92911

two hundreds Dollars ($ 200.00)

In Payment of interment of Cora Rhodes

Lot 66 Grave 2 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E 10587

BALANCE DUE 172 00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
50% Sales of Lots	100 77184
Opening/ Closing	100 77181
Burial Containers	100 77182
Handling Fee	100 77185
Recording & Misc. Fees	100 77183
Pre-Need Trust	*83033* 9022
Sales Tax	60101 78390
TOTAL PAID	$

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY V Barksdale

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44049

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8 25 , 19 93

From Elnora Sherrell Address: 555 Naples Chula Vista CA 92911

two hundred Dollars ($ 200 00)

In Payment of interment of Cora Rhodes

Lot 66 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 10587

BALANCE DUE 172 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bartsly

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

E-10587

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Cora	—	Rhodes	8-7-1900	1-15-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Elnora M. Sherrell - Daughter 530 S. Gregory St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Bobbie Williams	1-20-93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 21 1993	▶ Donald L. Reeves, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-21-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Both Covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10587

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

EDNA SHERRELL
520 SO. GREGORY ST.
SAN DIEGO CA 92113

ACCT NO
076269

TREASURERS USE ONLY

PAYMENT DATE 3-4-93
BY: (CA) CK IF
PAYMENT REF NO H.D.
AMT PAID: $100.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/09/93	03/11/93	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10587
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
CORA RHODES SERVICE	
OPENING/CLOSING	350.00
T. S. VAULT	225.00
HANDLING FEE	185.00
RECORDING FEE	45.00
TAX ON VAULT	17.44
LESS PAY - REC #43256 & 43316	350.00-
TOTAL DUE	472.44

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 213881

AC-22 (Rev. 2792) White - Customer Copy • Yellow - Remittance Copy

E-10587

E-10587

213881	02/09/93	076269	EDNA SHERRELL					03/04/93	CA	H.D.
			100	072	77182	000072				
			100	072	77183	000072				
			100	072	77185	000072				
			60101		78390					

100.00	472.44	PARTIAL	372.44
47.63			PAYMENT
9.53			
39.16			
3.68			

E-1511

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLEN CEASAR THOMAS

in a Top Seal Vault (Vault/Liner) Funeral, date, time MON, 1/25 11:00AM

Church, Chapel, Graveside Church & Grave-side Ragsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. James A Thomas

War time veteran NO.

Lot 58 Grave 10 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1617.44
Paid receipt number 43248	500.00
Balance due	1117.44

Pd-Infull 2/12/93

60 Day Note

PAID 01/26/93

ORIG. INV.

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

James A Thomas
Signature

22150.36
Address

SAN DIEGO, CA. 92113
City Zip Code

262 1387
Telephone

Work Order # E 10588

Invoice # 213027

Acct. # 076150

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10588

NOTE

$ 1117 44 San Diego, California 1-19 1953

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Seventeen 44/100 DOLLARS with interest from March 25, 1953 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JAMES A. THOMAS SIGNATURE James A Thomas

ADDRESS 2221 So. 36 St. SAN DIEGO, CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER D0024839 SSN # 457-20-3402

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43248

Date: 1-19, 19 92

From Eleanor Jones Thomas Address: 221 S 36th St. [illegible]

Five Hundred 00/100 Dollars ($ 500.00)

In _____ Payment of Interment of Allen Thomas

Lot 58 Grave 10 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10588

BALANCE DUE $1117.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

660

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	500 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

E-10588

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Allen	Ceasar	Thomas	12-4-51	1-17-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James A. Thomas - Father 221 S. 36th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	1-21-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 22 1993	Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. 58-10-2-12 San Diego, CA	11B. DATE BURIED 1/25/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213027	01/26/93	076150	JAMES THOMAS			02/12/93 CK 97	1,117.44	1,117.44	0.00
	E-10588		100	072	77181	000072	350.00		PAID IN FULL
			100	072	77182	000072	225.00		
			100	072	77183	000072	45.00		
			100	072	77184	000072	136.00		
			100	072	77185	000072	185.00		
			60101		78390		17.44		
			67007		77184		159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NATHAN BROWN

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues 1/26 11:00AM

Church, Chapel, Graveside Church - Grave : Calif Funeral Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Willie Ruthie Green

War time veteran No.

Lot 78 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1617.44
Paid receipt number 43268	714 00
Balance due	$ 903.44

30 Day Note

I am the mother

I hereby certify I am the Willie Ruthie Green of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Willie Ruthie Green
Signature
518 Telegraph Canyon RD #F
Address
Chula Vista, Calif 91910
City Zip Code
482-9467
Telephone

Invoice # 213117

Acct. # 076171

Work Order # E 10589

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10589

NOTE

703.44 San Diego, California 1-22 1953

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred three 44/100 DOLLARS with interest from Feb 26 1953 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Willie Ruthie Green SIGNATURE Willie Ruthie Green

ADDRESS 518 Telegraph Canyon Rd. #F

CALIFORNIA ~~DRIVER~~ I.D LICENSE NUMBER N3270578 SSN # 548-86-3808

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43268

Date: 1-22, 1993

From: Ruth Green Address: 516 Telegraph Canyon Rd #7

Seven hundred fourteen 00/100 Dollars ($ 714.00)

In part Payment of Services for Nathan Brown

Lot 23 Grave 4 Row Section 3 Division 12 Block 78 W

Invoice No.

Acct. No.

W.O. E-10589

BALANCE DUE $703.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	636	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	714	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

ISSUED BY A. Ferguson

AC-212 (Rev. 1-91)

E-10589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Nathan	Maurice	Brown	11/3/1968	1/17/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Willie Ruthie Green-Mother 518 Telegraph Canyon Rd. #F Chula Vista, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶	1/20/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 21 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-26-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy DeTeague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal w/seals	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213117 01/28/93 076171 WILLIE RUTH GREEN 02/18/93 CK 929167897 300.00 903.44 603.44

E-10589

100	072	77181	000072	116.22	PARTIAL PAYMENT
100	072	77182	000072	74.71	
100	072	77183	000072	14.94	
100	072	77185	000072	61.43	
60101		78390		5.79	
67007		77184		26.91	

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 300.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-53

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Lansdale in a Liner (Vault/Liner) Funeral, date, time Wed, 1:30 Noon Church, Chapel, Graveside Graveside Only Guadalupe (Fore) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

War time veteran No. Casket Size: H- L- W-

Lot 39 Grave _____ Row _____ Section 3 Division/Block 9

Grave space & Care Fund	195.—
Additional spaces and care fund	
Opening/Closing & Setup	195.—
Burial Container	95.—
Handling Fees	50.—
Flower vases – Marker setting fee	
Recording and filing fee	45.—
Sales taxes	7.36
Total Due	587.36
Paid receipt number	43262 587.36
Balance due	-0-

PAID
JAN 20 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10590

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43262

Date: 1-20-, 1993

From: Guadalupana Address: 2601 Imperial Ave.

Five hundred eighty-seven 36/100 Dollars ($ 587.36)

In Full Payment of Nancy Landsdale Interment

Lot 39 Grave Row Section 3 Division 9 ~~Block~~

Invoice No.

Acct. No.

W.O. E 10590

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1825

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 20 1993

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY W. J. Teague

CREDIT	67007	39	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	156	—
Opening/ Closing	100 77181	195	—
Burial Containers	100 77182	95	—
Handling Fee	100 77185	50	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	36
TOTAL PAID	$	587	36

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43262

Date: 1-20-, 1993

From: Guadalupana Address: 2601 Imperial Ave.

Five hundred eighty-seven 36/100 Dollars ($ 587.36)

In Full Payment of Nancy Landsdale Interment

Lot 39 Grave Row Section 3 Division 9 Block

Invoice No.

Acct. No.

W.O. E 10590

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1825

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	87007 77184	39	—
80% Sales of Lots	100 77184	156	—
Opening/ Closing	100 77181	195	—
Burial Containers	100 77182	95	—
Handling Fee	100 77185	50	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	36
TOTAL PAID	$	587	36

E-10 590

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NANCY	———	LANSDALE	9-23-88	1-15-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JORGE LANSDALE-FATHER 3210 NILE STREET SAN DIEGO, CA, 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA [illegible]IAL CHAPEL & MORTUARY 2601 IMPERIAL AVE, SAN DIEGO, CA, 92102	FD-1425	▶ [signature]	1-17-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 20 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	———

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102	11B. DATE BURIED 1-20-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddye L. Coleman

in a LINER (Vault/Liner) Funeral, date, time Thurs, 1/21 1:00pm

Church, Chapel, Graveside Chapel + Grave Side - Ragsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Attha Glenn Williams

War time veteran No

Lot 49 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1618.18
Paid receipt number 43251	1618.18
Balance due	0

PAID
JAN 19 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Attha Glenn Williams
Signature
PO Box 2278
Address
La Mesa, CA 91943
City Zip Code
562-6951
Telephone
2278

Work Order # E 10591

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43251

Date: 1-19, 1993

From: Cyltha Williams Address: PO Box 2278 La Mesa Ca

Sixteen Hundred Eighteen 18/100 Dollars ($ 1618.18)

In _____ Payment of Interment of Eddye Coleman

Lot 49 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10591

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1618	18

AC-212 (Rev. 1-91)

E-10591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eddye	Lampton	Coleman	9-6-1898	1-17-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Altha Coleman-Williams - Daughter 2527 Gibbons St. El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Altha Williams	1-20-93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 21 1993	▶ Donald G. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-21-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Benter N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse Grant

in a Liner (Vault/Liner) Funeral, date, time Fri, 1/22 1:30 pm

Church, Chapel, Graveside [redacted], G.S. Only : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X [signature]

War time veteran YES WWII

Lot 1877 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1618.18
Paid receipt number 43261	405.00
Balance due	1213.18

30 day note

I hereby certify I am the [signature] Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

[illegible] Daing Mart Rd
Address

San Diego CA 92173
City Zip Code

662 9121
Telephone

Invoice # 213023

Acct. # 076147

Work Order # E 10592

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10592

NOTE

$ 123.18 San Diego, California 1-20 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, at 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Thirteen 18/100 DOLLARS with interest from February 22, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Mattie & Wilbert Grant SIGNATURE [redacted]

ADDRESS 1372 A San Ysidro Blvd S.D. CA. 92173

CALIFORNIA DRIVER LICENSE NUMBER [redacted] CA SSN # [redacted]

PY-1012 (11-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43261

Date: 1-20, 1993

From: Madie Grant Address: 1572-A San Ysidro Blvd. SD

Four Hundred five 710/100 Dollars ($ 405.00)

In Payment of Interment of Jim Grant

Lot 1277 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-10592

BALANCE DUE $213.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	405 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	405 00

E-10592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jesse	C.	Grant	2-14-14	1-19-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Leola Grant - Wife 5632 S. Marshfield Chicago, Illinois 60636

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		John Mayer	1-21-93

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		7.00	JAN 2 1 1993	Donald L. Powell, M.D. MR

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA. 1877-10	11B. DATE INTERRED 1/22/93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY metal non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10592

ACR07I INVOICE INQUIRY PG 1

INVOICE: 213023

INV DATE: 01/26/93 INV TYPE: GE TYPE CHG: TC TREAS-REFERRAL: Y
DUE DATE: 02/25/93 NOTICES: Y ENCLOSURE: N EXCEPTION CODE:

CUSTOMER DATA

ACCT: 076147 NAME: MADIE GRANT SHORT NAME: GRANT
ADDRESS:
1) 1372-A SAN YSIDRO BLVD. 2)
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92173 COUNTRY:
BILLING DEPT: 072 CONTACT: JOANN WAITS
REFER NO: E-10592 PHONE: 619 527 3400 PREPARED BY: JW

DESCRIPTION OF CHARGE	AMOUNT
JESSE GRANT SERVICE	
LOT 1877; DIVISION 10	895.00
OPENING/CLOSING	350.00
LINER	170.00
HANDLING FEE	145.00
RECORDING FEE	45.00
TAX ON LINER	13.18
LESS PAYMENT - REC #43261	405.00-
TOTAL DUE:	1,213.18

DEPRESS PA1 KEY FOR NEXT SCREEN

ACR07I INVOICE INQUIRY

INVOICE: 213023 INV TOTAL: 1,213.18

ACCOUNT: 076147 NAME: MADIE GRANT

INVOICE STATUS

DISPOSITION	DATE	AMOUNT
REFERRED TO TREAS COLLECTION		

COLLECTION ACTIONS

LATE NOTICE - 1ST:	REFERRED TO - TREAS COLLECTION:	03/09/93
- 2ND:	- CITY ATTORNEY :	
- 3RD:	- COLLECTION AGENCY:	

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

DEPRESS PA1 KEY FOR NEXT SCREEN

E-10592

INVOICE: 213023 INV TOTAL: 1,213.18

ACCOUNT: 076147 NAME: MADIE GRANT

ACCOUNTING DATA

(A = DISTRIBUTION, B = APPLIED, C = CREDIT MEMO)

	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
(A)	100	072		77181	000072				350.00
(A)	100	072		77182	000072				170.00
(A)	100	072		77183	000072				45.00
(A)	100	072		77184	000072				311.00
(A)	100	072		77185	000072				145.00
(A)	60101			78390					13.18
(A)	67007			77184					179.00

REQUEST COMPLETED DEPRESS PA1 KEY TO CONTINUE

Pruned Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ola Wright Powell

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 42 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1618.18
Paid receipt number 43258	1000.—
Balance due	618.18

23@$25
1@$43.18

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sophronia Marfield
Signature

5674 Kelton Ct
Address

San Diego Ca 92114
City Zip Code

264-3678
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10593

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43258

Date: 1-20- , 1993

From: Sophornia Mayfield Address: 5674 Kelton Ct., S.D. CA 92114

One thousand and xx/100 Dollars ($ 1000.00)

In Part Payment of Renewed lot & trust for Ola Wright Powell

Lot 42 Grave 12 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E 10593

BALANCE DUE 618.18

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT 20% Sales Care	67007 77184	179 —
80% Sales of Lots	100 77184	716 —
Opening/ Closing	100 77181	~~100~~ —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	105 —
Sales Tax	60101 78390	
TOTAL PAID	$	1000 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43301

Date: 2-1, 1973

From Sophonia Mayfield Address: 5674 Felton Ct. S.D.

Twenty Five 00/100 Dollars ($ 25.00)

In part Payment of Pre Need Trust

Lot 42 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10593

BALANCE DUE $573.18

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (REV. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	25	00
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43419

Date: 3-3, 1993

From: Saphonia Mayfield Address: 5674 Kelton Ct. S.D.

Seven hundred ninety three 18/100 Dollars ($ 593.18)

In full Payment of Pre Need Lot + Trust

Lot 42 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10593

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	593	18
Sales Tax	60101 78390		
TOTAL PAID	$	593	18

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust E-10593

Sophornia Mayfield
5674 Kelton Ct.
San Diego, Calif. 92114
(42-T2-2-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	X										

Amount due when paid on, or before, due date above: $ 25.00

Amount due if paid more than _____ days after due date above: $ 25.00

$ _____

Amount Received $ _____

NAME Blanche Mayfield

ADDRESS 5674 Kelton Ct.

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

E-10593

11853

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Sophornia Mayfield and Willie Wright for the sum of $ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 42; Grave 12; Section 2; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10593

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is Flat Marker Only, 12" X 24"

Wendy To Teague
Cemetery Manager

J. T. Geoffs
Property Director

PY-584 (Rev. 12-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darius DeVante Chaney (9 months)

in a _____ Funeral, date, time Fri 1/22 1pm

Vault/Liner

Church, Chapel, Graveside Graveside : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Arguanetta Chaney

War time veteran No CASKET SIZE 12½ X 32"

✓ Lot 2699 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	$100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$270.00
Paid receipt number 43290	270.00
Balance due	0

Pd - In full 1/28/93

Mortuary will bring check

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Arguanetta Chaney
Signature
2021 Plaza Blvd. #209
Address
National City, Ca. 91950
City Zip Code
(619) 470-8904
Telephone

Work Order # E 10594

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43290

Date 1-28, 1993

From Rafadale Mortuary Address: 5050 Federal Blvd SD

Two Hundred Seventy 70/100 Dollars ($ 270.00)

In _____ Payment of Interment of Darius Chaney

Lot 2699 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-10594

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

9633

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	00

E-10594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Darius	DeVante	Chaney	4-1-92	1-16-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Acquanetta Chaney - Mother 2621 Plaza Blvd. Apt. 204 National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debra Williams	1-22-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 2 2 1993	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. 269-19 San Diego, CA	11B. DATE BURIED 1/22/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE *REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED* N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE *OF PLACING WITH THE CARRIER*	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Ownership

Date 1-21-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Harriett + Robert Dosh

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 89 Grave 1 & 2 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund From: Caroline Maroney	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee Transfer fee	45.@
Sales taxes	
Total Due	45.@
Paid receipt number 43265	45.@
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Robert Dosh
Signature

2 Skyline Ave
Address

Escondido Ca 92027
City Zip Code

743-7407
Telephone

Work Order # E 10595

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-10595 7/17/1972

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

6282

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ralph W. & Caroline I. Maronay for the sum of $ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lot 89 Graves 1 & 2 Section 17 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1938

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

12" x 24" Single or 12" x 36# Double Flush Marker Only

R. W. Dehne
Cemetery Manager

William Jubarak
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CURTIS ENRIQUE TULL

in a LINER (Vault/Liner) Funeral, date, time SAT 23 10:00 AM

Church, Chapel, Graveside Church C. S. (12:00) ; RAGSDALE Mortuary.

All Funeral cars must arrive before ~~3:30~~ p.m. of regular work day or an extra charge of $ 100.00 will be applied and billed to undersigned. Rosie Tull

War time veteran NO.

Lot 5 (6) Grave 4 (2) Row ____ Section 3 Division/~~Block~~ 12

PAID
JAN 22 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
~~Flower vases~~ Marker setting fee Sat. O.T.	480.00
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1898.18
Paid receipt number 43274	1898.18
Balance due	-0-

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rosie Tull
Signature
4949 Logan Ave #23
Address
San Diego Ca 92113
City Zip Code
263-7010
Telephone

Invoice # ____

Work Order # E 10596

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43274

Date: 1-22, 19 93

From: Ruby Kirkaldy Address: 2545 Logan Ave. SD, CA 92113

Eighteen Hundred Ninety Eight 18/100 Dollars ($ 1898.18)

In Payment of Interment & Casket

Lot 5 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10596

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev 1-91) 800507636-4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waite

CREDIT	67007		
20% Sales Care	77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	525	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1898	18

E-10596

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Curtis	Enrique	Tull	12-9-70	1-19-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Reynold E. Tull- Father P.O. Box 141 Champlain, NY 12919

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	1-22-93

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 2 2 1993	▶ Ronald L. Bowers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 6-2-3-12 3751 Market St. San Diego, CA	11B. DATE BURIED 1/23/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard L. Mason III

in a Liner (Vault/Liner) Funeral, date, time Mon 1/25 2:00pm

Church, Chapel, Graveside Chapel + Space Side; Rasdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00

will be applied and billed to undersigned. Anne Burnette

War time veteran No.

Lot 104 Grave 3 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.-
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43273	355.00
Balance due	1063.18

01/22/2009 Per Treasurer amt owed $3,195.77

30 Day NOTE

I hereby certify I am the Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Anne Burnette
Signature

6940 Broadway #40
Address

San Diego Ca 92101
City Zip Code

238-2301
Telephone

Invoice # 213026

Acct. # 076149

Work Order # E 10597

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10597

NOTE

$ 1063.18 San Diego, California 1-22 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand sixty-three 18/100 DOLLARS with interest from Feb 25 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Joyce D Taylor SIGNATURE Joyce Taylor

ADDRESS 8050 Lemon Grove Way #B

CALIFORNIA DRIVER LICENSE NUMBER H0626898 SSN # 571-50-1475

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43273

Date: 1-22- , 1993

From: Joyce D Pagley Address: 8051 Lemon Grove Way #B

three hundred fifty-five Dollars ($ 355.00)

In part Payment of Service for Leonard Mason

Lot 104 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10597

BALANCE DUE 1063.18

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N Ferguson

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	355.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	355.00

AC-212 (Rev. 1-91)

E-10597

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leonard	Lynn	Mason, Jr.	2-16-68	1-17-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joyce Taylor - Mother 8050 Lemon Grove Way Apt. B Lemon Grove, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	1-21-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 22 1993	▶ Donald L. Rimes, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. 104-3-3-12 San Diego, CA	11B. DATE BURIED 1/25/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Google 619-280-2103 Search Advanced Search Preferences

Web Results **1** - **5** of **5** for **619-280-2103**. (**0.53** seconds)

Tip: Save time by hitting the return key instead of clicking on "search"

Children Day Cares list in San Diego California
ADAMS STATE PRESCHOOL/SCHOOL READINESS/PRE-K FAM. Phone: (**619) 280-2103**. ADOBE BLUFFS PRESCHOOL. Phone: (858) 748-0010. ADVENTURE DAYS ...
day-cares.local-data.com/city/california-ca/san-diego/san-diego/38264/3061/ - 128k -
Cached - Similar pages

Sponsored Links

Find Any Phone Number
Get Name, Address, City, State, Zip For Any Cell or Landline Phone
ReversePhone.Addresses.com

Trace Any 619 Number
Run A Reverse 619 Phone Lookup To Find Out Who Owns This Cell Phone
www.ReversePhoneDetective.com

ADAMS STATE PRESCHOOLSCHOOL READINESSPRE-K FAM | Your Daycare ...
Location(s) 4672 35TH STREETSAN DIEGO, CA, 92116License #: 376700096Additional Information: BRINGS JUDITH (**619) 280-2103** Capacity = 24.
www.yourdaycareexperience.com/content/adams-state-preschoolschool-readinesspre-k-fam - 24k - Cached - Similar pages

Ordize - ADAMS SCHOOL READINESS PRESCHOOL Reviews
(**619) 280-2103**. Overall Rating (of 0 reviews):. Rate this daycare. To see survey results, member comments, rate this daycare, or get driving directions, ...
www.ordize.com/daycare/adams-school-readiness-preschool.html - 5k -
Cached - Similar pages

Welcome to Childcare
Telephone: (**619) 280-2103**. Contact: BRINGS, JUDITH. County: San Diego. District Office: MISSION VALLEY (20). Do Telephone: (619) 767-2200 ...
childcareresourceservices.com/search_step3.php?providerId=NzlwOQ== - 17k -
Cached - Similar pages

Child Day Care Facilities in SAN DIEGO, California
Tel:**619-280-2103**, ADOBE BLUFFS PRESCHOOL 8707 ADOBE BLUFFS DRIVE SAN DIEGO,CA 92129 Facility# 376700300 Tel:858-748-0010, ADVENTURE DAYS ...
www.garypedia.com/children/daycarecenter/california/sandiego.php - 117k -
Cached - Similar pages

In order to show you the most relevant results, we have omitted some entries very similar to the 5 already displayed.
If you like, you can repeat the search with the omitted results included.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MINNIE POWELL

in a LINER (Vault/Liner) Funeral, date, time WED 1/27 11:00AM

Church, Chapel, Graveside DEL ONLY ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 164 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund PRE NEED E-9969	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10598

Acct. # _____

PY-593 (Rev. 8-92)

E-10598

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Minnie	Lee	Powell	2-16-27	1-19-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mattie Alexander - Niece 3732 Logan Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Arthur Williams	1-25-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103116 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 25 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 1-27-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy McGregor
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfonso Yarbrough

In a Liner (Vault/Liner) Funeral, date, time Mon. 1/25 1:30

Church, Chapel, Graveside Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 86 Grave 11 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ... prepaid D-5693 ~~0~~

Additional spaces and care fund ... _____

Opening/Closing & Setup ... 350.-

Burial Container ... 170.-

Handling Fees ... 145.-

Flower vases – Marker setting fee ... _____

Recording and filing fee ... 45.-

Sales taxes ... 13.18

Total Due ... 723.18

Paid receipt number 43276 723.18

Balance due ~~0~~

Pd 1/25/93

Mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10599

Acct. # _____

PY-593 (Rev. 8-92)

E-10599

Mt. Hope Cemetery:

We would like to bury Alfphonso Yarbrough on Monday, Jan. 25th at 1:30pm. We will have a viewing at the mortuary at 1:00pm and then take his body to the cemetery.

He has purchased his grave and location is Lot 86, Division 7, Grave 11, Section 16

I will bring a check for $723.18

H. W. Ragsdale
OWNER

ANDERSON - RAGSDALE
MORTUARY
5050 FEDERAL BLVD. 263-3141
SAN DIEGO, CALIF. 92102

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43276

Date: 1-25, 1993

From: Ragsdale Mortuary Address: 5050 Federal Blvd, SD

Seven Hundred Twenty Three 18/100 Dollars ($ 723.18)

In _____ Payment of Interment of Alphonso Garbaugh

Lot 16 Grave 11 Row _____ Section 16 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-10549

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

AC-212 (Rev. 1-91) 9644

E-10599

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Alfphonso	----	Yarbrough	10-14-1909	1-6-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Alfphonso Yarbrough, Jr. - Son 3778 Hemlock Street San Diego, CA. 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Sharon Monagle	1-13-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 13 1993	▶ Donald L. Romero, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, California 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St 76-11-16-4 San Diego, CA	11B. DATE BURIED 1/25/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRED GARCIA

in a T.S (Vault/Liner) Funeral, date, time Thur 1/28 2:00 PM

Church, Chapel, Graveside GRAVESIDE : PEOPLE'S FUNERAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 4922 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	0
Additional spaces and care fund PRE NEED E-9593	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

44625 13th St
Address

Lancaster Ca 93535
City Zip Code

805-945-3916
Telephone

Invoice # _____

Work Order # E 10600

Acct. # _____

PY-593 (Rev. 8-92)

E 10600

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRED	- - - - -	GARCIA	6-3-03	1-22-93	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hanford	Kings	Catalina Potter - Daughter 853 Manor Ave. Hanford, CA. 93230

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
People's Funeral Chapel, Hanford, CA.	FD-269	Catalina Potter	1-27-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	1-27-93	Sheldon R. Minkin, DO. By: Linda Serna Deputy

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Kings County Health Dept. 330 Campus Dr., Hanford CA. 93230	San Diego County Health Dept. 1700 Pacific Highway, San Diego, CA. 92101

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA. 4922-10	11B. DATE BURIED 1/23/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GENEVIEVE L. DOIG ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time A.Y.D Fri 1/28

Church, Chapel, Graveside DEL ONLY : LEWIS COLONIA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 74 Grave 1 Row _____ Section 1 Division/Block 1

Grave space & Care Fund FEE NEED D-7187 ⊗

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

PAID
JAN 5 2 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number 43275 269.26

Balance due ⊗

I hereby certify I am the Daughter Alma F. Erchul of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Alma F. Erchul
Signature of recorded holder of deed

Alma F. Erchul
Signature
2857 S. Valley View Blvd #1178
Address
Las Vegas NV 89102
City Zip Code
702-253-7244
Telephone

Work Order # E 10601

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43275

Date: 1-25, 1993

From: Alma D. Erchul Address: 2851 Valley View Blvd Las Vegas

Two hundred sixty nine 26/100 Dollars ($ 269.26)

In Payment of

Lot 74 Grave 11 Row Section 1 Division Block 1

Invoice No.

Acct. No.

W.O. E-10601

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1315

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Norma Enquist

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E 10601
62632

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GENEVIEVE	L.	DOIG	06-01-1900	01-19-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALDA P. ERCHUL - DAUGHTER 2851 S. VALLEY VIEW BLVD #1178 LAS VEGAS, NEVADA 89102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶	01-25-1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 25 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 74-1-1-1 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 1-28-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 1-25-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/25/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornelius Mc Mahon PA# 1139649

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside Del Only Mortuary Merkley Mitchell

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 17 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Kim White P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10602

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-93

ME # 93-0080

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES Wooten PA #1139193

in a Liner (Vault/Liner) Funeral, date, time Tues, 1:00pm

Church, Chapel, Graveside Del. Only : Heath Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No

Lot 128 Grave 5B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Kim White PA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10603

Invoice # 213116

Acct. # 000952

PY-593 (Rev. 8-92)

E10603

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	OTIS	HOOTEN	JUNE 16, 1951	JAN 10, 1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	County Public Administrator 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HeathgFuneral Home, National City, CA	807	▶ [signature]	Jan 26,1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 26 1993	▶ Ronald L. Romas, M.D. CB

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, SAN DIEGO, CA	11B. DATE BURIED 1-26-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DEMEATRICE FARR

in a LINER (Vault/Liner) Funeral, date, time Wed. 1/27 11:00AM

Church, Chapel, Graveside Chapel + Graveside; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Anthony Bill pr

War time veteran _____.

Lot 112 Grave 6 Row _____ Section 2 Division [redacted] 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43280	350.00
Balance due	1068.18

30 Day Note

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Anthony Bill pr
Signature
4755 Home Ave Apt # 42
Address
San Diego CA 92105
City Zip Code
(619) 263-3043 Pg# 494-0301
Telephone

Invoice # 213124

Acct. # 076172

Work Order # E 10604

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10604

NOTE

$ 1068.18 San Diego, California 1-26 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand, Sixty-Eight 18/100 DOLLARS with interest from February 27, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Anthony Billups SIGNATURE Anthony Billups

ADDRESS ~~4755~~ 4755 Home Ave Apt # 42 S.D. CA 92105

CALIFORNIA DRIVER LICENSE NUMBER AL 5202089 SSN # 416-15-3751

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43280

Date: 1-26, 1993

From: Anthony Billups Address: 4755 Home Ave, Apt. 42, SD 92105

Three Hundred Fifty 70/100 Dollars ($ 350.00)

In _____ Payment of Interment of Demeatrice Gare

Lot 112 Grave 6 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10604

BALANCE DUE $1068.18

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	350	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

AC-212 (Rev. 1-91)

E 10604

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Demeatrice	—	Farr	MONTH/DAY/YEAR 8/16/1965	MONTH/DAY/YEAR 1/19/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Anthony Billupe-Brother 4755 Home Avenue #42 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶	1/22/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 2 2 1993	▶ Donald L. Powers, M.D. MPH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 1-27-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PA
1139645

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CORNELIUS McMAHON

in a LINER (Vault/Liner) Funeral, date, time Thur 1/28 2:00 P.M.

Church, Chapel, Graveside DEL ONLY : MERKLEY-MITCHELL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 128 Grave 5-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID IN FULL 2/3/93

P.A 1139649
Kim WHITE

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10605

Invoice # 213560

Acct. # 000952

PY-593 (Rev. 8-92)

E 10605

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CORNELIUS	—	MC MAHON	SEP 19, 1919	JAN 21, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEWLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	Ed Leach	JAN 26, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 26 1993	Donald A. Rowan, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA (2186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92-57-142	11B. DATE BURIED 1/28/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213560	02/03/93	000952	COUNTY OF SAN DIEGO			03/08/93	04-237765	386.00	386.00	0.00
10605			100	072	77181	000072		165.00		PAID IN FULL
			100	072	77182	000072		50.00		
			100	072	77183	000072		45.00		
			67007		77184			126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 1-26-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Deborah & Jeffrey Fowler

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 148 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	495.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Deborah J. Fowler
Signature

2596 Moorbath Dr
Address

San Diego 92123
City Zip Code

(619) 277-8260
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10606

PY-593 (Rev. 8-92)

E 10606

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11943

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO DEBORAH FOWLER & JEFFREY FOWLER for the sum of $ $795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 148; Grave 10; Section 2; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10606

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker - 12" x 24" flat marker only

Wendy Jo Teague
Cemetery Manager

J. T. Gessler
Property Director

PY-584 (Rev. 12-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43417

Date: 3-3, 1993

From: Jeffrey Fowler Address: 2596 Marett Dr S.D. ca 92123

Thirty-three Dollars ($ 33.00)

In part Payment of Pre Need Lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE $762.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 5653

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 11 1993
003241

ISSUED BY N. Perquen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

43526

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-30, 1993

From: Jeffrey Crowler Address: 2576 Monette Dr. S.D.

Thirty three Dollars ($ 33.00)

In part Payment of Pre Need Lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-16606

BALANCE DUE $729.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5655

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Lerque

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

43629

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: _____, 19____

From: Jeffrey Fowler Address: 2576 Mantle Dr. S.D. 92123

Thirty-three Dollars ($ 33.00)

In part Payment of Pre Need Lot

Lot 148 Grave 10 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE $2,376.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
5735

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

43753

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-2, 1993

From: Deborah Fowler Address: 2596 Mountain Dr. Td

Thirty-three [illegible] 00/100 Dollars ($ 33.00)

In _____ Payment of Pre-Need Lot

Lot 147 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5803

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

43853

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 1993

From: Jeffrey Fowler Address: 2576 Monette Dr, SD
Thirty-Three 70/12 Dollars ($ 33.00)

In _____ Payment of Pre Need Lot

Lot 148 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 5830

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44002

Date: 8-12, 1993

From: Jeffrey & Deborah Fowler Address: 2596 Monette Drive San Diego CA 92123

Thirty three 00/100 Dollars ($ 33.00)

In Payment of pre-need lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5885

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balaoing

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

44144

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 9-15, 1973

From: Deborah Fowler Address: 2596 Monette Dr. Sh

Thirty-Three 70/100 Dollars ($ 33.00)

In _____ Payment of Pre-Need Lot

Lot 148 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5932

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	33	00

44198

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-6, 1993

From: Deborah Fowler Address: 2596 Mantle Dr, 10

Thirty-Three 7 1/2 Dollars ($ 33.00)

In _____ Payment of Pre Need Lot

Lot 148 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5995

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

44304

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 11/5, 19 93

From: Jeff Fowler Address: 2596 Monette Dr. S.D. CA 92123

Thirty-three and 00/100 Dollars ($ 33.00)

In Part Payment of Pre-need lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE 495.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

AC-212 (Rev. 1-91) 6038

OFFICIAL RECEIPT

44434

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12/9, 1993

From: Deborah + Jeff Fowler Address: 2596 Monte Dr. CD 92123

Thirty-three and 00/100 Dollars ($ 33.00)

In Part Payment of Pre-need lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE $415.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

6088

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K E Hudell

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

44469

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12/27, 19 93

From: Fowler, Deborah Address: 2596 Yanette Dr. S.D. 92127

Thirty-three 00/100 Dollars ($ 33.00)

In Part Payment of Pre-need lot

Lot 148 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE 432.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#6129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44615

Date: 2/11, 19 92

From Jeff & Deborah Fowler Address: 2396 Monette Dr S.D. 92123

Thirty-three and 00/100 Dollars ($ 33.00)

In Cash Payment of Pre-need lot

Lot 148 Grave 10 Row Section 2 Division Block 17

Invoice No.

Acct. No.

W.O. E-10606

BALANCE DUE ~~309.00~~

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) #6201

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Hudson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

44692

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-4, 1994

From: Deborah Fowler Address: 2546 Mentor Dr. SD

Three Hundred Ninety Nine and 00/100 Dollars ($ 399)

In _____ Payment of Pre-Need Trust

Lot 148 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10606

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Pait

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	399	00

AC-212 (Rev. 1-91)

Send or bring one coupon with each remittance. **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deborah & Jeffrey Fowler

2596 MOnette Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Deborah Fowler

ADDRESS 2596 Monette Dr.

CITY San Diego STATE CA ZIP 92123

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT E-10606

Deborah & Jeffrey Fowler
2596 Monette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		10									

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Deborah Fowler

ADDRESS 2596 Monette Dr.

CITY San Diego STATE CA ZIP 92123

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deberah & Jeffrey Fowler

2596 MOnette Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on or before due date above ▶ $ 33.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT E-10606

Deborah & Jeffrey Fowler
2596 Monette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on; or before due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deborah & Jeffrey Fowler

2596 MOnette Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10									

Amount due when paid on or before due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT E-10606

Deborah & Jeffrey Fowler
2596 Nonette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deborah & Jaffrey Fowler

2596 Monette Drive E-10606

San Diego, CA. 92123

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT , E-10606

Deborah & Jeffrey Fowler

2596 Monette Drive

San Diego, Ca. 92123

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before, due date above: $ 33.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deborah & Jeffrey Fowler

2596 MOnette Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-WEED LOT E-10606

Deborah & Jeffrey Fowler
2596 Nonette Drive
San Diego, Ca. 92123-3509

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED SOT

Deborah & Jeffrey Fowler

2596 Monette Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than_____days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NUMBERED LOT E-10606

Deborah & Jeffrey Fowler
2596 Rosette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		10									

Amount due when paid on or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Deborah & Jeffrey Fowler
2596 Minette Drive E-10606
San Diego, Ca. 92123

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. FEE-HEAD LOT E-10606

Deborah & Jeffrey Fowler
2596 Monette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		10									

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT

Deborah & Jeffrey Fowler
2596 Mionette Drive E-10606
San Diego, Ca. 92123

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT E-10606

Deborah & Jeffrey Fowler
1596 Monette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Deborah & Jeffrey Fowler
1596 Monte Drive E-10606
San Diego, Ca. 92123

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10									

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT P-10606

Deborah & Jeffrey Vosler
2596 Hanette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		16						4			

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Deborah & Jeffrey Fowler
2596 NOcatte Drive E-10606
San Diego, Ca. 92123

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] [illegible]-10606

Deborah & Jeffrey Powler
2596 Monetre Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		16									

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. FEE-FREE LOT

Deborah & Jeffrey Fowler

2596 Mohatta Drive E-10606

San Diego, Ca. 92123

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		30									

Amount due when paid on or before due date above: $ 33.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PER-HEED LOT E-10606

Deborah & Jeffrey Fowler
2596 Monette Drive
San Diego, Ca. 92123

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		1.0									

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Deborah & Jeffrey Fowler
2506 Mimette Drive E-10606
San Diego, Ca. 92123

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before due date above ▶ $ 13.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-KEEP LOT E-10606

Deborah & Jeffrey Fowler
2596 Mosette Drive
San Diego, Ca. 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		16									

Amount due when paid on, or before, due date above. $ 36.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 1-26-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERA NORRIS

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 48 Grave 3 Row _____ Section 17 Division/Block 7

Grave space & Care Fund	Pre-Need (D-5421) 0
Additional spaces and care fund	
Opening/Closing & Setup	Pre-Need (D-5421) 0
Burial Container	Pre-Need (D-5421) 0
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 4328	45.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10607

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43282

Date: 1-26, 1993

From: Louise Ferguson Address: 3805 Massachusetts Ave, SE, Wash, DC

Forty Five 00/100 Dollars ($ 45.00)

In _____ Payment of Pre-Need Rec. Fee for Vera Norris

Lot 48 Grave 3 Row _____ Section 17 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-10607

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1498

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Latifu Knight

in a LINER (Vault/Liner) Funeral, date, time Fri, 1/29 1:30 PM

Church, Chapel, Graveside CHAPEL G.S. Rapdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Jeffrey M KnighA

War time veteran _____

Lot 52 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43283	1418.18
Balance due	0

PAID
JAN 26 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jeffrey M Knight
Signature
4216 SHIELDS PL
Address
SAN DIEGO CA. 92124
City Zip Code
565-8119
Telephone

Work Order # E 10608

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43283

Date: 1-26, 1993

From: Jeffrey Knight Address: 4216 Shields Pl., SD 92124

Fourteen Hundred Eighteen 18/100 Dollars ($ 1418.18)

In _____ Payment of Interment of Latifu Knight

Lot 52 Grave 7 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10608

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1418	18

AC-212 (Rev. 1-91)

E 10608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Latifu	Zabebu	Knight	2-3-78	1-22-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jeffrey M. Knight - Father 4216 Shields Place San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Latifu Knight	1-26-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 26 1993	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. 52-7-3-12 San Diego, CA	11B. DATE BURIED 1/29/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pliny Steward

in a ~~Redwood~~ T5 Vault Funeral, date, time Fri, 1/29 2:00 PM
Vault/Liner

Church, Chapel, Graveside Church + Grave - Calif Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 Graveside

will be applied and billed to undersigned. Jean Osby

War time veteran _____.

✓ Lot 42 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees — Pd in full	185.00
Flower vases – Marker setting fee	
Recording and filing fee — 2/3/93	4.50
Sales taxes	17.44
Total Due	1717.44
Paid receipt number 43285	430.00
Balance due	1287.44

30 Day Note

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jean Osby
Signature

3095 Olive View Rd
Address

Alpine, Ca 91901
City Zip Code

(619) 445-4386
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

✓ Work Order # E 10609

Invoice # 213564

Acct. # 076211

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10609

NOTE

$ 1287.44 San Diego, California 1-27 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Eighty Seven 44/100 DOLLARS with interest from February 28, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JEAN OSBY SIGNATURE Jean Osby

ADDRESS 3095 OLIVE VIEW RD., ALPINE, CA 91901

CALIFORNIA DRIVER LICENSE NUMBER D0594034 SSN # 284-28-4366

PY-1012 (11-89)

E 10609

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Pliny	—	Steward	6/28/1938	1/22/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Viola Steward-Mother 5554 Las Alturas San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	1/27/93

• ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 27 1993	[signature] Ronald L. Burns, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA 92-10-212	11B. DATE BURIED 1/29/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — Metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43285

Date: 1-27, 1993

From: Ina Jean Oday Address: 3095 Olive View Rd, Alpine Ca

Four Hundred Thirty 00/100 Dollars ($ 430.-)

In _____ Payment of Interment of Pliny Steward

Lot 42 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10609

BALANCE DUE $1287.44

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2740

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	430	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	430	00

213564	02/03/93	076211	JEAN OSBY			03/03/93 CK	0087	1,287.44	1,287.44	0.00
E 10609			100	072	77181	000072		350.00		PAID IN FULL
			100	072	77182	000072		225.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		286.00		
			100	072	77185	000072		185.00		
			60101		78390			17.44		
			67007		77184			179.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Use #6 Oversize Liner

Date 1-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Haywood L. Simmons Jr.

in a LINER #6 Vault/Liner Funeral, date, time Tue, 2/2 2:00pm

Church, Chapel, Graveside Church Graveside ; Rosedale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. [signature]

War time veteran No

Lot 82 Grave 1 Row Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	220. ~~170.00~~
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.05 ~~13.18~~
Total Due	1472.05 ~~1418.18~~
Paid receipt number	4326 1418.18
	43293 – $53.87
Balance due	-0-

PAID
JAN 28 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

PAID
JAN 29 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[signature]
Signature

802 BLACKWOOD DR.
Address

SAN DIEGO 92154
City Zip Code

690 4899
Telephone

Invoice #

Acct. #

Work Order # E 10610

PY-593 (Rev. 8-92)

E10610

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 274 S Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Haywood	Loyd	Simmons, Jr.	12-25-65	1-26-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Haywood Simmons, Sr. - Father 802 Blackwood Dr. San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	1-29-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 2 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENTOMBMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-2-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Teagle
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10610

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43286

Date: 1-28, 1993

From: Lorna Archangel Address: 466 Bethany St. SD

Fourteen Hundred Eighteen — 18/100 Dollars ($ 1418.18)

In _____ Payment of Interment of Haywood Simmons, Jr.

Lot 72 Grave 1 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10610

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	131	00
80% Sales of Lots	100 77184	526	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1418	18

AC-212 (Rev. 1-91) 410

E 10610

OFFICIAL RECEIPT

№ 43293

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-29, 1993

From: Hayward Simmons Jr. Address: 802 Blackwood Dr. SD 92154

Fifty Three 87/100 Dollars ($ 53.87)

In _____ Payment of Interment of Hayward Simmons Jr.
(additional for oversize liner)

Lot 82 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10610

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	50	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	87
TOTAL PAID	$	53	87

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Lorine Date 1-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE "LORRAINE" ENYEART

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10611

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Intermnt T
Pre-Need Trust

Date 1-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATTIE LORINE "LORRAINE" DORTCH ENYEART

in a DOUBLE CRYPT (Vault/Liner) Funeral, date, time MON 2-1-93 11:00AM

Church, Chapel, Graveside CHAPLE, G.S. : FEATHERING, LL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Rufus Enyeart

War time veteran NO.

Lot 53 Grave 3 Row _____ Section 4 Division/~~Block~~ 5

Grave space & Care Fund	1495.00
Additional spaces and care fund	
Opening/Closing & Setup ~~EACH~~ 2 @ 350 =	700.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee ~~EACH~~ 2 rec fee @ 45 =	90.00
Sales taxes	27.90
Total Due	2992.90
Paid receipt number 43287	2992.90
Balance due	0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Rufus Enyeart
Signature
3671 HIGHLAND AVE
Address
SAN DIEGO CA 92105
City Zip Code
619-284-0794
Telephone

Invoice # _____

Work Order # E 10612

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43287

Date: 1-28-93

From: Ryder Engeant Address: 3671 Highland Ave S.D. CA 92105

Two thousand nine hundred ninety two 90/100 Dollars ($ 2992.90)

In full Payment of Services for Mattie Engeant

Lot 53 Grave 3 Row Section 4 Division Block 5

Invoice No.

Acct. No.

W.O. E-10612

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 3646

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY A Ferguson

CREDIT 20% Sales Care	67007 77184	299	00
80% Sales of Lots	100 77184	1196	00
Opening/ Closing	100 77181	700	00
Burial Containers	100 77182	360	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	27	90
TOTAL PAID	$	2992	90

E 10612

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MATTIE	LORRAINE	ENYEART	10/15/1917	1/26/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rufus Enyeart Husband 3671 Highland Ave. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary, 6322 El Cajon Blvd San Diego, CA 92115	1083	▶ [signature]	1-29-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 0 1 1993	▶ Donald G. Romack, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 2-1-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HERMAN D. BLACKMAN

in a LINER (Vault/Liner) Funeral, date, time MON 2/1 11:00 AM

Church, Chapel, Graveside CHAPEL G.S. : GLENDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Essielene C. Casey

War time veteran _____.

Lot 115 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43289	1518.18
Balance due	0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Essielene C. Casey
Signature
754 E. 83rd St.
Address
Los Angeles, CA. 90001
City
1-213-751-5323
Zip Code
Telephone

Work Order # E 10613

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10613

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Herman	Delano	Bäckman	8-10-40	1-25-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ashland	Jackson	Elizabeth Bäckman – Wife 245 Toleman Creek Rd. Apt. 8 Ashland, Oregon 97520

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Esther Wallman	1-28-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 28 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-1-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43289

Date: 1-28, 1993

From: Esperanza C. Casey Address: 754 E 83RD St. L.A CA 90001

One thousand five hundred eighteen 18/00 Dollars ($ 1518.18),

In full Payment of Services for Herman Blackmon

Lot 115 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10613

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81) 1322

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT			
20% Sales Care	67007 77184	159	
80% Sales of Lots	100 77184	636	
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID		$ 1518	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elijah Ellis

in a Liner (Vault/Liner) Funeral, date, time 2/4-Thurs 1:30 pm

Church, Chapel, Graveside Church Grave-side : Rasdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. Eunice B Murry

War time veteran NO.

Lot 117 Grave 8 Row ____ Section 2 Division/[redacted] 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43292	1418.18
Balance due	0

PAID
JAN 29 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the ~~Eunice~~ Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Eunice B Murry
Signature

653 40th St
Address

San Diego 92102
City Zip Code

(619) 263 2342
Telephone

Invoice # ____

Acct. # ____

Work Order # E 10614

PY-593 (Rev. 8-92)

F 10614

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elige	—	Ellis	6-10-1900	1-26-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Nathan Ellis - Son 6176 Parkside Ave. San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Bertha Wilkes	1-27-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 02 1993	▶ Donald G. Romas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Jaeger	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43292

Date: 1-29, 1993

From: Eunice Murry Address: 653 No. 40th St. Sd, 92102

Fourteen Hundred Eighteen — 18/100 Dollars ($ 1418.18)

In _____ Payment of Interment of Elijah Ellis

Lot 117 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10614

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1418	18

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WALTER BOUCHEY ⊗ Tue

in a ASH VAULT (Vault/Urn) Funeral, date, time AYD ~~Mon~~ 2/2

Church, Chapel, Graveside DEL ONLY ; TODD MEMORIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 55 Grave 12 ~~10~~ Row _____ Section 3 Division/~~Block~~ 5

Grave space & Care Fund A 9015	⊗
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 43294	269.26
Balance due	⊗

PAID
JAN 29 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10615

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43294

Date: 1-29, 1993

From: Todd Memorial Address: 570 North Garey ave Pomona Ca 91767

Two Hundred sixty nine 26/100 Dollars ($ 269.26)

In full Payment of interment of Walter Boucher

Lot 55 Grave 11 Row Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E 10615

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 66492

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E 10615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 87yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WALTER	FRED	BOUCHEY	8/7/1905	1/21/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POMONA	LOS ANGELES	ELDON BOUCHEY - SON 1195 N. WASHINGTON POMONA, CA 91767

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ROOD MEMORIAL CHAPEL 570 N. Carey Ave., Pomona, CA 91767	110	▶	

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	JAN 25 1993	Robert C. Potts

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records 313 N. Figueroa St. Rm L-1 Los Angeles, CA 90012	San Diego County Hosp. P.O.Box 85222 San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 2-2-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pomona Valley Memorial Park 502 E. FRanklin, Pomona, CA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM THE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERTA HUGHES

In a LINER (Vault/Liner) Funeral, date, time WED 2/3 1:00 PM

Church, Chapel, Graveside GRAVESIDE : MERKLEY Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 68 Grave 4 Row _____ Section 17 Division/[redacted] 7

Grave space & Care Fund PRE NEED D-5539 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 13.18

~~Family~~ MORTUARY WILL BRING check

Total Due 723.18

Paid receipt number 43307 723.18

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

John E. Hughes
Signature

1574 Talpa Drive
Address

San Jose, Ca 9513
City Zip Code

(408) 942-5903
Telephone

Invoice # _____

Work Order # E 10616

Acct. # _____

PY-593 (Rev. 8-92)

E10616

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 73 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALBERTA	A.	HUGHES	JUL 21, 1919	JAN 29, 1993	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
WILSON BOROUGH	PA	ASHTON FUNERAL HOME 14TH AND NORTHAMPTON STREET EASTON, PA 18042

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Lesch	FEB 2, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 2 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 2-3-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

P.O. #1621071-01 8/21/91*

H105.012-(Rev. 3/80)
Commonwealth of Pennsylvania
Division of Vital Records

PERMIT

Burial or Other Disposition of a Dead Human Body

Full Name of Deceased	Date of Birth	Age	Sex	Date of Death
Alberta A. Hughes	7/21/1919	73	female	1/29/1993

Cause of Death	Veteran Status (Yes or No)	Race
Atherosclerotic Heart Disease	No	White

Place of Death	City, Borough, Township	County
Easton Hospital	Wilson Borough	Northampton

Authorized Disposition (Check appropriate box)

Burial	Cremation	Humanity Gifts	Removal	Shipment by Common Carrier
X				X

Name of Common Carrier:

Disinterment	Date of Disposition	Name of Cemetery or Crematory	County (If in Pa.)
	2/3/1993	Mt. Hope Cemetery	
Reinterment		Address: San Diego, CA	City, Borough, Township

I certify that I have met all the requirements of the Vital Statistics Laws and Regulations.

P. Kleve Asla
Signature of Person in Charge of Interment

14th & Northampton Sts, Easton, Pa. 18042
Address

I certify that a death certificate has been filed as required by laws of the state. Permission is hereby given to the Person in Charge to transport and/or make final disposal of the remains.

Sandra P. Vilcaro
Signature of Registrar — Date Issued

Mail To:

Division of Vital Records
P. O. Box 1528
New Castle, Pennsylvania 16103

I certify that the deceased name above was buried or cremated in the cemetery or crematory named.

Wendy J. Teague — 2-3-93
Signature of Cemetery Official — Date

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102
Address

See Reverse Side for Regulations

E10616

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43307

Date: 2-3 , 1993

From: Merkley-Mitchell Address: 3655 7th ave S.D.

seven hundred twenty-three 18/100 Dollars ($ 723.18)

In full Payment of services for Alberta Hughes

Lot 68 Grave H Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-10616

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
13289

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY A. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE WILLIAMS Pin 184198

in a LINER (Vault/Liner) Funeral, date, time TUE 2/2 11:00 AM

Church, Chapel, Graveside CHAPEL, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. Jonathan Knight

War time veteran NO.

Lot 65 Grave 2 Row ____ Section 3 Division/Block 12

Grave space & Care Fund PRE NEED E-5983 $25.00 #34537 $20.00 #43296 $55.00 105.00

Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	828.18
Paid receipt number	
Balance due	

This is paid in full @ Treasurer office on 4/13/07 see attached receipt

30 DAY Note

I hereby certify I am the Jonathan Knight of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Jonathan Knight
Signature

2373 IRVING St
Address

City S. D. Zip Code 92113
Telephone

Invoice # 213562

Acct. # 076212

Work Order # E 10617

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10617

NOTE

828.18 San Diego, California Feb 2 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred-twenty-eight 18/100 DOLLARS with interest from March 2 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JANKIN Knight SIGNATURE Jankin Knight

ADDRESS 2323 IRVING St

CALIFORNIA DRIVER LICENSE NUMBER R0542479 SSN # 562-78-5159

PY-1012 (11-89)

E 10617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 45yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Annie	Ruth	Williams	4-19-47	1-26-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Marcus J. Williams - Son 475 S. Meadowbrook Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Arthur Williams	1-24-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 2 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-2-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
✓ TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10617

CITY OF SAN DIEGO
MEMORANDUM

DATE: 11/4/08

TO: MT HOPE

FROM: Leonardo Jimenez, Accounts Receivable Account Audit Clerk

SUBJECT: Overpayment Invoices

On 4/16/2007 a payment was applied on this invoice resulting in an overpayment:

INVOICE # 213562 ACCOUNT # 076212

CUSTOMER NAME: JANKEN KNIGHT

OVERPAYMENT AMOUNT $ 45

Fund: 63021 Account: 90222

Since your department has issued this invoice we need for you to instruct us on exactly how to handle this overpayment. Please check one of the following and include a DP if necessary.

_____ Refund overpayment to payee. Include DP using **Fund 63021 Acct 90222**.
Also, please note acct # and inv # on DP
*** Attach DP to this form for processing and mail to Leonardo Jimenez at MS 7A.

_____ Apply Overpayment to the following outstanding invoice(s).

INVOICE #	ACCOUNT#	NAME	AMOUNT

_____ Customer regularly invoiced, issue credit memo to account _____

It is important that I receive your response by 11/**14/08**.

If you have any questions or need further assistance with any Accounts Receivable processing, please contact Leonardo Jimenez at 619-235-5822. I appreciate your timely assistance in this matter.

INVOICE: **213562** INV TOTAL: 828.18

ACCOUNT: 076212 NAME: JANKEN KNIGHT

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
08/11/03	08/08/03	40.33		TC99941
11/17/03	11/13/03	40.00		TC99941
04/16/07	04/13/07	542.85		TC99941

DEPRESS PA1 KEY FOR NEXT SCREEN

619(846.6109)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilma Sobek (AKA ENGLE

in a _____ Vault/Liner Funeral, date, time Fri 2/5 11:00AM

Church, Chapel, Graveside GRAVESIDE Telephone Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran NO

Lot 343 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund Pre-Need (D-1373) 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

PAID
FEB 05 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

FAMILY will check 2/5 BRING

Total Due 150.00

Paid receipt number 43323 150.00

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

7589 Seton Hall St.
Address

La Mesa, CA 91942
City Zip Code

462-9157
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10618

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

CITY AUDITOR
008462
FEB 19 1993

№ 43323

Date: 2-5, 1993

From: Ralph P. Sobek Address: 7589 Seton Hall St. L.M. CA 91942

One hundred fifty and xx/100 Dollars ($ 150.00)

In Full Payment of Interment Wilma Engle Ø

Lot 343 Grave _____ Row _____ Section 4 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E 10618

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 3041

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	—

XX 058

E 10618
41174

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 6945

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wilma	C.	Engle	08/18/1925	01/27/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ralph Sobek (Son) 35 Ave de L'urss/F-31400 Toulouse, France

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
The Telophase Society, 1545 Hotel Circle South, #390, San Diego, California 92108	F-1272	▶ Michelle Carlin	2/1/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 - 1993	▶ Donald L. Rumsey, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92113	11B. DATE BURIED 2-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremar Crematory, 2299 Manchester Blvd. Anaheim, California 92802	12B. DATE CREMATED 2/4/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LORISE JOHNSON

in a Liner (Vault/Liner) Funeral, date, time THURS, 2/4 NOON

Church, Chapel, Graveside Chapel + Grave-Side Calif Burial (Jeanette) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran No.

Lot 796 Grave 711 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	445.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	140.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	768.18
Paid receipt number 43322	768.18
Balance due	

Mortuary to pick up Check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10619

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

NO 43322

Date: 2-4, 1993

From Cal. Burial Address: 5602 El Cajon Bl S.D. ca 92115

Seven Hundred sixty-eight 00 Dollars ($ 768.18)

In full Payment of Service for Larisa Johnson

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10619

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 5465

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	57007 77184	[illegible]	00
80% Sales of Lots	100 77184	[illegible]	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	[illegible]	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID		$ 768	18

E 10619

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 5495

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lorise	—	Johnson	3/28/1938	1/29/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gerry Ann Williams-Executor 4233 47th Street #1 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel , 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	2/2/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 1993	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 2-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal w/ sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALFRED E. BENSON

in a T.S. VAULT (Vault/Liner) Funeral, date, time Fri 2/5 11:AM

Church, Chapel, Graveside CHAPEL & G.S. : EL CAJON Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Barbara Kaun

War time veteran NO.

Lot 1467 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund PRE NEED E-3327	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	782.44
Paid receipt number 43306	195.00
2-23-93 INV. NO. 213882 Balance due	587.44
	537.44

30 day note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Barbara Kaun
Signature

529 Sunshine
Address

El Cajon 92020
City Zip Code

442-5214
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 213882

Acct. # 076270

Work Order # E 10620

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10620

NOTE

$ 587.44 San Diego, California Feb 3 1973

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Five hundred eighty-seven 44/100 DOLLARS with interest from March 5 1973 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Emma Benson SIGNATURE Emma M. Benson

ADDRESS 329 Sunshine Ave El Cajon Ca 92020

CALIFORNIA DRIVER LICENSE NUMBER Y0052585 SSN #

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43306

Date: 2-3, 1973

From: Emma Benson Address: 529 Sunshine Ave el Cajon ca

One hundred ninety-five 00/100 Dollars ($ 195.00)

In part Payment of Services for Alfred Benson

Lot 1467 Grave — Row — Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E-10620

BALANCE DUE 587.44

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

363

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	195	00

E 10620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8295

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Alfred	Ellsworth	Benson	1/17/1911	2/2/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santee	San Diego	Emma Benson - Wife 529 South Sunshine Avenue El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S Mollison Ave - El Cajon, CA 92020	FD - 1022	▶ Elmer W. Turbant	4 FEB. 93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	FEB 0 4 1993	▶ Donald L. Russell M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery/3751 Market St San Diego, CA 92102	11B. DATE BURIED 2-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Hackel
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Wood N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10620

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

EMMA BENSON
529 SUNSHINE AVENUE
EL CAJON CA 92020

ACCT NO
076270

TREASURERS USE ONLY

PAYMENT DATE 2-23-93 (HD)
BY: CA (CK) IF

PAYMENT REF NO 377 AMT PAID: 587.44

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/09/93	03/11/93	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10620
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ALFRED BENSON SERVICE	
OPENING/CLOSING	350.00
T. S. VAULT	225.00
HANDLING FEE	145.00
RECORDING FEE	45.00
TAX ON VAULT	17.44
LESS PAYMENT - REC	195.00-
TOTAL DUE	587.44

PAID
FEB 23 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 213882

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William White, Sr.

in a T.S Vault (Vault/Liner) Funeral, date, time Fri, 2/5 1:30pm

Church, Chapel, Graveside Church + Grave-Side ; Razzdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran _____.

Lot 60 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	
Paid receipt number _____	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10621

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/3/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence Thumith (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 2/3 AYD

Church, Chapel, Graveside Del. Only ; Humphrey (Gail) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 1831 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need (D-1450)	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Old Pre-Need (D-1450)	Ø
Burial Container	" "	Ø
Handling Fees	" "	Ø
Flower vases – Marker setting fee		
Recording and filing fee	" "	Ø
Sales taxes	" "	Ø
	Total Due	
	Paid receipt number	
	Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

D.C. Salyman (Humphrey)
Signature

855 Broadway
Address

Chula Vista
City Zip Code

425-9111
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10622

PY-593 (Rev. 8-92)

E 10622

Name of Mortuary _____

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody of the herein named deceased and have the legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: LAWRENCE THUMITH

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agrees to indemnify and hold harmless the above named mortuary, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named mortuary, shall be held harmless from any defects or faults of any container not supplied by the mortuary.

Dated this 2 day of 24 19 93.

Address: Mt. Hope Cem.
Street City State Zip

Signature: Norman L Ferguson — Clerk. Mt. Hope
Authorized Representative — Relationship to Deceased

Signature: A. C. Talbert — Humphrey Mort.
Authorized Representative — Relationship to Deceased

WHITE MORTUARY COPY - CANARY CUSTOMER COPY

E 10622

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LAWRENCE	EARL	THUMITH	08-08-1909	02-03-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	John L. Whitney - Nephew 5275 Northridge Avenue San Diego CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J. King	2-4-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED *IN THIS PERMIT.*
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 5 1993 ▶	Donald L. Bonds, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 2-26-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda, Inc. 14065 Old Highway 80, El Cajon CA	12B. DATE CREMATED 2/12/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Gary Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph B. Brown

in a LINER (Vault/Liner) Funeral, date, time Mon. 2/8 2pm

Church, Chapel, Graveside Church, G.S. ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. _____

War time veteran No.

Lot 1211 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... preneed D1284	0
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container	170.—
Handling Fees	145.—
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number	
Balance due	

60 day note

I hereby certify I am the + DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

+ J Shipley
Signature of recorded holder of deed

J Shipley
Signature

3005 38 ST
Address

SAN DIEGO CALIF
City Zip Code

284 7247
Telephone

Invoice # 213880

Acct. # 076268

Work Order # E 10623

PY-593 (Rev. 8-92)

E 10623
1/17/1972
5982

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Josie V. Shipley for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1211 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1284

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Single grave purchase - Standard flush marker 12" X 24"

R. W. Dehne /RDD
Cemetery Manager

Director of Parks and Public Facilities

PW-584 (REV. 5-70)

MT. HOPE CEMETERY

W.O. # E 10623

NOTE

$ 723,18 San Diego, California 2-8- 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven hundred twenty three 18/100 DOLLARS with interest from April 8, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME SHIPLEY JOSIE SIGNATURE > Shipley

ADDRESS 3005 38 ST SAN DIEGO CALIF 92105

CALIFORNIA DRIVER LICENSE NUMBER S1432186 SSN # 547 46 8782

PY-1012 (11-89)

E 10623

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Joseph	B.	Brown, Sr.	11/30/1914	2/2/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joseph Brown, Jr.-Son 3005 38th Street San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	2/8/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 8 1993	▶ [signature] M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 2-8-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust
Lot + Trust

Date 2/4/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Seth Gandy

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 134 Grave 9 Row _____ Section 1 Division Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number	
Balance due	

Person Never Returned to Complete the arrangements

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10624

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot + Trust

Date 2/4/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henrietta Snowden

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 111 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43319	1418.18
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Delia Torrence
Signature

1924 Parkland way
Address

San Diego, Ca 92114
City Zip Code

619-267-5642
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10625

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43319

Date: 2/4, 1993

From Delia Torrence Address: 1924 Parkland Way, SD

Fourteen Hundred Eighteen 18/100 Dollars ($ 1418.18)

In _____ Payment of Pre-Need Lot + Trust Henrietta Snowden

Lot 111 Grave 8 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10625

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	13	18
TOTAL PAID	$	1418	18

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A. 1140167

Date 2-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JESUS VILLANUEVA

in a LINER (Vault/Liner) Funeral, date, time Wed 2/10 11:00 AM

Church, Chapel, Graveside DEL ONLY : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 70 Grave 4-b Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

Roma

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 21420

Work Order # E 10626

Acct. # 000952

PY-593 (Rev. 8-92)

E 10626

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jesus	—	Villanueva	03/05/1956	11/21/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Ranchita	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral facility permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶	02/15/1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$8.00	FEB 16 1993	▶ Donald L. Rand, M.D. M.P.H.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—CODE ACCORDING TO CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 2-17-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE SCOTT Mc CLINTON

in a LINER (Vault/Liner) Funeral, date, time TUE 2/9 11:00 AM

Church, Chapel, Graveside CHAPEL & G.S. ; RABSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Henry McClinton

War time veteran NO.

Lot 192 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number #43324	380.00
#43335 Balance due	1138.18

PD IN FULL 2/18/93

30 DAY NOTE

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Henry Mc Clinton
Signature

5291 Santa Maria Terr.
Address

San Diego 92114
City Zip Code

264-1745
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10627

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10627

NOTE

$ 1,138.18 San Diego, California Feb. 5 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand One hundred thirty-eight 18/100 DOLLARS with interest from March 9 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Henry McClinton SIGNATURE Henry McClinton

ADDRESS 5291 Santa Maria TERRACE

*CALIFORNIA DRIVER LICENSE NUMBER B0756952 CA SSN # 434 05 0447

PY-1012 (11-89)

E10627

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Annie	Scott	McClinton	2-13-21	2-4-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Henry McClinton - Husband 5291 Santa Maria Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Wilcox	2-8-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 8 1993	▶ Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal - sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

214120	02/18/93	000952	COUNTY OF SAN DIEGO			03/08/93	CK	04-237765	386.00	386.00	0.00
E-10627			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

NUMBER OF INVOICES PAID 5
TOTAL AMOUNT PAID 3,249.00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43324

Date: 2-5, 1973

From: Dorthy Brown Address: 5918 altmont Dr S.D. 92139

Three hundred eight Dollars ($ 380.00)

In part Payment of Services for Annie Scott McClinton

Lot 192 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10627

BALANCE DUE 138.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2751

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007	~~[illegible]~~
20% Sales Care	77184	
80% Sales of Lots	100 77184	380 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	380 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43335

Date: 2-8, 1973

From: Henry Mc Clinton Address: 5291 Santa Maria Terr. S.D. 92114

One thousand one hundred thirty-eight + 18/100 Dollars ($ 1138.18)

In full Payment of Services for Connie Scott Mc Clinton

Lot 792 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10627

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1906149

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Ferguson

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	13	18
TOTAL PAID		$1,138	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BELAYNEH Terefe PA#1140140

in a Liner (Vault/Liner) Funeral, date, time Tue 2/9 2pm

Church, Chapel, Graveside DEL Only ; Rapidale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 65 Grave 2B Row _____ Section 1 Division Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees PD IN FULL	
Flower vases – Marker setting fee	
Recording and filing fee 2/3/93	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

Roma

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 213879

Work Order # E 10628

Acct. # 000552

PY-593 (Rev. 8-92)

E 10628

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 27y's Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Belayneh	Taddesse	Terefe	2-13-65	1-29-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Admasu A. Agiro - Cousin 4316 Altadena Ave. Apt. 8 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	2-8-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 0 8 1993	Donald A. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy J. Leach	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Blue Cloth Covered N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213879	02/09/93	000952	COUNTY OF SAN DIEGO			03/08/93	CK	04-237765	386.00	386.00	0.00
E-10628			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BELAYNEH TERESE PA#

in a LINER (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside DEL ONLY : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10629

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delmar French PA # 11139967

in a Liner (Vault/Liner) Funeral, date, time Wed 1pm 2/10

Church, Chapel, Graveside Abbey Oaks : Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 65 Grave 2T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

PD IN FULL 2/11/93

Lee Tenney

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 213933

Work Order # E 10630

Acct. # 000952

PY-593 (Rev. 8-92)

E 10630

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DELMAR	E.	FRENCH	MAR 25, 1930	JAN 28, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ [signature]	FEB 9, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 9 - 1993	▶ [signature] M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 2-10-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

213933	02/11/93	000952	COUNTY OF SAN DIEGO			03/08/93	04-237765	386.00	386.00	0.00
E-10630			100	072	77181	000072		165.00		PAID IN FULL
			100	072	77182	000072		50.00		
			100	072	77183	000072		45.00		
			67007		77184			126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guadalupe Bustos

in a T.S. Vault (Vault/Liner) Funeral, date, time Thur 2/11 - 10:00

Church, Chapel, Graveside chapel + G.S. ; Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned [signature]

War time veteran _____

Lot 2031 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number Aux. Inv.	822.44
Balance due	0

PAID
FEB 12 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day NOTE

PAID 02/11/93

2/12/93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Doris C. Boyd by
Signature of recorded holder of deed

James A. Marcel P.O.A.

Signature

Address

City Zip Code

Telephone

Invoice # 213931

Acct. # 076314

Work Order # E 10631

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10631

NOTE

$ 822.44 San Diego, California 2/9 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Twenty Two 44/100 DOLLARS with interest from March 11, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Vicente Bastos SIGNATURE [signature]

ADDRESS 2432 ULRIS ST S.D., CA 92111

CALIFORNIA DRIVER LICENSE NUMBER A 7883525 SSN # None

PY-1012 (11-89)

E 10631

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 076314

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 2/12/93 H.D.

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $822.44

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Vicente Bustos

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS Jlena - MS#72

CASHIER

INV. NO. 213931

TR-1501 (2-92)

E 10631

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 30 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GUADALUPE	ARREGUIN	BALDERAS	07-14-1962	02-07-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA	MEXICO	VICENTE BUSTOS, HUSBAND 2432 ULRIC STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD-1126	▶ Athena Markos	2-10-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 10 1993	▶ Donald M. Rumsey, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Tracy	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY METAL NON SEALER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

POWER OF ATTORNEY

E 1063

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, *Doris E. Boyd*,

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Grave 2031, Division 10, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.
WITNESS my hand this _____ **day of** _____, 199__.

X Doris E. Boyd

STATE OF ~~CALIFORNIA~~ ARIZONA
COUNTY OF Yavapai } ss.

On this 2 day of July, in the year of 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared DORIS E. BOYD
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name IS subscribed to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

Veri L. Cross
Notary Public in and for said State.

E 10631

6/2/1972

6206

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Doris E. Boyd for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2031 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1798

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Single grave purchase - Standard flush marker 12" X 24"

R. W. Dehne
Cemetery Manager

William Gerhardt
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

213931	02/11/93	076314	VICENTE BUSTOS			02/12/93	CA	822.44	822.44 0.00
			100	072	77181	000072		350.00	PAID IN FULL
			100	072	77182	000072		225.00	
		E-10631	100	072	77183	000072		45.00	
			100	072	77185	000072		185.00	
			60101		78390			17.44	

NUMBER OF INVOICES PAID 8
TOTAL AMOUNT PAID 5,403.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifford Jones

in a LINER (Vault/Liner) Funeral, date, time Tue 2/16 11:00AM

Church, Chapel, Graveside Chapel Graveside; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Mary Easley

War time veteran No.

Lot 44 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Pre-Need E-6205	0
Additional spaces and care fund ...	
Opening/Closing & Setup ... Pre-Need E-6205	0
Burial Container ...	0
Handling Fees ...	0
Flower vases – Marker setting fee ...	
Recording and filing fee ...	0
Sales taxes ...	0
Total Due ...	0
Paid receipt number _____	
Balance due	

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mary Easley
Signature

3981 Hemlock St.
Address

San Diego Ca. 92113
City Zip Code

619-262-1653
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10632

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10632

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 82 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clifford	Elaine	Jones	8-14-10	2-9-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary Easley - Daughter 3981 Hemlock St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Wilson	2-11-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 12 1993	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Tiegard	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal not sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CASKET SIZE
20L X 11 3/4

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DARYLLE C. JACKSON

in a None Required (Vault/Line) Funeral, date, time Fri 2/12 12:00 N

Church, Chapel, Graveside GRAVESIDE : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Cynthia M. Hambal

War time veteran NO.

Lot 2804 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	$100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$270.00
Paid receipt number #43358	135.00
Balance due	$135.00

30 DAY Note

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Cynthia M. Hambal
Signature

14077 Menlo Ave #3
Address

San Diego, CA 92105
City Zip Code

Hm 584-3549 / WK 541-3684
Telephone

Invoice # 214072

Acct. # 076381

Work Order # E 10633

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10633

NOTE

$ 135.00 San Diego, California 2-11 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One hundred thirty-five DOLLARS with interest from March 12 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Cynthia M. Hanibal SIGNATURE Cynthia M. Hanibal

ADDRESS 4077 Menlo Ave. #3, San Diego CA 92105-1945

CALIFORNIA DRIVER LICENSE NUMBER E0719629 SSN # 561-94-4251

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43358

Date: 2-11, 1993

From: Cynthia Hanibal Address: 6134 Dracaena Ct. S.D. Ca 92114

One hundred thirty-five Dollars ($ 135.00)

In part Payment of Service for Dorylle C. Jackson

Lot 2804 Grave Row Section 1 Division ~~Block~~ 9

Invoice No.

Acct. No.

W.O. E-10633

BALANCE DUE $ 135.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2795

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	35	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

E 10633

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 5 months

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Darylle	Cornelius	Jackson, Jr.	8-7-92	2-5-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Angela Colp--Mother 4645 Home Park Village San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	2/10/93

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 10 1993	▶ [signature] Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records
P.O. Box 85222 San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market San Diego, CA	11B. DATE BURIED 2-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAFAEL L. BALDONADO X

in a ASH NICHE (Vault/Liner) Funeral, date, time FRI 2/12 1:00 PM

Church, Chapel, Graveside GRAVESIDE : FAMILY Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Mary L DeLanda

War time veteran _____.

Lot Niche Grave 2 Row 4 Section 2 Division/~~Block~~ 9

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	85.00
Burial Container	
Handling Fees	
Flower vases – ~~Marker setting fee~~ ENGRAVING FEE	60.00
Recording and filing fee	45.00
Sales taxes	
Total Due	$ 440.00
Paid receipt number 43360	440.00
Balance due	0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mary L DeLanda
Signature

5151 Rolin St
Address

San Diego Ca 92114
City Zip Code

(619) 263-2494
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10634

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43360

Date: 2-11, 1993

From: Rafael Baldonado Address: P. O. Box 5270

Four hundred fourty Dollars ($ 440.00)

In full Payment of @ Service for Rafael Baldonado

Lot ____ Grave 3 Row 4 Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10634

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

355

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181	85	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	105	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	440	00

E 10634

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAFAEL	L.	BALDONADO	FEB 15, 1904	JAN 28, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DELIA BERRANCE, DAUGHTER 3504 HIGHLAND AVENUE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERCLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ [signature]	FEB 1, 1993

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 2 1993	▶ [signature] Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	1700 FLOWER STREET, BAKERSFIELD, CA 93305-4198

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [X] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, Ca. 92102	11B. DATE BURIED 2-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	12B. DATE CREMATED 2/4/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION RESIDENCE OF SON, RICARD BALDONADO, 1312 WEAVER AVE, DELANO, CA (KERN COUNTY)	15B. DATE OF DISPOSITION 2-9-93	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leticia Moreno 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CRYSTAL LYNN BARNEY

In a LINER (Vault/Liner) Funeral, date, time TUE 2/16 10:AM

Church, Chapel, Graveside CHAPEL, G.S. : CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Lary Barney

War time veteran NO.

Lot 60 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	$ 13.18
Total Due	1418.18
Paid receipt number #43362	355.00
Balance due	$ 1063.18

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Larry D Barney
Signature
704 Parkway Dr. #115
Address
Colton, CA 92324
City Zip Code
(909) 825-2791
Telephone

Work Order # E 10635

Invoice # 214073

Acct. # 076380

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10635

NOTE

$ 1063.18 San Diego, California Feb 16 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand sixty three 18/100 DOLLARS with interest from March 16 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME GARY D. BARNEY SIGNATURE Gary D Barney

ADDRESS 204 Fairway Dr. # 115 Colton, CA. 92324

CALIFORNIA DRIVER LICENSE NUMBER C6595953 SSN # 530-44-7631

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43362

Date: 2-11, 19 93

From: Gary Barney Address: 904 Fairview Dr. Colton Ca 92324

Three hundred Fifty-five Dollars ($ 355.00)

In part Payment of Services for Crystal Lynn Barney

Lot 60 Grave 7 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10635

BALANCE DUE $1063.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3518

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	355	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

E 106 35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 22yrs

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CRYSTAL	LYNN	BARNEY	2-1-1971	2-7-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	GARY D. BARNEY - FATHER 904 FAIRWAY DRIVE, #115 COLTON, CA 92324

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY .7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ Karen Wagner	2-12-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 12 1993	▶ Arnold L. Pearce, M.D. SD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eddie Hollingsworth, Jr. (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs 3/4 1:00pm

Church, Chapel, Graveside Graveside - Calif Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Rubie J Jackson

War time veteran _____.

Lot 21 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need	6
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number #43375	269.26
Balance due	0

I hereby certify I am the Sister Rubie J Jackson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent *that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from* any liability on account of said authorization and interment.

Rubie J Jackson
Signature
4889 Ocean View Blvd
Address
San Diego CA 92113
City Zip Code
262-1227 Pager 290-6568
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10636

Acct. # _____

PY-593 (Rev. 8-92)

E 10636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eddie	- - -	Hollinsworth Jr	6/3/43	2/10/93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chino	San Bernardino	Rubie Jackson - Sister 4889 Ocean View Blvd San Diego, CA

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd, San Diego, CA 92115	F-1357	▶ Willie Card	2-16-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7937b of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	2/16/93	▶ SR Peterson, MD 1782

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
351 Mt View Avenue San Bernardino, CA	P. O. Box 85222 San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

* COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 3-4-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Temple	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Old Hwy 80, El Cajon, CA 92021	12B. DATE CREMATED 2/24/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E10636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eddie	- - -	Hollinsworth Jr	6/3/43	2/10/93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chino	San Bernardino	Rubie Jackson - Sister 4889 Ocean View Blvd San Diego, CA

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd, San Diego, CA 92115	F-1357	▶ Willa Card	2-16-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	2/16/93	B R Peterson, MD/HSO

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
351 Mt View Avenue San Bernardino, CA	P. O. Box 85222 San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Old Hwy 80, El Cajon, CA 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E10636

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43375

Date: 2-18, 1993

From Cal. Burial Address: 5602 El Cajon Bl S.D. 92115

Two Hundred sixty-nine 26/100 Dollars ($ 269.26)

In full Payment of Services for Eddie Hollingsworth

Lot 21 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10636

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 5524

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

008837

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANNIE RUTH KING

in a LINER (Vault/Liner) Funeral, date, time WED 2/17 1pm

Church, Chapel, Graveside CHAPEL, G.S. ; RAESDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Hazel Smith

War time veteran _____.

Lot 146 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number #43364	350.00
Balance due	1168.18

30 DAY NOTE

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

1-10-96 paid per Greg Wade

Hazel Smith
Signature

4777 Ast. #5
Address

San Diego CA. 92102
City Zip Code

619-264-7759
Telephone

Work Order # E 10637

Invoice # 214121

Acct. # 076393

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10637

NOTE

$ 1168.18 San Diego, California 2-12 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred sixty-eight DOLLARS with interest from March 17 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME HAZEL Smith SIGNATURE Hazel Smith

ADDRESS 4777 Ash. #5 S.D. CA. 92102

CALIFORNIA DRIVER LICENSE NUMBER J0781099 SSN # 571-56-4018

PY-1012 (11-89)

E 10637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Annie	Ruth	King	4-14-12	2-11-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hazel Smith - Daughter 4777 "A" St. Apt. 5 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	15 Feb 93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 16 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 2-17-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

214121	02/18/93	076393	HAZEL SMITH			03/02/93	CA	300.00	1,168.18	868.18
E-16637			100	072	77181	000072		89.88		PARTIAL PAYMENT
			100	072	77182	000072		43.66		
			100	072	77183	000072		11.56		
			100	072	77184	000072		73.45		
			100	072	77185	000072		37.24		
			60101		78390			3.38		
			67007		77184			40.83		

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43364

Date: 2-12, 1923

From: Hazel Smith Address: 4777 Ot 45 S.D. 92102

Three Hundred fifty Dollars ($ 350.00)

In part Payment of Services for Annie Ruth Travis

Lot 146 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10637

BALANCE DUE $ 1148.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

008838

ISSUED BY R Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	350	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/16/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Watt (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri, 2/19 11:30 AM

Church, Chapel, Graveside Graveside ; McCloud Mortuary. 745-2100 - Sherry

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 6 Grave 8 Row — Section MAS Division/~~Block~~ L

Grave space & Care Fund	Pre-Need E-4886	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-6447	Ø
Burial Container	" "	Ø
Handling Fees	" "	Ø
Flower vases – Marker setting fee		
Recording and filing fee	" "	Ø
Sales taxes	" "	Ø
Total Due		Ø
Paid receipt number		
Balance due		

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10638

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43367

Date: 2-16, 19 93

From: David Vialpando Address: 404 Encanto Blvd #462, Encanto

Sixteen Hundred Seventeen 44/100 Dollars ($ 1517.44)

In Payment of INTERMENT of Daniel Vialpando

Lot 119 Grave 6 Row 1 Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10639

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev 1-91) 170

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	139	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390	117	44
TOTAL PAID	$	1517	44

#17426 Date Rec 2-16-93 E10638

ATTACH BOOKLET HERE

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of _____ (hereinafter referred to as the "Deceased").
Name of Deceased

I/We hereby request and authorize _____ (hereinafter referred to as the "Funeral Home") to take
Name of Funeral Home

possession of and make arrangements for the cremation of the remains of the Deceased at Eternal Hills 24 HR (hereinafter referred to as the "Crematory").
Name of Crematory

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe _____

Description of urn or container selected: COPPER color Suitable for shipping: ☐ Yes ☐ No

☐ Deliver to _____ Cemetery
Name and Address of Cemetery

☐ Release to family _____
Name of Designated Family Member to Receive Cremated Remains

☐ Scattering at sea by Funeral Home or Funeral Home's agent

☐ Ship via _____

To: Name _____ Address _____

☒ Other Return To McLeod Mort In Plastic Urn GD

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.

2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion. I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ DO NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.
Please initial one.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

_____ Description of Implanted Device — _____ Disposition

_____ Description of Implanted Device — _____ Disposition

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.

4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.

5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.

6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.

8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.

9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.

11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed, for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.

12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.

13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.

14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process. I/We acknowledge receiving, from the Funeral Home, a copy of the booklet entitled "Cremation Facts" containing additional explanatory information about the cremation process.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document, and that I/we have received the booklet entitled "Cremation Facts".

Signature _____ Howard Scott Watt Jr. HOWARD SCOTT WATT JR HUSBAND
Print Name Relationship to Deceased

Address 2200 East Valley Pkwy Esc. Ca. 92025 Tel. No. ( )
Street City State Zip

Signature _____
Print Name Relationship to Deceased

Address _____ Tel. No. ( )
Street City State Zip

WITNESS: _____ SHERIE COX Date: 2-16, 19 93
Signature Print Name

McLeods 1998
Name and Address of Funeral Home

WHITE: Crematory Copy YELLOW: Cemetery Copy PINK: Funeral Home Copy GOLD: Family Copy

FORM NO. 631 Rev. 2/92

E10638

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

#17426

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gladys	M.	Watt	12-8-1916	2-9-1993	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Howard Watt Husband 2300 E. Valley Pkwy., Sp. 150 Escondido, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McLeod Mortuary Escondido Chapel 1919 E. Valley Pkwy., Escondido, CA	FD 299	▶	2-16-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 16 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 2-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D. Tennyson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Eternal Hills Crematory 1999 El Camino Real, Oceanside, CA	12B. DATE CREMATED 2-18-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/16/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANIEL VIALPANDO

in a T.S Vault (Vault/Liner) Funeral, date, time Fri, 2/19 9:00AM

Church, Chapel, Graveside Graveside Merkley-Mack Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 119 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number	43367 1517.44
Balance due	0

PAID
FEB 16 1993
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

404 Encinitas Bl. # 462
Address

Encinitas 92024
City Zip Code

(619) 943-0657
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10639

Acct. # _____

PY-593 (Rev. 8-92)

E 10639

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	JOSEPH	VIALPANDO	SEP 12, 1968	FEB 11, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	DAVID VIALPANDO, BROTHER 404 ENCINITAS BLVD, #462 ENCINITAS, CA 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	Ed Lasser	FEB 17, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 17 1993	Donald G. Romas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCA... (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 2-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 2-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie & Hugh Taylor, Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 42 Grave 10,11,12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	822.44
Paid receipt number 43368	50.00
Balance due	772.44

PAID IN FULL 10/7/94

* 2nd trust Paid in full

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Johnnie M. Taylor
Signature

4941 Dawes St.
Address

San Diego Ca. 92102
City Zip Code

264-1541
Telephone

Invoice # _____

Work Order # E 10640

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43444

Date: 3-8, 1993

From: Hugh Taylor Address: 4721 Dawes Ct. S.D.

Fifty Dollars ($ 50.00)

in part Payment of Pre Need Trust

Lot 42 Grave 9, 10, 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE $722.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1151

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY A. Sequeira

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

43610

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-22, 1993

From: Hugh Leyla Address: 4921 Dawes St. S.D. CA. 92102.

Left Dollars ($ 50.00)

In part Payment of Fee And Trust

Lot 42 Grave 7,10,11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE 672.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1182

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Hequera

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

43690

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-11- , 1993

From: Hugh Taylor Address: 4981 Dusseo Ct., San Diego

Fifty and +1/100 Dollars ($ 50.00)

In gold Payment of Pruned Trust

Lot 42 Grave 910,11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 10640

BALANCE DUE 622.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1213

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 —
Sales Tax	60101 78390	
TOTAL PAID	$	50 —

OFFICIAL RECEIPT

43847

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 19 93

From Hugh Taylor Address: 4781 Dawes Ct, SD 92102

Fifty Dollars ($ 50.-)

In Payment of Pre-Need Trust

Lot 42 Grave 7, 10, 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE $572.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-81) 125

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43906

Date: 7-9, 1993

From: [illegible] Taylor Address: 4781 [illegible] Ct. [illegible]

[illegible] 7th [illegible] Dollars ($ 50.00)

In _____ Payment of Pre Need Trust

Lot 42 Grave 9, 10, 11 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10640

BALANCE DUE $522.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1275

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

44109

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept. 16, 1993

From: Marie & Hugh Taylor Address: 4981 Dawson Ct. Sd

Fifty and 72/100 Dollars ($ 50 -)

In _____ Payment of Pre-Need Trust

Lot 42 Grave 9, 10, 11 Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10640

BALANCE DUE $472.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

1333

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Whit

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

72

44497

Date: 1-5, 19 94

From: Hugh Taylor Address: 4981 Dossco Ct. PH264 - 41. S.D. CA 92102

one hundred — Dollars ($ 100.00)

In part Payment of pre-need trust for opening

Lot 42 Grave 9 10 11 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE 372.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1105

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balotsky

CREDIT		
20% Sales Care	57007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	100 00
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

OFFICIAL RECEIPT

44659

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/25, 19 94

From: Johnnie Taylor Address: 4981 Dessco S.D. 92102

Fifty and 50/100 Dollars ($ 50.00)

In Part Payment of Trust

Lot 42 Grave 9-11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE 322.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
#1492

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

44719

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-10, 19 94

From: Johnie & Hugh Taylor Address: 6481 Dossco Ct. S.D 92102

Fifty dollars Dollars ($ 50 00)

In part Payment of pre-need trust for

Johnie & Hugh Taylor

Lot 42 Grave 9,10,11 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E 10640

BALANCE DUE 272 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1442

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balatsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44851

Date: 4-13, 19 94

From: Maria Taylor Address: 4981 Davis Ct. SD 92102

Fifty 10/10 Dollars ($ 50.-)

In Payment of Pre-Need Trust

Lot 42 Grave 2, 10/11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE $222.99

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 00
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45182

Date: 7-1, 1994

From: Johnie & Hugh Taylor Address: 4981 Passco Ct SD CA 92102

~~fortty~~ fifty dollars Dollars ($ 50.00)

In part Payment of pre-need trust for Johnnie & Hugh Taylor

Lot 42 Grave 9:10:1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 10640

BALANCE DUE 172.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1498

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Ballotin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

45251

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-95, 1994

From: Johnie M Taylor Address: 4981 Dassco Ct.

City — Dollars ($ 50 00)

In pay Payment of pre-need trust for

Johnie E Hugh Taylor

Lot 42 Grave 9 10 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 10640

BALANCE DUE 122.64

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1549

ISSUED BY J Caballero

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45387

Date: August 25, 19 94

From: Johnnie & Hugh Taylor Address: 4981 Cassco Ct San Diego 92102-3717

Fifty dollars and 00/100 Dollars ($ 50.00)

In Perpetual Payment of Pre-Need Trust

Lot 42 Grave 9, 10, 11, Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E - 10640

BALANCE DUE $72.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #1513

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45447

Date: 9/13, 1994

From: Johnnie & Hugh Taylor Address: 4981 Dassco Ct. S.D. 92102

Fifty and 00/100 Dollars ($ 50.00)

In Part Payment of Pre-need trust (for 2nd grave)

Lot 42 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10640

BALANCE DUE $22.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

#1563

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45579

Date: 10-17, 1994

From: Hugh Taylor Address: 4981 Dossco Ct S D CA 92102

twenty two and 44/100 Dollars ($ 22.44)

In full Payment of pre-need trust for

Johnie & Hugh Taylor

Lot 42 Grave 9:10:11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 10640

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

1612

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Balsbler

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	22	44
Sales Tax	60101 78390		
TOTAL PAID	$	22	44

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED TRUST

Johnnie & Hugh Taylor

4981 Dassco Ct., E-10640

San Diego, Ca. 92102

(42-9/10/11-1-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on or before due date above. ▶ $ 32.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Johnnie & Hugh Taylor

4981 Dassco Ct. E-10640

San Diego, Ca. 92102

(42-9/10/11-1-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		10									

Amount due when paid on, or before, due date above. $ 32.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED TRUST

Johnnie & Hugh Taylor

4981 Dassco Ct., E-10640

San Diego, Ca. 92102

(42-9/10/11-1-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on or before due date above. ▶ $ 32.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 50.—

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED TRUST

Johnnie & Hugh Taylor

4981 Dascco Ct., E-10640

San Diego, Ca. 92102

(42-9/10/11-1-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10									

Amount due when paid on or before due date above ▶ $ 32.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Johnnie & Hugh Taylor

4981 Deanco Ct. E-10640

San Diego, Ca. 92102

(42-9/10/11-1-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before, due date above: $ 32.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARRIE B. FREITAS

in a T.S. VAULT (Vault/Liner) Funeral, date, time THUR 2/18 11:00 AM

Church, Chapel, Graveside CHURCH L.D.S. : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Joseph Freitas M.D.

War time veteran NO.

Lot 518 Grave ~~778~~ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1717.44
Paid receipt number #43369	1717.44
Balance due	0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joseph Freitas MD
Signature
43 Hopedale Court
Address
San Diego CA 92120
City Zip Code
(619) 589-2808
Telephone

Invoice # _____

Work Order # E 10641

Acct. # _____

PY-593 (Rev. 8-92)

E 10641

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8945.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carrie	Beatrice	Freitas	11-3-03	2-15-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Imperial Beach	San Diego	Joseph S. Freitas - Son 6543 Hopedale Ct. San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Wilson	2-17-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 18 1993	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery; 3751 Market St. San Diego, CA	2-18-93	▶ Wendy J. Teague
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	N/A		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	N/A		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION** / **15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43369

Date: 2-16, 1993

From: Joseph Foster Address: 6543 Hopedale Ct. S.D. 92120

One thousand seven hundred seventeen 44/100 Dollars ($ 1717.44)

In full Payment of Service for Carrie B. Foster

Lot ____ Grave 518 Row ____ Section 1 Division 8 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-10641

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 3062

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380	17	44
TOTAL PAID	$	1917	44

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDNA G. PFAFF

in a LINER (Vault/Liner) Funeral, date, time 2/25 Thurs. 9am

Church, Chapel, Graveside DEL ONLY ; FEATHERING ILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 130 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number	#43507 1418.18
Balance due	0

PAID
MAR 3 2 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

SUSAN
Jamie
CREDITOR CLAIM

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10642

Acct. # _____

PY-593 (Rev. 8-92)

43507

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-23, 1993

From: Public Admin - Guardian Address: 3201-A Ruffin Rd S.D. 92123

One thousand four hundred eighteen 18/00 Dollars ($ 1418.18)

In full Payment of Services for Edna P. Goff

Lot 130 Grave 1 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-10642

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 091334

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1418	18

E10642



Featherhill mortuary



COLLEGE CENTER CHAPEL
6333 E. UNION BOULEVARD
SAN DIEGO, CALIF. 92119-2599

Telephone (619) 583-8511

FRI. - FEB. 19, 1993

MT. HOPE CEMETERY,
SAN DIEGO, CA.

ATTENTION: JOANN M NORMAN

RE: EDNA G PFAFF, DECEASED. - THIS IS TO AUTHORIZE YOU TO SELECT A SINGLE GRAVE (TOTAL CHG. $1,418.15) FOR HER, AND WITH THE AUTHORIZATION OF PUBLIC ADMINISTRATOR, (DEPUTY SUSAN JAMIE) FILE A CREDITOR'S CLAIM AGAINST PROBATE ESTATE WITH ATTORNEY, MEL STEIN. 2793 1ST AVE. SAN DIEGO, CA. 92103.

PLEASE HAVE GRAVE OPENED FOR A DELIVERY ONLY (BEFORE 3:30 PM) ON WED. 2/24/93.

THANK YOU.

WALTER EKARD - COUNSELOR
Walter Ekard
FEATHERHILL MORTUARY

E 10642

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	G.	PFAFF	10/06/06	2/13/93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Howard S. Fisher, executor 5428 Moonlight Ln. La Jolla, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	1083	▶ [signature]	2-19-93

• ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 22 1993 ▶	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery San Diego, CA	2-25-93	▶ [signature]
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	n/a		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	n/a		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	n/a		▶

	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	n/a		▶	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/18/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joshua Bell G.S. 1:00 PM

In a _____ Funeral, date, time Wed, 2/24/93

Vault/Liner

Church, Chapel, Graveside Graveside Only. Cabt. Burial (VAN) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

War time veteran No. L-21" H-11" W-14½"

Lot 3627 Grave _____ Row _____ Section 1 Division/Block 9

3627

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	
Paid receipt number #43406	$ 270.00
Balance due	270.00

Baby 3 mos. Old
Mortuary will bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10643

Acct. # _____

PY-593 (Rev. 8-92)

E 10643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Joshua	—	Bell	11/4/1992	2/5/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Charles Lewis-Guardian 1934 El Verde Court Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Kenneth A. Chase	2/23/93

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 24 1993	▶ Ronald L. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 2-24-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Traugott	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43406

Date: 3-1, 1973

From: Co. Burial Address: 5602 El Cajon Blvd. S.D.

Two hundred seventy Dollars ($ 270.00)

In full Payment of Services of Joshua Bell

Lot 3627 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-10643

BALANCE DUE ~~X~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5563

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77164	20	00
80% Sales of Lots	100 77164	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE W. MEYER PA# 1140744

in a LINER (Vault/Liner) Funeral, date, time Mon 2/22 11am

Church, Chapel, Graveside _____ : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 70 Grave 4T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

Kim WHITE

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 214335

Work Order # E 10644

Acct. # 000952

PY-593 (Rev. 8-92)

E 10644

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
George	W.	Mayer	4-20-57	2-11-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Poole, Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams av. San Diego, CA. 92116	1424	▶ John Mayer	2-22-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 22 1993	▶ Donald L. Rumsey, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market San Diego, CA.	11B. DATE BURIED 2-22-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

029

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

10494

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4/6/93
BY: CA CK TF

PAYMENT REF NO 04-262897 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/23/93	03/25/93	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10644
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GEORGE MEYER PA #1140744	
LOT 70: GR 4-T: SEC 1: DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 214335

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

Put on
E-ticket

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Montgomery

in a Liner (Vault/Liner) Funeral, date, time Wed 2/24 2:00pm

Church, Chapel, Graveside Church & Grave-Site : Rasodale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00

will be applied and billed to undersigned. Michael Owens

War time veteran No.

Lot 134 Grave 10 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-10135) Bal 436.00

Additional spaces and care fund ____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee ____

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 1159.18

Paid receipt number # 43390 290.00

Balance due 869.18

PAID 3-22-93

Mortuary to Bring check for dn payment - $290.00 at time of service

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

MICHAEL OWENS
Signature

6824 PANAMINT Row #1
Address

SD CA 92139
City Zip Code

267-0140
Telephone

Invoice # 214459

Acct. # 076462

Work Order # E 10645

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10645

NOTE

$ 1159.18 San Diego, California 2-19 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Fifty-Nine 18/100 DOLLARS with interest from March 24, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MICHAEL OWENS SIGNATURE Michael Owens

ADDRESS 6824 PARAMUNT ROW #1 SD CA 92139

CALIFORNIA DRIVER LICENSE NUMBER C4276878 SSN # 546-08-0454

PY-1012 (11-89)

E 10645

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma	Lee	Montgomery	3-21-1932	2-19-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michael Owens-Owner 6824 Panamint Row #1 San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329		2/23/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 24 1993	Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records
P.O. Box 85222 San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-24-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy McTeague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10645

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 076462

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-22-93

PAID BY (CIRCLE ONE): CA (CK) NF H.D.

PAYMENT REFERENCE NUMBER 09964

AMOUNT PAID 869.18

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME THELMA MONTGOMERY

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) RASDALE-ANDERSON MORTUARY

CUSTOMER (PAYOR) ADDRESS 5050 FEDERAL BL
SAN DIEGO CA 92102

REMARKS

CASHIER

INV. NO.

TR-1561 (2-82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43390

Date: 2-24, 1993

From: Rosedale Address: 5050 Federal Blvd. S.D. CA 92102

Two hundred ninety & 00/100 Dollars ($ 290.00)

In part Payment of the payment services for Thelma Montgomery

Lot 134 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10645

BALANCE DUE 869.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 7825

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
60% Sales of Lots	100 77184	270	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	290	00

E 10645

214459	02/25/93	076462	MICHAEL OWENS			03/22/93	CK 09964	869.18	869.18	0.00
			100 072	77181	000072			350.00		PAID IN FULL
			100 072	77182	000072			170.00		
			100 072	77183	000072			45.00		
			100 072	77184	000072			146.00		
			100 072	77185	000072			145.00		
			60101	78390				13.18		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 869.18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Essie Bradley

in a Liner (Vault/Liner) Funeral, date, time Wed 2/24 11am

Church, Chapel, Graveside Church, U.S. : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Ronald L. Bradley

War time veteran _____.

Lot 15 Grave 6 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund prened C7128 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... 350.—

Burial Container ..... 170.—

Handling Fees ..... 145.—

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... 45.—

Sales taxes 13.18

Total Due 723.18

PAID
FEB 23 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid receipt number #43379 300.00

Visa

Balance due 423.18 ~~423.18~~

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Ronald L. Bradley
Signature

1416 Central ave
Address

Lemon Grove 91945
City Zip Code

466-3739
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10646

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10646

NOTE

$ 423.18 San Diego, California Feb 22 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four Hundred twenty-three 18/100 DOLLARS with interest from March 27 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

PAID
FEB 24 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME RONALD T. BRADLEY SIGNATURE Ronald T. Bradley

ADDRESS 7416 Central AVE Lemon Grove Ca. 91945

CALIFORNIA DRIVER LICENSE NUMBER N5793385 SSN # 562-78-0939

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43379

Date: 2-22, 1973

From: Ronald Bradley Address: 7416 Central Ave Lemon G. 91945

Three Hundred 00/100 Dollars ($ 300.00)

In part Payment of Service for Essie Bradley

Lot 15 Grave 6 Row Section 14 Division 7 Block

Invoice No.

Acct. No.

W.O. E-10646

BALANCE DUE $ 423.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Lerma

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	300	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 300	00

E 1064C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ESSIE	BEATRICE	BRADLEY	10-04-1911	02-18-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Ronald Bradley - Son 7416 Central Avenue, #E Lemon Grove CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J. King	2-23-93

• ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 3 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 2-24-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Traugh	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A CLOSE	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HILARIO GONZALEZ PA# 1140795 ⊗

in a _____ (Vault/Liner) Funeral, date, time AYD Wed 3/10

Church, Chapel, Graveside _____ : BERGE ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 99 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	$ 45.00
Additional spaces and care fund	
Opening/Closing & Setup	70.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$ 160.00
Paid receipt number INV	160.00
Balance due	0

Paid IN FULL

KIM WHITE 4-9-93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10647 ✓

Invoice # 215621

Acct. # 000952

PY-593 (Rev. 8-92)

E 10647

#62808
BERGE-ROBERTS
MORTUARY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HILARIO	—	GONZALEZ	1/21/1959	2/3/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	San Diego Co.Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
607 NATIONAL CITY BLVD. BERGE-ROBERTS MORTUARY NATIONAL CITY, CA 91950	FD-284	▶	2-23-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 3 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 Market St.,San Diego, CA	11B. DATE BURIED 3-10-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 Imperial Ave.,San Diego, CA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E10647

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P.O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4/4/93
BY: CA (CK) IF

PAYMENT REF NO 04-262897 | AMT PAID: $160.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/23/93	04/22/93	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10647
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
HILARIO GONZALEZ PA #1140795	
LOT 99; GR 6; SEC 2; DIV 11	45.00
OPENING/CLOSING	70.00
RECORDING FEE	45.00
TOTAL DUE	160.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 215621

AC-22 (Rev. 2/92) White - Customer Copy - Yellow - Department Copy

E 10647

215621	03/23/93	000952	COUNTY OF SAN DIEGO			04/09/93	CK	04-262897	160.00	160.00	0.00
			100	072	77181	000072			70.00		PAID IN FULL
			100	072	77183	000072			45.00		
			67007		77184				45.00		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 932.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

27 chairs

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YUEN LAM

in a Wilbert Vault (Vault/Liner) Funeral, date, time SUN 2/28 11:00 AM.

Church, Chapel, Graveside CHAPEL + G.S. ; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Andy

War time veteran _____.

Lot 153 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PRE NEED E-8744 Q

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 705.00

Handling Fees 500.00

Flower vases – Marker setting fee O.T. SUN. 580.00

Recording and filing fee 45.00

Sales taxes 54.64

Total Due 2,234.64

Paid receipt number VISA CARD 560.00

4/9 VISA CARD 674.64

Balance due 1674.64

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Andy O.Y

Signature

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Address 2446 WORDEN ST.

City SAN DIEGO CA. Zip Code 92110

Telephone 619-226-0242 (HOME)

Invoice # 560-8188 (B)

Acct # 493-4458 b.b.

Work Order # E 10648

PY-593 (Rev. 8-92)

Acct # 076542 INV # 214942

E10648

MT. HOPE CEMETERY-CITY OF S.D.
3751 MARKET STREET
SAN DIEGO, CA. 92101
4301322159267406
619-527-3400

ACCOUNT NUMBER	EXP.	AMOUNT
4388095400002600	1093	$1674.64
TRAN CODE	AUTH.	REF #
20	386116	001001

DESC E-10648

X Andy C. Lam

ANDY C LAM
APRIL 09, 1993, 04:06 PM 0

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

E-10648

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 076542

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 4-9-93 H.D.

PAID BY (CIRCLE ONE): CA CK NF (Credit Card)

PAYMENT REFERENCE NUMBER Visa Card

AMOUNT PAID $ 16.74.64

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Andy Yuen

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 2510 Worden St.
S.D. Ca. 92110

REMARKS Yuen - MS#72
E-10648

CASHIER _____

INV. NO. 214942

TR-1961 (2-82)

MT. HOPE CEMETERY

W.O. # E-10648

NOTE

$ 1674.64 San Diego, California 2-22 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousan six hundred seventy four 64/100 DOLLARS with interest from March 28 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME ANDY C.Y LAM SIGNATURE Andy C.Y Lam

ADDRESS 2510 WORDEN ST. SAN DIEGO CA. 92110.

CALIFORNIA DRIVER LICENSE NUMBER N0624840 SSN # 069-48-5574.

PY-1012 (11-89)

E10648

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YUEN	--	LAM	2-11-1916	2-19-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANDY LAM - SON 2510 WORDEN STREET SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	2-22-1993

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 22 1993	▶ [signature] M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-28-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Oak	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

R01608-00100

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yvonne Juanita Jones

in a None (Vault/Liner) Funeral, date, time Thursday 2-25 / 11:30

Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50.00 will be applied and billed to undersigned. Alison Jucker

War time veteran _____.

Lot 2261 Grave 2261 Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	0.00
Opening/Closing & Setup	125.00
Burial Container	0.00
Handling Fees	0.00
Flower vases – Marker setting fee	0.00
Recording and filing fee	45.00
Sales taxes	0.00
Total Due	270.00
Paid receipt number MASTER CARD Bal A	3700
Balance due	0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Alison Jucker
Signature
315 Thrush St.
Address
San Diego, 92114
City Zip Code
619-264-8856
Telephone

Work Order # E 10649

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10649

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Yvonne	Juanita	Jones	9-25-92	2-19-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Alison Tucker-Mother 315 Thrush St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶	2/22/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 24 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 2-25-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Levi Hearn Sr.

In a T.S. VAULT (Vault/Liner) Funeral, date, time Wed 2/24 11:00 A.M.

Church, Chapel, Graveside Church, G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran NO.

Lot 87 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number 43380	380.00
Balance due	1137.44

30 day note.

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Velma Hearn Mayo
Signature of recorded holder of deed

Velma Hearn Mayo
Signature
328 W. 4th St. Apt 2
Address
Junction City KS 66441
City Zip Code
(913) 238-4348
Telephone

Work Order # E 10650

Invoice # 214458

Acct. # 076463

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E10650

NOTE

$ 1137.44 San Diego, California 2-24- 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven hundred thirty-seven and 44/DOLLARS with interest from MARCH 24, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Debra Hearn Mays SIGNATURE Debra Hearn Mays

ADDRESS 328 W. 4th ST. Apt 2 Junction City, KS 66441

CALIFORNIA DRIVER LICENSE NUMBER N4303854 SSN # 570115810

PY-1012 (11-89)

E 10650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Levi	----	Hearn	10-5-1927	2-18-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Debra H. Mays-Daughter 311 S. 46th Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶	2/20/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 22 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery 3751 Market St. San Diego, CA	2-24-93	▶ Wendy Jo Teagle
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	n/a metal sealed		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	n/a		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	n/a		▶

	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	n/a		▶	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43380

Date: 2-22- , 19 93

From: Debra Hearn Mapp Address: 328 W 799 St. Apt. 2 Duncan City, Ks 66441

Three hundred eight and xx/100 Dollars ($ 380.00)

In part Payment of Interment Services for Levi Hearn Jr

Lot 87 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 10650

BALANCE DUE 1137.44

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	—

AC-212 (Rev 1-91)

E 10050

214458	02/25/93	076463	DEBRA MAYS			03/19/93 CK	878961/62	1,137.44	1,137.44	0.00
			100	072	77181	000072		350.00		PAID IN FULL
			100	072	77182	000072		225.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		176.00		
			100	072	77185	000072		185.00		
			60101		78390			17.44		
			67007		77184			139.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MERCEDES L. BARRAGAN

in a DOUBLE CRYPT (Vault/Liner) Funeral, date, time TUE 2/23 11:00 AM

Church, Chapel, Graveside CHAPEL + G.S. ; FEATHERING, LL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. [signature]

War time veteran _____.

Lot 83 Grave 9 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	PRE NEED Lot + TRUST E-1109	
Additional spaces and care fund		
Opening/Closing & Setup	E-1109	0
Burial Container	E-1109	0
Handling Fees	E-1109	0
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
Total Due		45.00
Paid receipt number	#43381	45.00
Balance due		0

I hereby certify I am the Son in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

9585 ALTO DR.
Address

La Mesa CA 91941
City Zip Code

464-4099
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10651

PY-593 (Rev. 8-92)

E 10651

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MERCEDES	L.	BARRAGAN	9/24/1919	2/20/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Federico E. Barragan, husband 3335 Citrus Street Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083	▶ [signature]	2-22-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 23 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 2-23-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E10651

Nº 43381

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2-22, 1973

From: Hilario Banda Address: 9585 Alto Dr. La Mesa Ca.

Fourty - five Dollars ($ 45.00)

In full Payment of Services for Mercedes L. Barragan

Lot 83 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-16651

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYUBOV DRABKINA (X)

in a None (Vault/Liner) Funeral, date, time A.Y.D. MON. 3/1

Church, Chapel, Graveside No Service ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No .

Lot 378 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	250.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fees	45.00
Sales taxes	
Total Due	~~445.00~~ 400
Paid receipt number 43382	~~445.00~~ 400
Balance due	-0-

PAID
FEB 22 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

J. Ofo
Signature
4142 42nd St. Apt 308
Address
San Diego CA 92105
City Zip Code
(619) 287-7855
Telephone

Work Order # E 10652

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LYUBOV	---	DRABKINA	03-31-1919	02-17-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tatyana Protopopva - Sister 4142 42nd Street, Apt. 308 San Diego CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ J.E. King	2-22-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 2 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery 3751 Market St.-San Diego CA	3-1-93	▶ Wendy J. League
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	Leneda, Inc. 14065 Old Highway 80, El Cajon CA	2/25/93	▶ Libby Stevens
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	N/A		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43382

Date: 2-22-, 19 93

From: Tatyana Potoppova Address: 4142 42nd St. Apt. 308, S.D. CA

Four hundred ~~forty-five and xx/xx~~ No/100 Dollars ($ ~~445.00~~ 400.00)

In Full Payment of Interment of

Lot 378 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E 10652

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	50	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	—
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	~~400.00~~ 400.00	

Heart Sign
L W B
40" 16" 30"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christina Honey

in a None (Vault/Liner) Funeral, date, time Fri. 2/26 1pm

Church, Chapel, Graveside Chapel, H.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 2785 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 43400	270.—
Balance due	-0-

PAID
FEB 25 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring deck L 36" W 14" Casket.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10653

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43400

Date: 2-26-, 19 93

From: Anderson Ragsdale Address: 5050 Federal Blvd.

Two hundred seventy and xx/100 Dollars ($ 270.-)

In Full Payment of Interment for Christina Demay

Lot 2785 Grave Row Section 1 Division 9 ~~Block~~

Invoice No.

Acct. No.

W.O. E10653

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 0986

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
FEB 25 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY

CREDIT 20% Sales Care	67007 77184	20 —
80% Sales of Lots	100 77184	80 —
Opening/ Closing	100 77181	125 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	270 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43400

Date: 2-26-, 1993

From: Anderson Ragsdale Address: 5050 Federal Blvd.

Two hundred seventy and xx/100 Dollars ($ 270.—)

In Full Payment of Interment for Christina Gomez

Lot 2785 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E 10653

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	20	—
80% Sales of Lots	100 77184	80	—
Opening/ Closing	100 77181	125	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	—

AC-212 (Rev. 1-91) 09856

E10653

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Christina	Sharon	Gomez	4-24-91	2-16-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Wanda Gomez-Mohler 5853 Mt. Alifan Dr. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking Permit	8B. DATE SIGNED
Anderson-KAgsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329		02/24/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 24 1993	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 2-26-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Traylor
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Serrian W. Sykes

in a LINER (Vault/Liner) Funeral, date, time Thurs 2-25 10:00 A.M

Church, Chapel, Graveside Chapel, G.S.: Rugsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran NO.

Lot 85 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container LINER	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1418.18
Paid receipt number 43383	355.00
#43387 Balance due	1063.18
	1063.18

PAID
FEB 23 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 128 96 hold under deed.

_____
Signature of recorded holder of deed

M. Margaret Bass
Signature
3169 - Alabama Ave.
Address
San Diego, Ca. 92105
City Zip Code
(619) 281-8015
Telephone

Work Order # E 10654

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10654

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Serrian	Willamena	Sykes	3-26-1916	2-18-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Margaret Bass- Conservator 3167 Altadena Avenue San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such* ▶ [signature]

8B. DATE SIGNED 2/25/93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 25 1993	▶ Donald G. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92138	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-25-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43383

Date: 2·22, 19 93

From: M Margareth Bass Address: 3167 Altadena ave

tree hundreds fifty five dollars Dollars ($ 355.00)

In _____ Payment of interment of Serrian W. Sykes

Lot 85 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. ~~E 10654~~

Acct. No. _____

W.O. E 10654

BALANCE DUE 1063.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V. Balo'sky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	355	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43387

Date: 2-23, 1993

From: M. Margaret Bass Address: 3167 Altadena Ave S.D. Ca

One thousand sixty-three 18/100 Dollars ($ 1063.18)

In full Payment of Services for Lennon W. Sykes

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10654

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
628

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007			
20% Sales Care	77184			
80% Sales of Lots	100 77184	1001	139	W
Opening/ Closing	100 77181		350	W
Burial Containers	100 77182		170	W
Handling Fee	100 77185		145	W
Recording & Misc. Fees	100 77183		45	W
Pre-Need Trust	63033 9022			
Sales Tax	60101 78390		13	18
TOTAL PAID		$	1063	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ona Herdel (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Wed. 2/24 A.Y.O

Church, Chapel, Graveside Delivery Only : Greenwood Sylvia Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 37 Grave 6 Row _____ Section 4 Division/Block 6

Grave space & Care Fund ..... Purchased	0
Additional spaces and care fund	_____
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	_____
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number # 43388	269.26
Balance due	-0-

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marian R Wright
Signature
4266 Stewart St
Address
San Diego Ca 92115
City Zip Code
582-8157
Telephone

Work Order # E 10655

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 10655
NO 43388

Date: 2-23, 1973

From: Ana D Hendel Address: 6274 Stewart St S.D. 92115

Two hundred sixty-nine 26/100 Dollars ($ 269.26)

In full Payment of Services for Ana Hendel

Lot 37 Grave 6 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E-10635

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1995

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	4	26
TOTAL PAID		$ 269	26

E 10655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ona	D.	Herdel	03-26-1896	02-18-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marian N. Wright: Daughter 6266 Stewart Street San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY I-805 & IMPERIAL AVE. SAN DIEGO, CA.	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
			2-22-93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
7.00	FEB 23 1993	Gerald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 2-24-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Traynor	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVE. SAN DIEGO, CA.	12B. DATE CREMATED 2/23/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Miller

in a LINER Vault/Liner Funeral, date, time Thurs, 2/25 1:00pm

Church, Chapel, Graveside Church + Grave ; Rasdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran No.

Lot 51 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund ..... Pre-Need (C-6036) 0

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 13.18

PAID
FEB 23 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 723.18

Paid receipt number 43385 723.18

Balance due 0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

3056 "G" St
Address

San Diego 92102
City Zip Code

233-6747
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 10656

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43385

Date: 2/23, 1993

From: Ida Oden Address: 250-A Euclid Ave, SD 92114

Seven Hundred Twenty Three 18/100 Dollars ($ 723.18)

In _____ Payment of Interment of Ruth Miller

Lot 51 Grave 3 Row _____ Section 14 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-10656

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5516

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

E10656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruth	—	Miller	12-14-1910	2-21-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joann Oden - Niece 3056 G Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA	F1329	▶	2/25/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 25 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92138	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA	11B. DATE BURIED 2-25-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-23-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Sullivan PA#1139959

in a Liner (Vault/Liner) Funeral, date, time 2/25 Thurs 11 mm

Church, Chapel, Graveside Delivery Only : Balboa Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 75 Grave 5 B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INV.	38.00
Balance due	0

Paid in Full

P/A - Susan Heard

3-4-93

I hereby certify I am the _____ *of the above named decedent* and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 214939

Work Order # E 10657

Acct. # 000952

PY-593 (Rev. 8-92)

E 10657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
William	Bernard	Sullivan	11-14-21	1-26-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator of San Diego County 5201-A Ruffin Road San Diego,CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Balboa Cremation Services 4658 30th St. San Diego,CA 92116	FD1370	▶Kathleen Kerrigan	2-24-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

*AUTHORIZATION OF LOCAL REGISTRAR

* ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 25 1993	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego,CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego,CA 92102	11B. DATE BURIED 2-25-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶Wendy D. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10657

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

John Auman

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR.
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4/6/93
BY: CA CK IF

PAYMENT REF NO 04-262877 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/04/93	04/03/93	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10657
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
WILLIAM SULLIVAN PA #1139959	
LOT 75; GR 5-B; SEC 1; DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 214939

C-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

E1 0657

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	DRG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
214939	03/04/93	000952	COUNTY OF SAN DIEGO					04/09/93		04-262897	386.00	386.00	0.00
			100	072		77181	000072				165.00		PAID IN FULL
			100	072		77182	000072				50.00		
			100	072		77183	000072				45.00		
			67007			77184					126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOANN Willis

in a LINER (Vault/Liner) Funeral, date, time MON 3/1 11:00AM

Church, Chapel, Graveside Del Oaky : EL Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 16 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	340 [redacted]
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	600.00
Paid receipt number	
Balance due	

Paid in full 2-24-93

Creditor's Claim Ken-White/PA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10658

Acct. # _____

PY-593 (Rev. 8-92)

E 10658

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Joann	- - -	Willis	10/22/1938	2/22/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Public Administrator 5201-A Ruffin Rd San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S. Mollison Ave., El Cajon, CA 92020	FD-1022	▶ Laura Guzman	2/26/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 26 1993	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market Street San Diego, CA 92102	11B. DATE BURIED 3/1/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

43898

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 1993

From County of SD Address: 5201-A Ruffin Rd SD

Six Hundred Eleven 35/100 Dollars ($ 611.39)

In _____ Payment of Interment of Jean Willis

Lot 14 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10658

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184	68	00
80% Sales of Lots	100 77184	272	00
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	54	39
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	611	39

AC-212 (Rev. 1-91)

Pressed Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma Lee Turner

in a DBL CRYPT (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran No.

Lot 2450 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	27.90
Total Due	1997.90
Paid receipt number 43412	800.–
Balance due	1197.90

PAID
NOV 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid in Full

I hereby certify I am the X BROTHER R-46833 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

RICHARD TURNER
Signature

1627 AMERICA WAY
Address

DEL MARCA 92014
City Zip Code

7920721
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10659

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43412

Date: 3-2- , 19 93

From: Richard Turner Address: 1027 America Way

Eight hundred and xx/100 Dollars ($ 800.00)

In part Payment of Buried Lot + Trust

Lot 2450 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 10659

BALANCE DUE 1197.90

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) ~~800~~
0552781-0552776

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007	84	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	716	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	800	—

OFFICIAL RECEIPT

44729

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3/16, 1994

From: R. Turner Address: 1027 America Way Del Mar CA 92014

One hundred and 00/100 Dollars ($ 100.00)

In Part Payment of Pre-need lot & trust

Lot 2450 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10659

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

#3875

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 2 5 1994

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44834

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-7, 19 94

From: R TURNER Address: 1027 AMERICA WAY DEL MAR 92014

ONE HUNDRED Dollars ($ 100.00)

In PART Payment of PRE-NEED LOT + TRUST

Lot 2450 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10659

BALANCE DUE 797.70

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 4014

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY R. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

45170

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 1994

From: Richard Turner Address: 1027 America Wy, Del Mar 92014

Two Hundred 00/100 Dollars ($ 200.00)

In _____ Payment of Pre Need Lot & Trust

Lot 2450 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-10659

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	200	00
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91) 4035

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46039

Date: March 20, 1995

From: R Turner Address: 1027 America Way Del Mar CA 92014

Three Hundred & 00/100 Dollars ($ 300.00)

In Payment of Re-Need Lot & Trust

Lot 2450 Grave — Row — Section — Division — Block 10

Invoice No.:

Acct. No.

W.O. E-10659

BALANCE DUE $ 497.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 199

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	300	00
Sales Tax	60101 78390		
TOTAL PAID	$	300.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46142

Date: 4-18, 1995

From: R. Turner Address: 1027 America Way Del Mar 92014

One Hundred & 00/100 Dollars ($ 100.00)

In Part Payment of Pre Need Lot & Trust

Lot 2450 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10659

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4314

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46233

Date: May 17, 1995

From: Richard-Turner Address: 1027 America Way Del Mar 92014

One Hundred & 00/100 Dollars ($ 100.00)

In Payment of Pre-Need Lot & Trust

Lot 2450 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10659

BALANCE DUE # 299.90

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
#4233

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 76390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

46344

MOUNT HOPE CEMETERY

527-3400

Date: June 15, 1995

From: Richard Turner Address: 1027 America Way Del Mar 92014

One Hundred & 00/100 Dollars ($ 100.00)

In _____ Payment of Pre-Need Lot & Trust; (1) O/C; Handling fee, dbl crypt; (1) Recording fee, Tax on Crypt

Lot 2450 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10659

BALANCE DUE $197.90

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

#4244

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46460

Date: 7-21, 1995

From: R. Turner Address: 1027 America Way, Del Mar 92014

One hundred & no/100 Dollars ($ 100.00)

In Payment of Pre-need lot & trust

Lot 2450 Grave Row Section Division Block 10

Invoice No.:

Acct. No.

W.O. E-10659

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4264

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46833

Date: 11-21, 1995

From: R. Turner Address: 1037 America Way, Del Mar, CA 92014

Ninty-Eight Dollars ($ 98.00)

In Full Payment of Pre-Need Lot & Trust

Lot 2450 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-10659

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	98 00
Sales Tax	60101 78390	
TOTAL PAID	$	98 00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on or before due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on, or before, due date above $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on, or before, due date above $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659

1027 American Way

Del Mar, CA 92014

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
											X

Amount due when paid on or before, due date above: $ 30.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK E10C59

ACCOUNT No. Pre-Need Lot & Trust

Richard Tatter E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											X

Amount due when paid on, or before, due date above. ▶ $ 90.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. · Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E 10659 Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 America Way
Del Mar, CA 92014

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											X

Amount due when paid on, or before, due date above. $ 50.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

E 10659

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659

1027 American Way

Del Mar, CA 92014

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
											X

Amount due when paid on, or before due date above. $ 30.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK E 10659

ACCOUNT No. Pre-Need Lot & Trust

Richard Turner E-10659
1027 American Way
Bel Mar, CA 92014

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											E

Amount due when paid on, or before, due date above. ▶ $ 30.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-10659

Pre-Need Lot & Trust

Richard Turner E-10659
1027 American Way
Del Mar, CA 92014

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
											X

Amount due when paid on, or before, due date above ▶ $ 50.00 48.00

Amount due if paid more than ____ days after due date above ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Richard Turner E-10659
1027 American Way
Del Mar, CA 92014

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											X

Amount due when paid on, or before, due date above ▶ $ 50.00

Amount due if paid more than ____ days after due date above ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES M. DESMOND

in a LINER (Vault/Liner) Funeral, date, time SAT 3/27 10:00 - 10:30 A.M.

Church, Chapel, Graveside [redacted] & G.S. : FEATHERING HILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Vicki Dabbagha

War time veteran NO.

Lot 5197 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	1095
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	480.00
Recording and filing fee	45.00
Sales taxes	13.18
Total D~~ue~~	2298.18
Paid receipt number #43393	2298.18
Balance due	0

PAID
FEB 25 1993
MT. HOPE CEMETERY
City of SAN DIEGO, CALIF.

No Information Released only To Family or Police

I hereby certify I am the Brother-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Vicki Dabbagha
Signature
7820 Eagle Ridge Dr.
Address
San Diego 92119
City Zip Code
(619) 465-7373
Telephone

Invoice # _____

Work Order # E 10660

Acct. # _____

PY-593 (Rev. 8-92)

E 10660

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	MICHAEL	DESMOND	FEB. 2, 1946	Fd. 12-17-92	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	LOS ANGELES	JANET DESMOND-WIFE 5925 HIGHGATE CT. LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 3937 UTAH ST. SAN DIEGO, CA 92104	1083	▶ Norma L. Mowka	02-26-1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7-	FEB 26 1993	▶ Robert C. Hastings Jr.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. FIGUEROA ST. LOS ANGELES, CA 90012	P.O. BOX 7600, RIVERSIDE, CA 92138-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 2-27-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy DeJesus	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY --- metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43393

Date: 2-25, 1993

From: Vahik Dabbaghian Address: 7820 Eagle Ridge Dr. S.D. Ca. 92119

Two thousand two hundred ninety eight 18/100 Dollars ($ 2298.18)

In full Payment of Services for James M. Desmond

Lot 5197 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-10660

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3190

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	219	00
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	525	00
~~Pre-Need~~ Trust	~~[illegible]~~ 9022	~~480~~	~~00~~
Sales Tax	60101 78390	13	18
TOTAL PAID	$	2298	18

Preneed Arnot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L.C. Frazier

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 42 Grave 9 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container	225.—
Handling Fees	185.—
Flower vases – Marker setting fee	
Recording and filing fee	45.—
Sales taxes	17.44
Total Due	822.44
Paid receipt number 43394	500.—
Balance due	322.44

PAID IN FULL

23 @ 13.00
1 @ 23.44

43459

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x L.C. Frazier (Dad
Signature

x 932 NO-39-St
Address

x San Diego CA 92102
City Zip Code

x 263-6258
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10661

PY-593 (Rev. 8-92)

Bal - $122.44

43502 3/22 -122.44

Bal Due: -0-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43394

Date: 2-25- , 1993

From: L.C. Frazier Address: 932 N. 39th St., S.D. CA 92102

Five hundred and no/100 Dollars ($ 500.00)

In part Payment of Preneed Trust

Lot 42 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 10661

BALANCE DUE 322.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4024

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W.J. Traeger

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	500 —
Sales Tax	60101 78390	
TOTAL PAID	$	500 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43459

Date: 3-9, 1993

From: K. C. Frazer Address: 932 No 37th St SD 92102

Two Hundred 110/100 Dollars ($ 200)

In _____ Payment of Pre Need Trust

Lot 42 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10661

BALANCE DUE $122.44

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	200	00
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91) 4042

43502

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-22, 1993

From: L. C. Frazier Address: 932 N. 39th St, SD, 92102

One Hundred Twenty Two 44/100 Dollars ($ 122.44)

In full Payment of Pre-Need Trust for L. C. Frazier

Lot 42 Grave 9 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10661

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	122 44
Sales Tax	60101 78390	
TOTAL PAID	$	122 44

AC-212 (Rev. 1-91) 4046

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAISY G VICK

in a LINER (Vault/Liner) Funeral, date, time Mon 3/1 1:00pm

Church, Chapel, Graveside Delivery Only : PARIS Frederick Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

War time veteran _____.

PAID FEB 25 1993 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Lot 247 Grave 3 Row _____ Section C.A.R Division/~~Block~~ 2

Grave space & Care Fund ..... Balance 3555	0
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container	170.—
Handling Fees	145.—
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number 43396	723.18
Balance due	0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Geneva C. Hall
Signature

7830 Deborah Pl.
Address

Lemon Grove 91945
City Zip Code

469-1178
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10662

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43396

Date: 2-25-, 1993

From: Geneva E. Holt Address: 420 Giant Ave, El Cajon, CA 92020

Seven hundred twenty-three and 18/100 Dollars ($ 723.18)

In Full Payment of Interment for Daisy H. Vick

Lot 247 Grave 3 Row Section G.A.R. Division 2 ~~Block~~

Invoice No.

Acct. No.

W.O. E 10662

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teagle

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	170	—
	100	145	—
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	13	18
TOTAL PAID	$	723	18

E 10662

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Daisy	Golden	Vick	10-11-05	2-23-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Kit Fisher - Daughter 420 Grant Ave. El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Paris-Frederick Mortuary 374 N. Magnolia Ave.; El Cajon, CA 92020	795	▶ [signature]	2/25/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 6 1993	▶ Harold L. Pannell M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans St. San Diego, CA 92110	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/1/93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clyde Crum

To be Inn a TOP of Double Depth CRYPT Funeral, date, time Fri 3/5 11:00 A.M.

Church, Chapel, Graveside GRAVESIDE MERKLEY-Mitchell Mortuary. (SCOTT)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran ~~Yes~~ No 1st Burial - 4/4/90

Lot 4140 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-Need (E-8632) Ø

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container Pre-Need (E-8632) Ø

Handling Fees Ø

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes Ø

Total Due 395.00

4-16-93 Paid IN FULL Paid receipt number INV. 395.00

Balance due Ø

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Loretta Lorimer
Signature

1462 Idaho Ave
Address

Escondido, CA 92027
City Zip Code

747-4253
Telephone

Invoice # 215085

Acct. # 076581

Work Order # E 10663

PY-593 (Rev. 8-92)

E 10663

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLYDE	EUGENE	CRUM	MAY 1, 1921	MAR 1, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
QUINCY	MA	LORETTA GORDNAR, DAUGHTER 1462 IDAHO AVENUE ESCONDIDO, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit.	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Lauer	MAR 4, 1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAR 0 4 1993	▶ Donald L. Romano MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY W.O. # E-10663

NOTE

$ 395.00 San Diego, California 3-3 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three Hundred Ninety-Five DOLLARS with interest from May 5, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Loretta Gorimar SIGNATURE Loretta Gorimas

ADDRESS 1462 Idaho Ave., Escondido, CA 92027

CALIFORNIA DRIVER LICENSE NUMBER A0874649 SSN # 551-96-2281

PY-1012 (11-89)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/20/93

DATE: 04/20/93
TIME: 231835
PAGE: 19

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

E-10663

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
215085	03/08/93	076581	LORETTA GORIMAR					04/16/93	CK	10219	395.00	395.00	0.00
			100	072		77181	000072				350.00		PAID IN FULL
			100	072		77183	000072				45.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 395.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/1/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRENE PINA PA#1141031

In a LINER (Vault/Liner) Funeral, date, time TUE 3/2 12:00 P.M.

Church, Chapel, Graveside Delivery Only ; Humphrey (Day) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran NO.

Lot 75 Grave 5T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID
MAY 07 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Fee Jame

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 214940

Work Order # E 10664

Acct. # 000952

PY-593 (Rev. 6-92)

E 10664

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IRENE	[redacted]	PINA	06-20-1949	02-12-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Road San Diego CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ JE King	3-1-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

-PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 0 1 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.-San Diego CA	11B. DATE BURIED 3-2-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Deacon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cardboard N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-10664 E-10664

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 000952

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-7-93

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 64-283014

AMOUNT PAID 386.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME County of San Diego

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) SAME

CUSTOMER (PAYOR) ADDRESS 5201-A Ruffin Rd.
San Diego, CA
92123

REMARKS Wendy Jo Teague MS 72

CASHIER _____

INV. NO. 214940

TR-1981 (2-82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KIMBERLY JEAN ROBERTS & Stella Rose Roberts

in a LINER (Vault/Liner) Funeral, date, time SAT 3/6 1pm will arrive 2:15

Church, Chapel, Graveside Chapel, G.S. : GOODBODY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 127 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee O.T. SAT	480.00
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1998.18
Paid receipt number 43463	500.00
Balance due	1498.18

PAID IN FULL 4/5/93

30 DAY NOTC

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Stella M. Roberts
Signature

1924 G St.
Address

San Diego, Ca 92102
City Zip Code

231-0806
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 215086

Acct. # 076580

Work Order # E 10665

PY-593 (Rev. 8-92)

E 10665

215086 03/08/93 076580 STELLA ROBERTS

100	072			04/05/93 CK 955			
100	072	77181	000072		1,498.18		
100	072	77182	000072		350.00	1,498.18	
100	072	77183	000072		170.00		0.00
100	072	77184	000072		525.00		PAID IN FULL
60101		77185	000072		136.00		
67007		78390			145.00		
		77184			13.18		
					159.00		

MT. HOPE CEMETERY W.O. # E-16665

NOTE

$ 1498.18 San Diego, California 3-1 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred ninety-eight & 18/100 DOLLARS with interest from April 6 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Stella M. Roberts SIGNATURE Stella M. Roberts

ADDRESS 1924 C Street

CALIFORNIA DRIVER LICENSE NUMBER R0205589 SSN # 443-40-3389

PM1012 (11-89)

E 10665

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STELLA.	ROSE	ROBERTS	2-26-1993	3-1-1993	F

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PORTLAND	OREGON	STELLA M. ROBERTS GRANDMOTHER 1924 C STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY 5027 EL CAJON BLVD. SAN DIEGO CA 92115	FD 790	▶ Peggy L Ward	3/5/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7 00	MAR 0 5 1993	▶ Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Zeagler	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10665

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIMBERLY	JEAN	ROBERTS	6-16-1967	2-26-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PORTLAND	OREGON	STELLA M. ROBERTS MOTHER 1924 C STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY, 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	FD 790	▶ Mary Y. Council	3/5/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 05 1993	▶ Donald L. Ramos, M.D. SH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3-6-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

43403

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-1, 1993

From: John Roberts Address: 1924 C St S.D. 92102

Five Hundred Dollars ($ 500.00)

In part Payment of Services for Kimberly J. Roberts

Lot 127 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-16665

BALANCE DUE 1498.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

992

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Leguan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Virginia Lewis

in a Liner (Vault/Liner) Funeral, date, time Mon, 3/1, 2:00 pm

Church, Chapel, Graveside Graveside : Cal. F. Grant (Jeanette) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 237 Grave 1 Row _____ Section 2 Division [redacted] 12

Grave space & Care Fund Pre-Need (D-9232) 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 723.18

Paid receipt number 43407 723.18

Balance due 0

PAID
MAR 1 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to Brian Check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10666

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10666

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Virginia	—	Lewis	2/22/1922	2/22/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	James Lewis-Husband 2637 Camino De Las Palmas Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	2/25/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 25 1993	▶ Donald L. Rand, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 3-1-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43407

Date: 3-1, 1993

From: Ca Burial Address: 5602 El Cajon Blvd S.D. 92115

Seven hundred twenty-three 18/100 Dollars ($ 723.18)

In full Payment of Services for Virginia Lewis

Lot 237 Grave 1 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-10666

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID		$ 723	18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5564

ISSUED BY M Ferguson

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRISTINE WILSON

In a LINER (Vault/Liner) Funeral, date, time TUE 3/2 11:00 AM

Church, Chapel, Graveside CHURCH + G.S. : CA. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran NO.

Lot 83 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number #43464	380.18
Balance due $	1138.06

30 DAY NOTE

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

Address 8031 Knollwood Rd

City S.D. CA. Zip Code 92114

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 214941

Acct. # 076541

Work Order # E 10667

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10667

NOTE

$ 1138.00 San Diego, California 3-1 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred thirty eight DOLLARS with interest from April 2 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Charles J. Wilson SIGNATURE [signature]

ADDRESS 8031 Knollwood Rd.

CALIFORNIA DRIVER LICENSE NUMBER C5915125 SSN # 552-08-7183

PY-1012 (11-88)

E 10667

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Christine	—	Wilson	4/28/1950	2/24/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Charles Wilson-Son 8031 Knollwood Rd. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	3/1/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 01 1993	▶ Ronald L. Romrod, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 3-2-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — Metal Smiler	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43404

Date: 3-1, 1993

From: Charles Wilson Address: 8031 Knollwood Rd S.D. Ca 92114

Three hundred eight & 18/100 Dollars ($ 380.18)

In part Payment of Services for Christine Wilson

Lot 83 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10667

BALANCE DUE $1138.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1606

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY H. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	380	18
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	380	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRINTIS E. ROBINSON

in a DBL CRYPT Vault/Liner TOP Funeral, date, time FRI 3/5 - 1:00 P.M

Church, Chapel, Graveside CHURCH + G.S. : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Curtis Brown

War time veteran _____.

Lot 164 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-9131 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup 350.00

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee 45.00

Sales taxes ..... _____

PAID
MAR 1 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due ..... $ 395.00

Paid receipt number # 43409 395.00

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Curtis Brown
Signature

P.O. Box 390341
Address

S.D. CA. 92139
City Zip Code

619 479-0369
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10668

Acct. # _____

PY-593 (Rev. 8-92)

E10668
43409

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-1, 1993

From: Curtis Brown Address: P.O. Box 390341 S.D. 92139

Three hundred ninety-five Dollars ($ 395.00)

In full Payment of Service for Printis E. Robinson

Lot 164 Grave 6 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-16668

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Pequeno

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	395	00

AC-212 (Rev. 1-91)

E 10668

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Printis	Esther	Robinson	5/29/1942	2/26/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Curtis F. Brown-Son 6210 Parkside Avenue San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	3/3/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 03 1993	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 3-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS — METAL NON-SEALER	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN WESTERGREN

in a LINER (Vault/Liner) Funeral, date, time WED, 3/3 3:00pm

Church, Chapel, Graveside GRAVESIDE : McNEARNEY Mortuary. (ERIN 1-714-875-1123

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ~~150.00~~

will be applied and billed to undersigned. _____

War time veteran NO.

Lot 32 Grave 11 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (D-8440) Ø

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases – Marker setting fee ~~150.00~~

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 723.18 ~~873.18~~

Paid receipt number 43426 723.18

Balance due -0-

PAID
MAR 3 1993
Late Chg.
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

~~Mortuary to bring check to Family pay~~

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Alice Yo Kell
Signature

X 504 Bensel Dr #47
Address

X Landing NJ 07850
City Zip Code

X 201-790-3956
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10669

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43426

Date: 3-3- , 1993

From: Alice Westergren-Kell Address: 250 N. Linden Sp 146, Rialto CA 92376

Seven hundred twenty-three and 18/100 Dollars ($ 723.18)

In Full Payment of Interment Services for Helen Westergren

Lot 32 Grave 11 Row Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E 10669

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	-
Burial Containers	100 77182	170	-
Handling Fee	100 77185	145	-
Recording & Misc. Fees	100 77183	45	-
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

E 10669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Helen	Francis	Westergren	Oct.28,1919	Feb.28,1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
,San Bernardino	San Bernardino	Alice Kell - Daughter 504 Bensel Drive #47 Landing, N.J. 07850

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McNearney Family Mortuary, 130 South Willow Ave., Rialto, CA 92376	FD 606	▶ Erin L. McNearney	Mar.2,1993

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Mar.3,1993	2944236 EM ▶ T.J. Prendergast,M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
351 Mt. View Ave San Bernardino, CA 92415-0010	P.O. Box 85222 San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3-3-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shaquille Rae-Martin

in a ——— Vault/Liner Funeral, date, time Fri, 3/5 Noon

Church, Chapel, Graveside Graveside Only : Calif. Burial (Jeanette) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. _____

War time veteran No.

Lot 3629 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid receipt number 43427	270.00
Balance due	0

PAID
MAR 3 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Family to Witness burial

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Shaquille Rae
Signature

8039 Columbus St
Address

San Diego
City Zip Code

(619) 560-1483
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10670

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43427
E10670

Date: 3-3, 1993

From: Onyunach Rae Address: 2059 Columbus St. SD 92126

Two Hundred Seventy no/100 Dollars ($ 270.00)

In full Payment of Interment of Shaquille Rae-Martin

Lot 3629 Grave — Row — Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-10670

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT 20% Sales Care	67007 77184	20	W
80% Sales of Lots	100 77184	80	W
Opening/ Closing	100 77181	125	W
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	W
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	W

AC-212 (Rev. 1-91) 311

E 10670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Shaquille	O'Neal	Rae-Martin	2/21/1993	2/21/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Onjuneek Rae-Mother 20[illegible]65Alaquinas Drive #2 San Ysidro, CA 92173

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	3/3/93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 03 1993	▶ Ronald L. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 3-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RIGOBERTO JUAREZ PA# 1141333

In a LINER (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $_____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

VOID

ROMA STRONACH

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice #_____

Work Order # E 10671

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Ownership To:

Date 3-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia L. Watt

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 6 Grave 7 Row _____ Section MAS Division/~~Block~~ L

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee Transfer Fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 43429	45.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

2300 E. Valley Pkwy 150
Address

Escondido CA 92027
City Zip Code

745-1257
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10672

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Standefer

In a Liner (Vault/Liner) Funeral, date, time Tue 3/9 9am

Church, Chapel, Graveside Del Only : Featherlite (Fed) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 119 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need (D-8355)	Ø
Additional spaces and care fund	
Opening/Closing & Setup ..... Old Pre-Need "	Ø
Burial Container ..... " "	Ø
Handling Fees ..... " "	Ø
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes ..... " "	Ø
Total Due	$ 45.00
Paid receipt number #43443	45.00
Balance due	Ø

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent *that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from* any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Ann L. Utterback
Signature
5430 Baltimore Dr. #75
Address
La Mesa, CA 91942
City Zip Code
463-9581
Telephone

Work Order # E 10673

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10673

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SAMUEL	HARRISON	STANDEFER	May 2,1895	3/2/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ann Utterback, daughter 5430 Baltimore Dr. #75 La Mesa, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083	▶ [signature]	3 5 9

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3/8/93	9300005 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a 1 cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43443

Date: 3-8, 1993

From: Ann Otterbeck Address: 5430 Baltimore Dr. La Mesa

Forty-five Dollars ($ 45.00)

In full Payment of Services for Samuel Standefer

Lot 119 Grave 12-1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10673

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	45	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2841

ISSUED BY N. Ferguson

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47720

Date: 8-16 19 96

From: Ann L. Utterback Address: 5430 Baltimore Dr. No. 75 La Mesa, CA 91942-2054

One Hundred Thirty five and no/100 Dollars ($ 135.00)

In Full Payment of Installation of government marker for Samuel H. Standifer

Lot 119 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10073

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 3847

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungori

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Bennett

in a LINER (Vault/Liner) Funeral, date, time Tues, 3/9 2pm

Church, Chapel, Graveside ~~Chapel + Grave~~ Del Only Side, CONRAD (GARY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave 12 Row 9 Section 9 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need (B-3262)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	723.18
Paid receipt number #43464	723.18
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10674

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43464

Date: 3-9, 1993

From: James Ponsford Address: 3727 Boren St. S.D. Co.

Seven Hundred twenty-three 18/100 Dollars ($ 723.18)

In full Payment of Service for Gladys E. Bennett

Lot _____ Grave 12 Row 9 Section 9 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-10674

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2688

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

E 10674

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLADYS	ELIZABETH	BENNETT	7-15-1893	3-4-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELEANOR M. PONSFORD - DAUGHTER 3727 BOREN STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	Donna Conrad	3-8-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-8-93 Donna Conrad	9300048 ▶

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teaford
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NORA MAE BONE

in a LINER (Vault/Liner) Funeral, date, time TUE 3/9 11:00 AM

Church, Chapel, Graveside GRAVESIDE : FERTHEEING, LL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Glen R Bone

War time veteran NO.

Lot 2721 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	C-5758	0
Additional spaces and care fund		
Opening/Closing & Setup	C-5758	0
Burial Container	C-5758	0
Handling Fees	C-5758	0
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
Total Due		45.00
Paid receipt number #43434		45.00
Balance due		0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Glen R Bone
Signature

4553 Normandee Pl.
Address

La Mesa 91941
City Zip Code

466-4301
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 10675

PY-593 (Rev. 8-92)

E10675

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORA	MAE	BONE	8/23/16	3/4/93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Glen Bone, husband 4586 Normendie Place La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	1083	▶ [signature]	3-5-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3/8/93	9300004 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43434

Date: 3-5, 1923

From: Helen Bone Address: 4583 Normandie Pl La Mesa Ca

Fourty-five Dollars ($ 45.00)

In full Payment of Service for Nora Mae Bone

Lot 0721 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10675

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1769

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BELLE ZORA HOUTMAN

In a LINER (Vault/Liner) Funeral, date, time Thur 3/11 11:00 AM

Church, Chapel, Graveside Church 6+5 : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. N/A

War time veteran _____.

Lot 24 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-10072	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	# 723.18
Paid receipt number # 43448	723.18
Balance due	Ø

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Eugenia Williams
Signature
5522 Las Alturas Dr.
Address
SD
City Zip Code
2640767
Telephone

Work Order # E 10676

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10676

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Bellezora	—	Houtman	6-3-1893	3-4-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marguerite Warren - Daughter 3046 Greely Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	3-10-93

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-10-93	9300123
	▶ Debbie Williams	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43448

Date: 3-8, 1973

From: Eugenia Williams Address: 5522 Las Alturas Dr. S.D.

Seven Hundred twenty-three 13/100 Dollars ($ 7.23.18)

In full Payment of Services for Ballyoa Houtman

Lot 24 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10676

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

621

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	723	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY MARJORIE GRUNDY

in a LINER (Vault/Liner) Funeral, date, time TUE 3/9 11:00 AM

Church, Chapel, Graveside CHAPEL G+S : RAESDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Pat Boyd

War time veteran NO

Lot 76 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	$ 1418.18
Paid receipt number #43440	355.00
#4346 Balance due	$ 1063.18

PAID
MAR 10 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 DAY Note

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pat Boyd
Signature
8035 ABBOTT AVE #1
Address
Miami, Fla. 33141
City Zip Code
(305) 866-5628
Telephone

Work Order # E 10677

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10677

NOTE

1063.18 San Diego, California 3-5 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand Sixty-three 18/100 DOLLARS with interest from April 9 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Bart Boyd SIGNATURE Bart R. Boyd

ADDRESS 8035 Abbott Ave. #1 Miami Bch., Fl. 33141

CALIFORNIA DRIVER LICENSE NUMBER CA. N2144677 SSN # 467-02-6082

PY-1012 (11-89)

E 10677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Marjorie	Grundy	1-12-30	3-3-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Clarence Washington - Son 4057 Broadway San Diego, CA 92102

*7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Clarence Washington	3-8-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-8-93 ▶	9300036

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3-9-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43440

Date: 3-5, 1993

From: Bart Boyd Address: 8035 Abbott ave apt 1 Miami Beach fla

Three Hundred fifty-five Dollars ($ 355.00)

In part Payment of Services for Mary Margaret Grundy

Lot 76 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10677

BALANCE DUE $ 1063.18

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	355	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	355	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43476

Date: 3-10, 1993 94116

From: Carolyn Grundy Address: 2329 Taraval, San Francisco

One Thousand Sixty-Three — 18/100 Dollars ($ 1063.18)

In _____ Payment of Interment of Mary Grundy

Lot 76 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10677

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	201	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	18
TOTAL PAID	$	1063	18

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

10 CHAIRS

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA MARIE CORIOSO ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time Fri 3/12 1:00 PM

Church, Chapel, Graveside GRAVESIDE : CLAIREMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. N/A

War time veteran _____.

Lot 1843 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	2@$105	210.00
Burial Container	2@$55	110.00
Handling Fees	2@$60	120.00
Flower vases – Marker setting fee		
Recording and filing fee	2@$45	90.00
Sales taxes	2@$4.26	8.52
Total Due		1433.52
Paid receipt number #43441		433.52
#43447 Balance due		$1000.00

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

7451 ONONDAGA AV
Address

SAN DIEGO CA 92117
City Zip Code

270 0345
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10678

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-10678

NOTE

$ 1000.00 San Diego, California 3-5 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand 00/100 DOLLARS with interest from April 12 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME William J Duarte Jr. SIGNATURE W J Duarte Jr.

ADDRESS 4451 Onondaga Av. S.D. Ca. 92117

CALIFORNIA DRIVER LICENSE NUMBER R0905269 SSN # 563 82 4003

PS-6012 (11-89)

E 10678

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK & MORTUARY #47522

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: CORIOSO, BARBARA MARIE

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above names cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 11 day of March, 19 93.

Address CLAIREMONT
Street City State Zip

Signature: Norman Ferguson Mt. Hope Cemetery VA
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

CUSTOMER COPY

FORM (CD4 REV 12/91)
Reynolds + Reynolds LITHO IN U.S.A.

E10678 3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BARBARA	MARIE	CORIOSO	10-01-1955	02-27-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIAM J. DUARTE, COMMON LAW HUSBAND 4451 ONONDAGA AVENUE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD-1126	Patricia Nichols	3-9-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 9 1993	Ronald S. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy D. Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	12B. DATE CREMATED 3/10/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43441

Date: 3-5, 1993

From: William Duarte Address: 4451 Onondaga ave S.D. 92117

four hundred thirt - three 33/100 Dollars ($433.52)

In part Payment of Services for Barbara Coriaso

Lot 1843 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10678

BALANCE DUE $1000.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	433	52
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	433	52

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43447

Date: 3-8, 1993

From: William Duarte Address: 4451 Anondaga ave S.D 92117

One thousand Dollars ($ 1000.00)

In full Payment of Service for Barbara Marie Corrigo

Lot 1843 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-10678

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Serquen

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	282	48
Opening/ Closing	100 77181	210	00
Burial Containers	100 77182	110	00
Handling Fee	100 77185	120	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	8	52
TOTAL PAID	$	1000	00

OFFICIAL RECEIPT 010504

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43573

Date: 4-7, 1993

From: William Duarte Address: 4451 Mondago ave S.D. 92117

Fourty-seven 36/100 Dollars ($ 47.56)

In full Payment of install flower two vases for Barbara Cariano

Lot 1843 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10678

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 13 1993

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	~~[illegible]~~	~~[illegible]~~
Burial Containers	100 77182	26	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	56
TOTAL PAID	$	47	56

AC-212 (Rev. 1-91)

PRE NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY E. DUARTE

in a ASH VAULT (Vault/Urn) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 1607 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number #43442	269.26
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mary E. Duarte
Signature
4451 ONONDAGA AVE.
Address
SAN DIEGO, CA. 92117
City Zip Code
(619) 270 0345
Telephone

Work Order # E 10679

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43442

Date: 3-5, 1973

From: Mary Duarte Address: 4451 Onondaga S.D. 92117

Dollars ($ 269.26)

In full Payment of Pre Need Trust

Lot 1607 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-16679

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID		$ 269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLES RAY NASH

in a DBL CRYPT (Vault/Liner) Funeral, date, time WED 3/10 11:00 AM

Church, Chapel, Graveside Church G & S. : PAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. N/A

War time veteran _____.

Lot 266 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	$ 27.90
Total Due	$1797.90
Paid receipt number #43449	1797.90
Balance due	0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature [signature]

Address 1608 So 42nd St.

City San Diego Ca Zip Code 92113

Telephone 262-8317

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10680

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43449

Date: 3-8, 1973

From: Julia Tate Address: 1608 So 42nd St S.D. CA 92113

One thousand seven hundred ninety seven 90/100 Dollars ($ 1797.90)

In Full Payment of Services for Charles Ray Nash

Lot 275 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10680

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-81) 1228

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	360	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	27	90
TOTAL PAID		$ 1797	90

E 10680

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Charles	Ray	Nash	10-11-56	3-5-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Terry Cecilia Nash - Wife 1608 S. 42nd St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ [signature]	3-9-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-9-93	9300080 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3-10-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot Interest for.

Date 3-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HENRY McClinton

in a LINER (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 192 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.18
Total Due	1518.18
Paid receipt number 43454	750.00
Balance due	768.18

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Bertha Cunningham
Signature
5291 Santa Maria Terr.
Address
San Diego, CA 92114
City Zip Code
619-264-1445
Telephone

Invoice # _____

Work Order # E 10681

Acct. # _____

PY-593 (Rev. 8-92)

E 10681

43454

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-8, 1993

From: Henry McClinton Address: 5291 Sunk Marie Terrace, SE 20114

Seven Hundred Fifty 70/100 Dollars ($ 750.00)

In _____ Payment of Pre Need Lot + Trust

Lot 192 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10681

BALANCE DUE $768.18

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2174211

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wells

CREDIT 20% Sales Care	67007 77184	114	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	750	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43557

Date: 4-6, 19 92

From: Henry McClinton Address: 3291 Santa Maria

Thirty-two Dollars ($ 32.00)

In part Payment of Pre Need Lot Trust

Lot 172 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10681

BALANCE DUE $ 236.12

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

107

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY M. Esquivel

CREDIT 20% Sales Care	67007 77184	32	00
80% Sales of Lots	100 77184	[redacted]	[redacted]
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

OFFICIAL RECEIPT

43709

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-14, 1973

From: Henry McClinton Address: 5291 Santa Monica Ln

Thirty-two Dollars ($ 32.00)

In part Payment of Two Adult Lot + trust

Lot 172 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10621

BALANCE DUE $204.18

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

123

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M Ferguson

CREDIT 20% Sales Care	57007 77184	13	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	19	00
Sales Tax	50101 78390		
TOTAL PAID	$	32	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43812
E 10681

Date: 6-14, 1992

From: Henry McClinton Address: 5291 Santa Maria Ter., Jr
Hurty-Two Dollars ($ 32.00)

In _____ Payment of Pre Need Kor & Trust

Lot 192 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10681

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

137

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	32 00
Sales Tax	60101 78390	
TOTAL PAID	$	32 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43891
E 10681

Date: 4-8, 1992

From Henry McClinton Address: 5291 Santa Maria Terr Sd
Thirty-Two Mo/Wo Dollars ($ 32 —)

In _____ Payment of Pre-Need Lot + Trust

Lot 197 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10611

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

149

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	32	00
Sales Tax	60101 78390		
TOTAL PAID	$	32	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44043
E 10681

Date: 8-24, 1993

From: Henry McClinton Address: 5291 Santa Maria Ave. Sd
Sixty four 77-60 Dollars ($ 64.00)

In _____ Payment of Pre-Need Lot & Trust

Lot 192 Grave 9 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10681

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	64.00
Sales Tax	60101 78390	
TOTAL PAID	$	64.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44278
E10681

Date: 12/27, 19 83

From Henry McClinton Address: 5391 Santa Maria Terr SD 92114

Sixty-four and 00/100 Dollars ($ 64.00)

In part Payment of Preneed lot/trust

Lot 192 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10681

BALANCE DUE 54.18

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 105

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Vaden

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	64 00
Sales Tax	60101 78390	
TOTAL PAID	$	64 00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Henry McClinton E-10681

5291 Santa Maria Terrace

San Diego, Calif. 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before, due date above. $ 32.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ 32.00

NAME Henry McClinton

ADDRESS 5291 Santa Maria Ter

CITY San Diego STATE Ca ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-10681 Pre-Need Lot &

Henry McClinton • Trust

5291 Santa Maria Terrace

San Diego, Calif. 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 32.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 32.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-10681 Pre-Need Lot 6

Henry McClinton Trust

5391 Santa Maria Terrace

San Diego, Calif. 92114

Month and Dsy Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. ▶ $ 32.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Henry McClinton E-10681

5291 Santa Magia Terrace

San Diego, Calif.: 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on or before due date above ▶ $ 32.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-10681 Pre-Need Lot &

Henry McClinton Trust

5291 Santa Marta Terrace

San Diego, Calif. 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			10								

Amount due when paid on or before due date above ▶ $ 32.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Progressive Lot & Trust

Henry McClinton E-10681

5291 Santa Maria Terrace

San Diego, Calif. 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on or before due date above ▶ $ 32.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ 32.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-10681 Pre-Need Lot 6

Henry McClinton Trust

5291 Santa Maria Terrace

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before, due date above. $ 32.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ 32.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lots for:

Date 3/9/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE THOMPSON

In a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____

Lot 32 Grave 7,8,9,+10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ..... 4 @ $795.00 3180.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 3180.00

Paid receipt number 43456 300.00

43578 Balance due 2880.00 400.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

$2480.00

Ernestine Thompson
Signature

146 - $0.28 - ST
Address

San Diego 92113
City Zip Code

234 9787
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10682

Acct. # _____

PY-593 (Rev. 8-92)

10682

43456

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-9, 1993

From: Ernestine Hoagen Address: 146 So. 28th St, Sl

Three Hundred no/100 Dollars ($ 300.00)

In _____ Payment of Four (4) Pre Need Lots

Lot 32 Grave 7, 8, 9, & 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10680

BALANCE DUE $2880.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

AC-212 (Rev. 1-91)

43578

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-12 , 1993

From: Ernestine Hooper Address: 146 So 32nd St S.D 92113

Four hundred Dollars ($ 400.00)

In part Payment of Pre Need Lot

Lot 32 Grave 7,2,3,10 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10677

BALANCE DUE 2420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Segura

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

43680

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-10, 1993

From: Ernestine Thompson Address: 146 So. 28th St. SD

One Hundred Three 70/100 Dollars ($ 103.00)

In _____ Payment of Pre-Need Lots

Lot 32 Grave 7, 8, 9, & 10 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10612

BALANCE DUE $2377

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103 00

AC-212 (Rev. 1-91)

345

43781

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-7, 1993

From: Ernestine Thompson Address: 146 [illegible] 28th St. SE

One Hundred Three 00/100 Dollars ($ 103 -)

In _____ Payment of Pre Need Lots

Lot 32 Grave 7, 8, 9, 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10612

BALANCE DUE $2274 -

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43367

Date: 7-6, 1993

From: Ernestine Thompson Address: 146 So 21st St. SD 92113

One Hundred Three 70/100 Dollars ($ 103.00)

In _____ Payment of Pre-Need Lots

Lot 32 Grave 7 & 9 & 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10612

BALANCE DUE $2171.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

43995

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 9-10, 1993

From Ephraim Thompson Address: 146 So 27th St. St

One Hundred Three 00/100 Dollars ($ 103.00)

In _____ Payment of Pre Need Lots

Lot 32 Grave 7, 8, 9, 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE $2068.-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103.00

AC-212 (Rev. 1-91) 142

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44091

Date: 9-10, 1993

From: Ernestine Thompson Address: 146 S. 27th St. SD

One Hundred Three Dollars ($ 103.—)

In _____ Payment of Pre Need Lot

Lot 32 Grave 7, 8, 9 & 10 Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-10612

BALANCE DUE $1965.—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103 00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44214

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-11, 1993

From: Ernestine Kenyon Address: 146 So. 28th St SD

One Hundred Three Mo Dollars ($ 103.00)

In _____ Payment of Pre Need Lot

Lot 32 Grave 7, 8, 9 + 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE $1862.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 15 1993

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44337

Date: Nov. 10, 1993

From: Ernestine Thompson Address: 146 South 28th St; S.D 92113

One hundred-three and 00/100 Dollars ($ 103.00)

In Part Payment of Pre-need lots

Lot 32 Grave 7-10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE 1759.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

05791

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44437
E-10682

Ernestine Thompson

Date: 12-9, 19 03

From: Furlee Smith Address: 2804 Webster Ave, SD 92113

Two hundred thirty-one and 00/100 Dollars ($ 231.00)

In Part Payment of Pre-need lot for Furlee Smith and Ernestine Thompson

Lot 32 Grave T-8-9-10 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10738 E-10682

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

22

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K E Stardell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	231	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	231	00

OFFICIAL RECEIPT

44519

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-7, 1994

From: Jerlee Smith and Ernestine Thompson Address: 204 Webster Ave SE

Two Hundred Eighty-Six Dollars ($ 286.00)

In _____ Payment of Pre-Need Lot for Jerlee Smith ($183) and Pre-Need Lot for Ernestine Thompson ($103)

Lot 32 Grave 6-7-8-9-10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682 and E-10738

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	127	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	286	00

AC-212 (Rev. 1-91)

276

OFFICIAL RECEIPT

44596

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/8, 19 92

From: Ernestine Thompson Address: 146 S. 28th St. SD. 92113

One hundred three and 00/100 Dollars ($ 103.00)

In Cash Payment of Pre-need lots

Lot 32 Grave 7 - 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE 1450.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

F383

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44717

Date: 3-10, 19 94

From: Ernestine Thompson Address: 146 S. 28th St. SD

One Hundred Three 00/100 Dollars ($ 103.00)

In _____ Payment of Pre-Need Lots

Lot 32 Grave 7 E 9 110 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE $1347.—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	103 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	103 00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44928

Date: 5-9, 1914

From: Ernestine Thompson Address: 146 So. 28th St, SD

Two Hundred & Six 00/100 Dollars ($ 206 -)

In _____ Payment of Pre Need Lots

Lot 32 Grave 7,8,9+10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	206	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	206	00

AC-212 (Rev. 1-91) 623

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45108

Date: 6-10, 1974

From: ERNESTINE THOMPSON Address: 146 So. 28th. S.D. 92113

ONE HUNDRED THREE Dollars ($ 103.00)

In PAR Payment of PRE-NEED Lots.

Lot 32 Grave 7, 8, 9, 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE 1,028.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45264

Date: 7-27, 19 94

From: Ernestine Thompson Address: 146 So 28th STREET. S D CA 92113

one hundred three Dollars ($ 103 00)

In part Payment of pre-need Lot for

Ernestine Thompson

Lot 32 Grave 7 8 9 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE 925 00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0180

ISSUED BY V Bulahan

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45324

Date: 8/8, 19 94

From: ERNESTINE THOMPSON Address: 146 S. 28th St. San Diego, Ca 92113

One Hundred dollars and 00/100 Dollars ($ 100 00)

In PART Payment of LOT PRENEED FOR ERNESTINE THOMPSON

Lot 32 Grave 7, 8, 9, & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE $25 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sonja Mack

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

45338

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8/10, 19 94

From Ernestine Thompson Address: 1465 o 28th SD 92113

One Hundred Six and 00 Dollars ($ 106 00)

In part Payment of pre need lots

Lot 32 Grave 7,8,9 & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 10682

BALANCE DUE 719-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Jacobs

CREDIT	67007	106 —
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	106 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45412

Date: 9-6, 1994

From: Ernestine Thompson Address: 2104 Webster Ave, SD

One Hundred Three and — Mo Dollars ($ 123.00)

In _____ Payment of Pre Need Lots

Lot 32 Grave 7, 8, 9 + 10 Row _____ Section 100/77100 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE $729.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

459

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	123	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45545

Date: 10/6, 19 94

From: Ernestine Thompson Address: 1416 S. 28th St

One hundred-three 00/100 Dollars ($ 103.00)

In Full Payment of Pre-need lots

Lot 32 Grave 7-10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE +126.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #455

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Schofield

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	103	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77193		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	103	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45658

Date: NOV 14, 19 94

From: ERNESTINE THOMPSON Address: 146 S 25th SD 92113

ONE HUNDRED THREE + 00/100 Dollars ($ 103.00)

In PART Payment of PRE NEED LOTS

Lot 32 Grave 7,8,9 & 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE $523.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 1021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Rauch

CREDIT	67007	103	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45973

Date: 3/2, 1995

From: Evelyn Thompson Address: 1146 So. 25th St. SD 92113

One Hundred & 00/100 Dollars ($ 100.00)

In Payment of Pre-Paid Lots

Lot 32 Grave 7,8,9,10 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10652

BALANCE DUE # 217.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Clark

CREDIT	67007	
20% Sales Care	77184	100 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46089

Date: 4-6 , 1995

From: ERNESTINE THOMPSON Address: 146 So. 22 St

ONE HUNDRED THREE Dollars ($ 103.00)

In Part Payment of Pre-Need Lot

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10632

BALANCE DUE 114.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94) 1030

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY R. Fergus

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	103	00
Sales Tax	60101 78390		
TOTAL PAID	$	103	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46328

Date: June 9, 1995

From: Ernestine Thompson Address: 146 So. 28th St. 3 B. CA 92113

Fifty dollars & 00/100 Dollars ($ 50.00)

In Payment of Pre-Need Lots

Lot 32 Grave 2,8,4,7,10 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10682

BALANCE DUE 64.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Clark

CREDIT	67007	
20% Sales Care	77184	50 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

46339

MOUNT HOPE CEMETERY

527-3400

Date: 6-14, 1995

From: Ernestine Thompson Address: 146 S 28th St SD 92113

Fifty and 00/100 Dollars ($ 50.00)

In _____ Payment of Pre-Need Lot

Lot 32 Grave 7, 8, 9, 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10682

BALANCE DUE $14.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46527

Date: 8/11, 19 95

From: Executive Thompson Address: 146 S 25th SD 92113

Fourteen & no/100 Dollars ($ 14.00)

In full Payment of pre-need # lots (4)

Lot 32 Grave 7,8,9,10 Row ____ Section 1 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10682

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Rauch

CREDIT	67007	14	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
* Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	14	00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on or before due date above ▶ $ 103.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above ▶ $ 103.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on or before due date above ▶ $ 103.00

Amount due if paid more than ____ days *after due date above* ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on or before due date above. $ 103.00

Amount due if paid more than ___ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7(8/9/10-1-12)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. ▶ $ 10 3.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10662

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. ▶ $ 103.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Co. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. ▶ $ 103.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 103.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 103.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7(8/2/10-1-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. ▶ $ 103.20

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring only coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 103.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10682

Ernestine Thompson

146 So. 28th Street

San Diego, Ca. 92113

(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before due date above $ 108.00

Amount due if paid more than _____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 103.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ 106 —

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc C-10682

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 92113
(32-7/8/9/10-1-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				16							

Amount due when paid on, or before, due date above ▶ $ 103.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Req Lot E-10881

Ernestine Thompson
146 So. 28th Street
San Diego, Ca. 9211?
(32-T/9/9/10-1-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 103.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E10682

ERNESTINE THOMPSON
146 S. 28TH ST
SAN DIEGO, CA 92113

7-15 1994 0180

PAY TO THE ORDER OF Mt Hope Cemetery $ 103.00
One hundred, three dollars DOLLARS

Bank of America
National Sampson Office 0165
P. O. Box 13067
San Diego, CA 92113

MEMO On acct. Ernestine Thompson

⑆122000661⑆0180⑈01659⑈04095⑈ ⑈0000010300⑈

Letter." If you have any questions, please contact 533-4600.

fund 100
account # 77100

DATE 8, 9, 94 DCR No. 01580 (46-54)

ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
77183			< 103 ->

95-0001580
6061/08-11-1994/09:57 AM
$-103.00
RCPT#:04-18850/B

Department:	Park & Rec N.S 72
Payor's Name:	Ernestine Thompson
Check #:	# 180 - NSF.
Purpose of Deposit:	Mt Hope Cemetery
Date Deposited:	8-1-94
Date Returned From Bank:	8-9-94

Pd $123.00 or 9-6-94 (cl #459)

Attention Diana Marquiz

Days of

PREPARED BY:	PHONE	DEPOSITED BY:	AUDITED BY:	KEY PUNCH:	TOTAL DEPOSIT	$ < 103 ->
Myrath	67164			DATE:		

834 4104

E-10682

NAME Ernestine Thompson ACCT. NO.

ADDRESS 146 So. 28th Street, S.D. 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]93:	Opened Pre Need Lots:				
	Lot 32; Graves 7, 8, 9, and 10; Section 1; Division 12	$3180.00			$3180.00
	80% = $2544				
	20% = $ 636				
3-9-93	Receipt #43456			300.00	2880.00
4-12-93	Receipt #43578			400.00	2480.00
5-10-93	Receipt #43680 Coupon 1			103.00	2377.00
6-7-93	Coupon #2 Rec #43781			103.00	2274.00
7-6-93	Rec #43867			103.00	2171.00
8-10-93	Coupon 3, Rec # 43995			103.00	2068.00
9-10-93	Coupon 4, Rec # 44091			103.00	1965.00
10-11-93	Coupon 6, Rec # 44214			103.00	1862.00
11/10 93	Coupon 7, Rec # 44337			103.00	1759.00
12[redacted]93	Coupon 8 Rec # 44437			103.00	1656.00
1-[redacted]94	Coupon 9, Rec # 44519			103.00	1553.00
2-8 94	Coupon —, Rec # 44596			103.00	1450.00
3-10-94	Coupon 10 Rec # 44717			103.00	1347.00
5-9-94	Coupon 11 + 12 Rec # 44928			206.00	1141.00

AVERY FORM NO. 25-204 THOMPSON, Ernestine AVERY Pre-Need Lots PRINTED IN USA

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					11[redacted].00
6-10 94	Coupon 13 rec 45108			103.00	1028.00
7-27 94	coupon 14; rec 45261 *CHECK RETURNED #0180 - $100 fee owed			103.00	925.00
8/8/94	Coupon 15; 45324			100.00	825.00
8/10/94	Coupon 16 45338			106 —	729 —
8/12/94	RETURNED CHECK (#0180) (FUND #100 ACCOUNT #77193) ↑ *+	103.00			832 —
9-6-94	[redacted] TO Make Up for Payment				
/	#14 (ret. check)			103.00	729.00
10/6/94	Rec. 45545			103.00	626.00
11/14 94	R 45658 CPN 17 20%			103.00	523.00
1-4-95	R 45780 " 18 & 19			206.00	317.00
3/2/95	Rec# 45973			100.00	217.00
4-6-95	Rec# 46089 20			103.00	114.00
6/9/95	Rec#46328 Coupon #21			50.00	64.00
6/14/95	Rec# 46339			50.00	[redacted].00
8/11 95	R-46527			14.00	[redacted]5

AVERY FORM NO. 25-204 AVERY PRINTED IN USA

E10682

12028

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ernestine Thompson for the sum of $ 3180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 32, Graves 7, 8, 9, & 10, Section 1, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10682

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

Transfer of ownership To!

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GAIL CORTELL

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 73 Grave 11 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee TRANSFER FEE	45.00
Sales taxes	
Total Due	$ 45.00
Paid receipt number 43451	45.00
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gail Cortell
Signature

2230 Melrose Ave
Address

National City Ca. 91950
City Zip Code

267-9351
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 10683

PY-593 (Rev. 8-92)

E 10683

TRANSFER OF OWNERSHIP

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11866

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gail Cortell for the sum of $ 45.00 (Transf. Fee) (DOLLARS)

LEGAL DESCRIPTION Lot 73; Grave 11; Section 16; Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10683

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

J. T. Gerlits
Property Director

PY-584 (Rev. 12-92)

E10683

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of _____

I/We Jewel A Bostick

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Gail Cortell of 2230 Melrose St. National City Ca 91950

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 73 Grave 11 Row ____ Section 16 Division/~~Block~~ 7

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 9th day of March 19 93

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Norman L Ferguson

J Bradley Witts
Witnesses

Jewel A Bostick
1901 Little Zion Manor Dr #A
San Bernardino Ca 92411
(909) 887-4926

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Fulton, PA # 114120

in a Liner (Vault/other) Funeral, date, time THUR 3/11 11:00 AM

Church, Chapel, Graveside DEL ONLY : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 21 Grave 3 B Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00

PAID IN FULL

Kim White 3-22-93

Paid receipt number INV 386.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10684

Invoice # 215620

Acct. # 000952

PY-593 (Rev. 8-92)

E10684

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4/6/93
BY: CA (CK) IF

PAYMENT REF NO 04-262897 | AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/23/93	04/22/93	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10684
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ROBERT FULTON PA #1141120	
LOT 21; GR 3-B; SEC 1; DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
REC. FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 215620

AC-22 (Rev. 2/92) White - Customer Copy Yellow - Remittance Copy

E 10684

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Robert	Lee	Fulton	4-11-50	2-9-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary 2859 Adams av. San Diego, CA 92116	1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ John Mayer	8B. DATE SIGNED 3-11-93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	3-11-93 John Mayer ▶	9300183

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA .	11B. DATE BURIED 3-11-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

F 10684

215620	03/23/93	000952	COUNTY OF SAN DIEGO			04/09/93	CK	04-262897	386.00	386.00	0.00
			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot for:

Date 3-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dennis and Gladys O. Bramlett

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 110 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	695.00
Paid receipt number 43465	175.00
Balance due	520.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Gladys O. Bramlett
Signature

4320 Ocean View Blvd.
Address

San Diego, Ca 92113
Zip Code

619/262-8479
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10685

PY-593 (Rev. 8-92)

E10685

43465

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-9, 1993

From: Gladys Bramlett Address: 4220 Ocean View Blvd., SD 92113

One Hundred Seventy-five 00/100 Dollars ($ 175.-)

In _____ Payment of Pre-Need Lot

Lot 110 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10685

BALANCE DUE $520.-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	175 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	175 00

AC-212 (Rev. 1-91)

43515

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-25 , 1993

From: Gladys O Brackett Address: 4220 Ocean View

Dollars ($ 350.00)

In part Payment of Pre Need Lot

Lot 110 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10685

BALANCE DUE $170.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

235

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	350	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Open Back gates

Date 3-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Barber

in a TOP of Double Depth Crypt (Vault/Liner) Funeral, date, time Wed 3/17 1:00pm

Church, Chapel, Graveside Church + Graveside ; J. S. Williams Mortuary. GREENWOOD-SHARON

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____. 1st Burial IN double Depth Crypt 1987

Lot 190 Grave 7 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	395.00
Paid receipt number 43488	395.00
Balance due	Ø

PAID
MAR 15 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jimmy Barber
Signature

4044 Euclid ave #5
Address

SAN DIEGO CA 92105
City Zip Code

281-7195
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10686

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E 10686

NOTE

395.00 San Diego, California 3-15- 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three hundred ninety-five and xx/100 DOLLARS with interest from 4-17-93 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Jimmy Barber SIGNATURE Jimmy Barber

ADDRESS 7044 Eucla Ave #5 S.D. Ca 92105

CALIFORNIA DRIVER LICENSE NUMBER M0782430 SSN # 545-62-7592

PY-1012 (11-89)

E 10686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Angela	Shoneack	Barber	9-4-1968	3-6-1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	Riverside	Jimmy Barber-Father 4044 Eucild Avenue Apt. #5 San Diego, California 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Hobbs-J.S. Williams- Albert L. Cooper Mortuary 6003 Compton Avenue Los Angeles, California 90001	F-161		3-12-1993

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 12 1993	Robert C. Hale Jr

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
4065 County Circle Drive Riverside, Ca. 92503 P.O. Box 7600 Riverside Ca 92513-7600	P.O. Box 85222 San Diego, California 92138-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE BURIED 3-17-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA Cloth covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10686

43488

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-15, 19 93

From: Jimmy Barber Address: 4044 Euclid #5, SD 92105

Three Hundred Ninety-five 00/100 Dollars ($ 395.00)

In _____ Payment of Interment of Angela Barber

Lot 190 Grave 7 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10686

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wack

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	395	00

AC-212 (Rev. 1-91)

Re-NEED
Proof

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL L. ST. CYR ⊗

in a ASH VAULT (Vault/Liner) Funeral, date, time Fri, 3/19 11:00AM

Church, Chapel, Graveside Graveside : Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 19 Grave 50 Row _____ Section MA3 Division/Block N

Grave space & Care Fund B-5483	⊗
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number #43466	269.26
Balance due	⊗

Distinter See E 10999

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Shirley Houston
Signature

2415 Trace Rd.
Address

Spring Valley 91978
City Zip Code

619 660-0422
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10687

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E 10087

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HAZEL	LEORA	ST. CYR	2-11-15	3-13-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	SHIRLEY HOWERTON-DAUGHTER 2415 TRACE RD SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021	F-1352	▶	

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	3-16-93 JANET HUMAN	930393 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY SAN DIEGO, CA 92102	11B. DATE BURIED 3-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED 3/17/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Debby Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

009353 43466

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-10, 1993

From: Shirley Howerton Address: 245 Tracy Rd Spring Valley

& Two hundred sixty-nine 26/100 Dollars ($ 269.26)

In full Payment of Services for Hazel L. St. Cyr.

Lot 19 Grave 50 Row Section MA3 Division Block N

Invoice No.

Acct. No.

W.O. E-10687

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 15 1993

ISSUED BY M. Ferguson

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fadel M. Nuhaily

in a Gravel Fill (Vault/Liner) Funeral, date, time Fri 3/12 2pm

Church, Chapel, Graveside Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. A.N.

War time veteran _____

Lot 46 Grave _____ Row _____ Section _____ Division/Block Muslim

Grave space & Care Fund	0
Additional spaces and care fund	
Opening/Closing & Setup	400.-
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	
Total Due	445.-
Paid receipt number 43483	445-
Balance due	0

PAID
MAR 12 1993
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

30 day Note

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

G. M. Nuhaily
Signature
667 5TH AVE
Address
CHULA VISTA, CA 91910
City Zip Code
619 427-0301
Telephone

Work Order # E 10688

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

F 10688

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Fadel	M.	Nuhaily	03/1/1931	03/10/1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Abdallah Nuhaily:Brother 667 5th Street Chula Vista, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary:I-805 & Imperial Avenue, San Diego, CA	F-843	▶	3-12-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$.00	Heather McMahon 3/12/1993	9300246 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery, 3751 Market St, San Diego, CA	11B. DATE BURIED: 3-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

009410 43483

Date: 3-12, 1993

From: Omer Nunley Address: 596 Elkhorn Ct. Bonita 91902

Four hundred forty five & 00/100 Dollars ($ 445.00)

In Full Payment of Interment: Fadel M. Nubarly

Lot 46 Grave _____ Row _____ Section _____ Division Block Museum

Invoice No. _____

Acct. No. _____

W.O. E-10688

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 1 6 1993

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	400	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	445	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LUCILLE JOHNSON

in a LINER Vault/Liner Funeral, date, time TUES. 3/16 11:00 A.M.

Church, Chapel, Graveside CHAPEL / G.S. : RAGSDALE Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Ella Johnson

War time veteran NO

Lot 85 Grave 4 Row _____ Section 17 Division/Block 7

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	170.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.17
Total Due	718.17
Paid receipt number 43485	430.00
Balance due	288.17

30 Day Note

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ella Johnson
Signature of recorded holder of deed

Ella Johnson
Signature

1970 Harrison
Address

S.D. Ca 92113
City Zip Code

595-0413
Telephone

Invoice # 215617

Acct. # 076769

Work Order # E 10689

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-10689

NOTE

$ 1288.18 San Diego, California 3-15 19[illegible]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Eighty Eight 18/100 DOLLARS with interest from April 16, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ella Johnson ELLA JOHNSON SIGNATURE Ella Johnson

ADDRESS 1970 Harrison San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER N3049101 SSN # 548-86-5261

PY-1012 (11-89)

E10689

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lucille	---	Johnson	10-19-20	3-10-93	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Coronado	San Diego	Loretta Johnson - Daughter 2972 Kalmia San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Bette Wilson	3-15-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-15-93	9300343

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

* COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92108	11B. DATE BURIED 3-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy DeZaaf
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY urn w/sealed N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10689

43485

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-15, 1993

From: Ella Johnson Address: 1970 Harrison St. SD 92113

Four Hundred Thirty — 00/100 Dollars ($ 430.—)

In _____ Payment of Interment of Lucille Johnson

Lot 95 Grave 4 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10689

BALANCE DUE $1288.18

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☑
$230

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 18 1993

009497

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	430	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	430	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Haywarth D.I.P. 1980

in a ~~Double Depth~~ Liner Funeral, date, time Tue 3/16 11 AM
Vault/Liner

Church, Chapel, Graveside Graveside ; Merkley Mitchell Mortuary.
Doug

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 50 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	395.00
Paid receipt number 43484	395.00
Balance due	0

Mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10690

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E10690

MOUNT HOPE CEMETERY

March 13 19 93

The undersigned hereby requests and authorizes the interment of the remains of David Hayworth in Lot _____ Gr _____ Row _____ Sec _____ Block/Div _____ in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Sara W. Haywarth
Signature of Relative or Legal Guardian

Wife: 445 Higgins St.
Address and relationship to lot

owner and/or authority to sign authorization

Doug Haywarth
(Witness)

(Witness)

E10690

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DAVID	HORTON	HAYWORTH	JUNE 26, 1928	MAR 12, 1993	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SARA H. HAYWORTH, WIFE 4415 ALGECIRAS STREET SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103	F-119

ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	▶ [signature]	MAR 16, 1993

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAR 16, 1993 T.C. MITCHELL	9300374 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3-16-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43484

Date: 3-15, 1993

From: Merkley-Mitchell Address: 3655 Fifth Ave, SD 92103

Three Hundred Ninety-five Dollars ($ 395.00)

In _____ Payment of Interment of David Hayworth

Lot 50 Grave 12 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-11690

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 13444

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	395	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agustin Santi Esteban - Alejo

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed 3/17 11:00

Church, Chapel, Graveside Church, G.S. : Guadalupana Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Maria Esteban

War time veteran _____.

Lot 96 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1517.44
Paid receipt number #43492	1517.44
Balance due	0

PAID
MAR 17 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note Mortuary to bring $380.00

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Maria Esteban
Signature

278 MILLAR AV
Address

EL CAJON CA
City Zip Code

440-1459
Telephone

Work Order # E 10691

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 10691

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AGUSTIN	————	SANTIESTEBAN-ALEJO	8-28-49	3-12-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MARIA SANTIESTEBAN-WIFE 378 MILLAR AVE APT# D EL CAJON,CA,92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425		3-16-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-17-93	9300430 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SANDDIEGO,CA,92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SANDDIEGO,CA,92102	11B. DATE BURIED 3-17-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43492

Date: 3-17, 1993

From: Guadalupana Address: 2601 Imperial ave S.D. 92102

One thousand five hundred seventeen 44/100 Dollars ($ 1517.44)

In full Payment of Services for Santiesteban-Alejo Agustin

Lot 96 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10691

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2003

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	1517	44

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abram J. Samuels

T.S. Vault in a ~~Double Depth Crypt~~ Vault/Liner Funeral, date, time Fri, 3/19 1:30pm

Church, Chapel, Graveside Chapel & Grave Site Raspdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. Laura Samuels

War time veteran _____.

Lot 93 Grave 11 Row _____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (E-3738) Ø

Additional spaces and care fund Down Payment for 146-3-1-12 280.46

Opening/Closing & Setup 1 @ $350.- 350.00

Burial Container 225.00 ~~360.00~~

Handling Fees 185.00 ~~320.00~~

Flower vases – Marker setting fee _____

Recording and filing fee 1 @ $45.00 45.00

Sales taxes 17.44 ~~27.90~~

146-3-1-12

Total Due 1102.90

RES FOR LAURA SAMULES

Paid receipt number 1102.90

Balance due Ø

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Laura Samuels
Signature

3038-39th St.
Address

San-Diego, Ca. 92105
City Zip Code

280-8164
Telephone

Invoice # _____

Work Order # E 10692

Acct. # _____

PY-593 (Rev. 8-92)

F 10892

PAID FOR DBL CRYPT

INSTALLED

T. S. VAULT 0.00

NEW LOT 707.90 -

146-3-1-12 427.44 =

280.46 *

PHASE 0.00

280-8164

PRICE FOR 695.00 -

NEW LOT 280.46 =

414.54 *

F10692

43486

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-15, 19 93

From: Laura Samuels Address: 5039 - 35th St. SD, Ca

Eleven Hundred Two 00/100 Dollars ($ 1102.00)

In Payment of Interment of Obrian Samuels

Lot 93 Grave 11 Row Section 15 Division 7 Block

Invoice No.

Acct. No.

W.O. E-1067

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	300	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	27	00
TOTAL PAID	$	1102	00

AC-212 (Rev. 1-91)

E10692

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ABRAM	—	SAMUELS, SR.	9-29-16	3-12-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Laura Samuels - Wife 3038 39th St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	3-17-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3/17/93 Debbie Williams	9300489 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3-19-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATSUO HAYASHI (X)

In a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ENCINITAS Ed Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____

Lot 29 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10693

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-15-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delbert Maxwell PA 1141716

in a Liner (Vault/Liner) Funeral, date, time Wed, 3/17 11:00 AM

Church, Chapel, Graveside Del Cerro : Greenwood Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 21 Grave 3-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.-
Additional spaces and care fund	
Opening/Closing & Setup	165.-
Burial Container	50.-
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.-
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID
MAY 07 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ronna Steinhacker PA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10694

Invoice # 215619

Acct. # 000952

PY-593 (Rev. 8-92)

E 10694

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Delbert	H.	Maxwell	08-18-1902	03-01-1993	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego,	Rosell Robinson:Friend 801 Kelton Road San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary:I-805 & Imperial Avenue, San Diego, CA	F-843	▶ [signature]	3-17-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Heather McMahon 3/17/1993	9300441 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery, 3751 Market ST., San Diego, CA	3-17-93	▶ Wendy Jo Teague
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION			▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE			▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT			▶

	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			▶	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E10694

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 5-7-93
BY: CA (CK) IF

PAYMENT REF NO 04283014 | AMT PAID: 386

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/23/93	04/22/93	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10694
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DELBERT MAXWELL PA #1141716	
LOT 21; GR 3-T; SEC 1; DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 215619

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

24 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATSUO HAYASHI ⊗

In a ASH VAULT (Vault/Liner) Funeral, date, time MON 3/29 11:00 AM

Church, Chapel, Graveside GRAVESIDE ; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Steve Hayashi

War time veteran NO .

Lot 29 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund A-2594	⊘
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
# Total Due	269.26
Paid receipt number 43490	269.26
Balance due	⊘

PAID
MAR 16 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

1st set of ashes center of grave

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

4255 COLONY TERRACE
Address

ENCINITAS, CA. 92024
City Zip Code

619-753-2598
Telephone

Work Order # E 10695

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E10695

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 62932

ENCINITAS MORTUARY

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Katsuo	-	Hayashi	10/8/1913	3/15/1993	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	San Diego	Steven K. Hayashi Son 4255 Colony Terrace Olivenhain, CA. 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Encinitas Mortuary 340 Melrose Ave. Encinitas, CA. 92024	FD 857	▶ Veronica Hawbaker	3/17/93

* ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3/18/93	9300568 ▶ Veronica Hawbaker

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA. 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego	11B. DATE BURIED 3-29-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View Crematory 3953 Imperial Ave. San Diego	12B. DATE CREMATED 3-30-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43490

Date: 3-16, 1993

From: Steve Hayashi Address: 4255 Colony Ter Encinitas Ca

Two hundred sixty nine 26/100 Dollars ($ 269.26)

In full Payment of Services for Katsuo Hayashi

Lot 29 Grave 3 Row Section 11 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-10695

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 0081

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Perquen

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Allen

in a LINER (Vault/Liner) Funeral, date, time thurs, 3/18 1:00pm

Church, Chapel, Graveside Del. Only ; Ragodale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 41 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	340.-
Additional spaces and care fund	
Opening/Closing & Setup	165.-
Burial Container	50.-
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	600.00
Paid receipt number	600.00
Balance due	0

Pd In full 4-22-93

Kim White / PA Creditor's Claim

4/22/93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10696

PY-593 (Rev. 8-92)

E 10695

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
William	----	Allen	3-16-24	3-9-93	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201 Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	3-17-93

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-17-93	9300488 ▶ Debbie Williams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3-18-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Windy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

43613

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-22, 19 73

From: Cemetery S.D. Address: 5201-A Euclid Ave

Six Hundred 00/100 Dollars ($ 600.00)

In Payment of Interment of William Allen

Lot 41 Grave 4 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-10696

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	69 00
60% Sales of Lots	100 77184	272 00
Opening/ Closing	100 77181	165 00
Burial Containers	100 77182	50 00
	100	45 00
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	600 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Wait

AC-212 (Rev. 1-91) 09625

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 3-17-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christine + Ollie Beene

in a Liners (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 9 Grave 11+12 Row _____ Section 1 Division/[redacted] 11

Grave space & Care Fund	Pre-Need (D-3968)	Ø
Additional spaces and care fund		
Opening/Closing & Setup	2 O/C @ $350.-	700.00
Burial Container	2 Liners @ $170-	340.00
Handling Fees	2 @ $145.00	290.00
Flower vases – Marker setting fee		
Recording and filing fee	1 @ $45.00	90.00
Sales taxes	$13.18	26.36
Total Due		1446.36
Paid receipt number	43493	500.00
Balance due		946.36

Paid in full 3/9/93

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Christine Beene
Signature

3450 Harding Ave.
Address

San Diego, Ca. 92113
City Zip Code

619-264-1318
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10697

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43493

Date: 3-17, 1993

From: Christine Beer * Address: 3750 Harding Ave. SD 92113

Five Hundred no/100 Dollars ($ 500.-)

In _____ Payment of Pre-Need Trust for Christine & Ollie Beer

Lot 7 Grave 11 + 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE $946.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	500	00
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 1-91) 1091

OFFICIAL RECEIPT

43932

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-22, 1993

From: Christine Bean Address: 3750 Harding Ave SD

Forty Six 11/10 Dollars ($ 46.—)

In _____ Payment of Pre-Need Trust

Lot 9 Grave 11 & 12 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1160

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	46	00
Sales Tax	60101 78390		
TOTAL PAID	$	46	00

OFFICIAL RECEIPT

44123

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept. 17, 1993

From: Christine Beane Address: 3750 Fairview Ave, SD

Ninety-Two 7/10 Dollars ($ 92.00)

In _____ Payment of Pre Need Trust

Lot 9 Grave 11 & 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 1-91) 1181

44221

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-13, 1973

From: Ollie Beene Address: 3750 Harding Ave, SD

Forty-Six 72/100 Dollars ($ 46.00)

In _____ Payment of Pre-Need Trust

Lot 7 Grave 11 + 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10647

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Watts

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	46 00
Sales Tax	60101 78390	
TOTAL PAID	$	46 00

AC-212 (Rev. 1-91)

1212

OFFICIAL RECEIPT

44393

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12-1, 1993

From: Christine Beene Address: 3750 Harding Ave. SD 92113

Ninety-two and 00/100 Dollars ($ 92.00)

In Part Payment of Pre-need Trust

Lot 9 Grave 11-12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10697

BALANCE DUE 716.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

#1242

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44568

Date: JAN. 28, 1994

From: Ollie Beene Address: 3750 Harding Ave. S.D. CA 92113

Forty-six and 00/100 Dollars ($ 46.00)

In Part Payment of Pre-need ~~[illegible]~~ & trust

Lot 9 Grave 11/12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10697

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1617

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	46	00
Sales Tax	60101 78390		
TOTAL PAID	$	46	00

OFFICIAL RECEIPT

44604

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/8, 19 04

From: Ollie Beene Address: 3750 Harding Ave. S.D. 92117

Ninety-two and 00/100 Dollars ($ 92.00)

In Part Payment of Pre-need lot/trust

Lot 9 Grave 11/12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10697

BALANCE DUE 578.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

1624

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

44951

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 1994

From: Christine Bean Address: 3750 Harding Ave. Sd

Dirty-Tu and No/Cm Dollars ($ 92 -)

In _____ Payment of Pre-Need Trust

Lot 9 Grave 11 + 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

1692

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45272

Date: 7-27, 19 94

From: Ollie Christine Beene Address: 3750 Harding Ave. S D CA. 92113

ninety two Dollars ($ 92.00)

In part Payment of pre-need trust for

Christine and Ollie Beene

Lot 9 Grave 11 and 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 10697

BALANCE DUE 394.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balabler

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 1-91) 1741

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45508

Date: 9-30, 1994

From: CHRISTINE BEENE Address: 8750 HARDING AV., SD. 92113

Ninety-two . 00/100 Dollars ($ 92.00)

In Part Payment of PRE-NEED TRUST

Lot 9 Grave 11 & 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-10697

BALANCE DUE 302.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1324

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	80101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45693

Date: NOV. 30, 19 94

From: CHRISTINE BEENE Address: 3750 HARDING AVE SD 92113

NINETY-TWO & NO/100 Dollars ($ 92.00)

In PART Payment of PRE-NEED TRUST

Lot 9 Grave 1141-2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE $210.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 5-94) 1357

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Rauch

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	92 00
Sales Tax	60101 78390	
TOTAL PAID	$	92 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45921

Date: Feb. 10, 19 95

From: Christine & Ollie Boone Address: 3750 Harding Ave. S.D. 92113

Ninety two & 00/100 — Dollars ($ 92.00)

In _____ Payment of Pre Need Trusts, (2) O/C; (2) liners; (2) handling fees; (2) recording fees & (2) Tax on liners

Lot 9 Grave 11 & 12 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F-10697

BALANCE DUE $118.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
1380

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	92	00
Sales Tax	60101 78390		
TOTAL PAID	$	92	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46007

Date: 3/9, 1995

From: Christine Leone Address: 3750 Harding Ave. SD CA 92113

Seventy two & 36/100 Dollars ($ 72 36)

In _____ Payment of Pre Need Trust; (2) O/C; (2) liners; (2) handling fees; (2) Rec fees; (2) tax on liners.

Lot 9 Grave 11+12 Row — Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10697

BALANCE DUE $ Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1393

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M Clark

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	72	36
Sales Tax	60101 78390		
TOTAL PAID	$	72	36

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above: $ 46.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ *check (✓) if this is new address*

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on or before, due date above. $ 46.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E 10697

Send or bring one coupon with each remittance **COUPON** 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10687

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113

Cl. # 1160

(9-11/12-1-17).

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above ▶ $ 46.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 5

DO NOT MAIL ENTIRE BOOK E 10687

ACCOUNT No. Pre-need Trust E-10607

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on or before due date above ▶ $ 46.00

Amount due if paid more than ____ days after due date above ▶ $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113

(9-11/12-1-11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

E 10697

ACCOUNT No. [illegible] E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

E 10697

ACCOUNT No. pre-need trust S-10697

Ollie & Christine Boone
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on or before, due date above. $ 46.00

Amount due if paid more than ____ days after due date above. $ ____

Ck #1242 $ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 9

DO NOT MAIL ENTIRE BOOK E10697

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Boone
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		1		10							

Amount due when paid on or before due date above. ▶ $ 46.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

Ck #1242 $ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

E10697

ACCOUNT No. Pre-need Trust E-10697

Ollie & Christine Boone
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust X-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. ▶ $ 46.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

E 10697

ACCOUNT No. [illegible]

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

E 1089

ACCOUNT No. [redacted]

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

E-10697

ACCOUNT No. Protected Trust E-10697

Ollie & Christine Bonus
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

CH#174

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before, due date above ▶ $ 46.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-10697

Ollie & Christine Boone
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

C.F. 1744

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above: $ 46.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Ollie & Christine Bacon
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on or before due date above ▶ $ 46.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-11697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, [redacted] 92113
(9-11/12-1-F1)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 40.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted] E10697

Ollie & Christine Beane
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
	[redacted]			10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than ____ days after due date above. $ ____

Qd. #1357

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

E 10697

ACCOUNT No. [redacted]

Ollie & Christina Beers
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

Chg 1357 $ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

E 10697

ACCOUNT No. Pre-Owned Trust E-10697

Ollie & Christine Swan

3750 Harding Avenue

San Diego, Ca. 92113

(9-11/12-1-11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before due date above. $ 46.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK E 10697

ACCOUNT No. Pre-Need Trust S-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Co. 92113
(9-11/12-1-11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. ▶ $ 46.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Ollie & Charlotte Reese
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Ch. A
1373

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before due date above ▶ $ 46.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust B-10697

Ollie & Christine Beene
3750 Harding Avenue
San Diego, Ca. 92113
(9-11/12-1-11)

Ck. #1393

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on or before, due date above ▶ $ ~~[illegible]~~ 26.36

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E-10697

NAME Christine & Ollie Beene ACCT. NO.

ADDRESS 3750 Harding Avenue, S.D. 92113 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]-17-93	Opened Pre-Need Trust for: Two (2) O/C; Two (2) Liners; Two (2) Handling Fees; Two (2) Recording fees; Two (2) Tax on Liners	1446.36			1446. 36
	(Lot 9; Graves 11 & 12; Sec. 1; Div. 11 PAID-IN-FULL D-3968)				
3-17-93	Receipt #43493 - 25% Down payment			362.00	1084.36
3-17-93	Coupon #1, Receipt #43493 (May payment)			46.00	1038.36
3-17-93	Coupon #2, Receipt #43493 (June Payment)			46.00	992.36
3-17-93	Coupon #3, Receipt #43493 (July Payment)			46.00	946.36
* 9-17-93	Coupons 5+6, Rec# 44123			92.00	854.36
10-13-93	Coupon 7, rec # 44321			46.00	808.36
12-1 93	Coupon #8&9, Rec # 44393			92.00	716.36
1[redacted] 94	Coupon #10, Rec. # 44568			46.00	670.36
2/8 94	Coupons #11, 12 Rec #44604			92.00	578.36
5-12-94	Coupons 13+14 rec # 44951			92.00	486.36
7-27 94	coupon 15+16, rec 45272			92.00	394.36
9-30 94	coupons 17 & 18, rec. 45508			92.00	302.36

NAME Beene ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
11-30 94	CPNS 19 & 20 R45693			92 00	2 [redacted] 36
2-10-95	Coupons 21 & 22 Rec # 45921			92 00	1 18 36
7-10-95	CPNS #23 & 24 Rec # 46007			72.36	46.00
* 7-22-93	CPN # 4 Rec # 43932			46.00	0

AVERY FORM NO. 25-204 AVERY PRINTED IN USA

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need for:

Date 3-18-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith L. HANSON

in a T.S. Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Featherspill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 686 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44
Total Due	1817.44
Paid receipt number 43494	1817.44
Balance due	0

PAID
MAR 18 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Truman T. Hanson
Signature

5235 Maryland Ave
Address

La Mesa 92041
City Zip Code

460-0613
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 10698

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43494

Date: 3-18, 1993

From: Truman Hanson Address: 5235 Maryland Ave, Ro Mesa

Eighteen Hundred Seventeen 44/100 Dollars ($ 1817.44)

In _____ Payment of Pre Need for Edith Hanson

Lot 630 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-10658

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

743

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	225	00
Handling Fee	100 77185	115	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	44
TOTAL PAID	$	1817	44

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Hettler (X) PA#1142232

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 415 A.M.

Church, Chapel, Graveside _____ : Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $_____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 99 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	45.00
Additional spaces and care fund	
Opening/Closing & Setup	70.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	160.00
Paid receipt number _____	
Balance due	

PAID
MAY 07 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Kathleen Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 10699

Invoice # 217741

Acct. # 000952

PY-593 (Rev. 8-92)

E1C699

#62949 CYPRESS VIEW

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
William	—	Hettler	7-09-1927	3-04-1993	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Kathy Howard-San Diego Pub.Admin. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA.	870

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶	3-24-93

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	3-24-93 C. Hughes	9300813 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92186	—

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 4-5-93	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Avenue, San Diego, CA.	12B. DATE CREMATED 3-25-93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 10699

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201-A RUFFIN RD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 5-7-93
BY: CA (CK) IF

PAYMENT REF NO 04283014 | AMT PAID: 160.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/06/93	05/06/93	MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-10699
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
WILLLIIAM HETTLER PA#1142232	
LOT 99 GR 8 SEC 2 DIV 11	45.00
OPENNING/CLOSING	70.00
RECORDING FEE	45.00
TOTAL DUE	160.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 217741

VC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy